THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII. THURSDAY, SEPTEMBER 10, 1857. No. 6.

INTERESTING SURGICAL CASES.

BY J. J. CHISOLM, M.D.

Extirpation of Tubercular Testicles, with a description of the Pathology and History of a very Interesting Specimen.—Adam, a slave, aged 60, color very black, rather thin, much emaciated from prolonged suffering and absence of appetite, presented himself at the Negro Hospital for treatment May 12th, 1857; the disease under which he was suffering rendering him helpless to himself and useless to his owners. He had been under treatment for twenty years for disease of the testicles, which gradually and continually progressed in spite of the various remedies used by different physicians. Both scrota were enlarged, having attained the size of the doubled fist. The right was the larger, and was, at points, of bony hardness; shape ovoidal, with fluctuation perceptible in certain portions. The left was quite soft, with fluctuation distinct throughout. They were both painful on pressure, and by their weight were a constant source of much drawing pain in the loins and back. The disease was confined to the gland, the cord being perfectly healthy. The history of the case was one replete with interest, showing clearly a hereditary transmission. His father died of diseased testicles, leaving five sons. His mother had fallen a victim to consumption. Two of the sons had died at an advanced age from the fatal result of operations performed for the removal of diseased testicles. Our patient, as the third son, showed decided traces of tubercular degeneration of the same organ, and his son was also suffering from testicular disease. Tracing a rare and singular affection through three generations is a curious fact well worthy of record. Our patient could give us no information concerning the offspring of his brothers, as they had moved to a distant part of the State, so that we were unable to trace the transmission through the other branches of the family.

May 16th.—The left scrotum was punctured with a fine trocar and canula, and three ounces of a dirty-brown fluid escaped. The patient was now put under chloroform, and a powerful ecraseur

was applied, the chain passing around both cords through a puncture made under the penis near the pubis, so as to enable the instrument to remove both tumors and most of the scrotum, expecting the ecraseur so to condense the tissues as to leave a very small exposed surface for cicatrization. After a considerable amount of pressure had been exercised upon the peduncle, sufficient to indent deeply the skin on one side where the chain exercised most pressure, one of the small pivots holding the links gave way, the instrument becoming useless. The operation was completed by the knife in the usual way, removing that portion of the right scrotum which had been nearly severed, retaining nearly half of the sac. In making the section of the two cords, we were surprised to find but one artery requiring ligature, all the smaller vessels having been crushed to obliteration. As the left cord could not be found, there was no artery to ligature. Three points of suture brought the raw surfaces in excellent apposition, and, under cold-water dressings and good strong diet, the case progressed rapidly to a perfect cure, all of the wound uniting by quick union; the ligature, which remained on three weeks, being the only cause of his detention under surgical treatment.

Upon carefully dissecting the tumors, that on the right side was found to be a cyst, with fibro-cartilaginous walls, quarter of an inch in thickness, with patches of calcareous matter deposited in its substance. When the sac was opened, five ounces of a dirty dark-brown fluid escaped, similar to that which had been drawn off from the left tumor. The inner lining membrane of the face was corrugated, and appeared cartilaginous, lined by a polished epithelium, upon which surface a copious brown deposit had been thrown down. The right testicle, with its cord, was found healthy, flattened, and firmly adherent to the posterior and outer surface of the sac. The left tumor, from which three ounces of fluid had been taken, was formed at the expense of the testicle, which was in an utterly disorganized condition. The inner surface of the cyst was exceedingly ragged, with relics of seminiferous tubes traversing the cavity as bridles or trabeculæ. A dirty brown sediment was intimately mingled with the disorganized testicular structure. Two small sacs were found imbedded in the outer wall of the last cyst, filled with a thick matter resembling the yellowish brown detritus of the testicle. Upon microscopical examination, this was found to be composed entirely of tubercular granules. In the deposit of the right scrotum a large quantity of crystals of cholesterine was found. No trace of the left cord could be detected. The long duration of the disease, and the complete destruction of the gland, might readily account for its disappearance by absorption. Both the history of the case, the physical appearances of the tumor, and the microscopic examination, established the diagnosis of the tubercular degeneration of the left testicle and epididymis, which

had been perhaps for many years destroyed, and had undergone softening and disintegration. He had been a stranger to all sexual feelings for nearly twenty years. The right sac was apparently an hæmatocele of long standing.

The case was interesting as an example of the hereditary transmission of a rare disease through three generations, and of the disappearance of an important appendage of the testicle, the cord, when no longer required by the gland. Our admiration of the new ecraseur was not much increased by our personal experience, and we concluded that it ought to be of very limited application.

Operation for Necrosis of the Femur, followed by Tetanus, with Recovery.—George, a slave, aged 23, stout and in good health, was operated upon, May 23d, 1857, for necrosis of the inferior and anterior portion of the femur, of two years' standing. The posterior portion of the thigh was scarred with a dozen cicatrices; there was also an open fistula on the inner and lower portion of the thigh, which allowed the probe to pass in four inches over the anterior face of the femur, which was extensively denuded. Four ounces of chloroform were used before anæsthesia was induced. A free incision was made, and the anterior face of the femur extensively removed by the gouge. The patient was put under the cold water treatment, which was the only application made to the wound. Granulations sprung up with great vigor, and the opening from the denuded surface was with difficulty kept open by using pledgets of lint.

The patient, being very unruly, could not be kept in bed, and a few days after the operation would walk about the hospital during my absence. On the fifteenth day after the operation he took a long walk under an intensely hot sun, and the next morning complained of soreness of his throat and uneasiness in swallowing. This uneasiness persisted for five days before any tetanic paroxysm took place. The evening preceding the first paroxysm, I had left him dressed, taking his dinner. On the sixth day I found the jaw very much contracted—not opened more than one quarter of an inch—and during the visit he had a severe cramp, with opisthotonos. He complained of severe pain in the throat and difficulty of swallowing, the face presenting the peculiar and striking expression so characteristic of tetanus.

R. Patient to be kept quiet in a dark room, thirty drops of laudanum to allay pain; nourishment and stimulus to be given *ad libitum;* milk, arrow-root, corn starch, gruel, or eggs, with porter, wine or brandy, as the patient prefers; also, one drachm of laudanum at bed-time.

On the second day of treatment found the patient worse. As I entered the room, he was sitting in a chair. Upon touching him, a violent paroxysm immediately followed, which threw him from his seat; decided opisthotonos. Paroxysms followed every three or

four minutes. He had taken very little nourishment—none for several hours, on account of pain in the throat, and feelings of suffocation. During the day the suffocative feeling became so distressing that he refused food, and even drink. I prescribed an inhalation of chloroform, which removed the disagreeable symptom, and during the visit he drank nearly one pint of porter. R. Chloroform, to be inhaled before taking food; nourishment and stimulus to be urged.

It is unnecessary to extend the daily treatment. The belief upon which the treatment was based was, that the ordinary remedies used in tetanus are all of a debilitating or depressing character; that tetanus destroys its victims chiefly by exhaustion; and if, by the administration of stimulus and easily-digested and nutritious food, the patient can be kept alive a certain number of days, the irritability of the nervous system will wear itself out, and the patient will be saved.

The treatment, instituted and continued with very little change, consisted in inhaling chloroform when the spasms of the throat were so severe that the patient could not swallow. This inhalation was never carried to insensibility, or even to drowsiness, and was only required on three or four occasions; from 30 to 60 drops of laudanum were administered at bed-time, which generally gave him a good night's rest. After a few days, the laudanum nauseated him, and he vomited frequently. This was then changed for morphine, half a grain every night at bed-time; hot poultices to the abdomen, when very hard and painful; two drops of croton oil every fourth day, to open the bowels, for they were never opened naturally for three weeks, until the paroxysms had very much mitigated; last, but not least, strong fluid nourishment, even to forcing—porter I considered peculiarly applicable for the anodyne effect, as well as its sustaining powers. This was used without limit. I was always most satisfied when the patient had taken his four bottles in the day, for he was sure to have a good night after such copious potations.

The paroxysms gradually became mild, with much longer intervals, and finally left him altogether, although at times he would have one severe one: for instance, one month from the commencement of the disease, when he could leave his bed and walk about, whilst standing in the floor he had one, which threw him down upon his back.

The case is reported in order to press upon the attention of the profession the mode of treatment which is decidedly the most rational, and which experience, with me, has proved all that one could desire. I have been unfortunate enough in the last three years to be called upon to treat three cases of tetanus. The same course has been adopted in each, and I have had the extraordinary good fortune to save them all. As these three cases have followed each

other consecutively, it is too much success to attribute to mere coincidence, and some credit must be given to the treatment, which was recommended, but not practised, by Marshall Hall. Medicine should always take a secondary part in the management of such cases. It does not absolutely follow that because a patient is sick he must be drugged, for I think the varied treatment of physicians conclusively shows that the more medicine taken, in cases of tetanus, the greater certainty of a victim.

Syphilitic Indurations without Chancres Appearing on the Penis after Exposure to Infection.—Jack, aged 25, a stout negro, was under daily treatment for gonorrhœa, when he complained of two slight swellings around the penis. On examination, I found slight indurations, with surrounding œdema, upon the inner surface of the prepuce around the corona glandis, which had appeared during the night. On the following day they had increased to the size of a pea. The induration remained several weeks, gradually disappearing under the continued use of the proto-iod. mercury. No pustules or ulcers appeared at any time upon the indurations. As the negro was easily alarmed at the slightest appearance of disease, and was always ready to take advantage of the slightest indisposition, to lay up, it was presumed he would not allow the presence of even such small swellings to exist without immediately making the most of them, so that we confidently believed that he had reported them at the earliest opportunity. The rapid increase by the next day substantiated his history; the slow disappearance under mercury also strengthened the diagnosis, and the appearance presented was identically the induration accompanying the genuine Hunterian chancre, without the sore.

Cases of the absorption of syphilis producing buboes, and followed by secondary symptoms, without there ever having been an ulcer or discharge of any kind from the penis, have been acknowledged and reported by most syphilographers, under the title of bubo d'emblée, and the case just reported would come under the same category.

Calcareous Degeneration and Spontaneous Luxation of the Crystalline Lens, the result of Injury to the Eye.—I was consulted by Mr. M. concerning his eye, which had given him much pain for the last few days. Upon examination, the following singular condition presented itself: A chalky white mass was pendulous from behind the iris through the pupil into the anterior chamber. It was about the size of a small pea, and appeared quite movable, and by its presence irritated the internal eye, producing iritis. He had frequently been annoyed in the same way before, by the protrusion of the foreign body. By rubbing and pressing the eye, the mass would be forced through the pupil, when it would disappear behind the iris, and the inflammation excited by it would soon subside. The diagnosis was, calcareous degeneration with luxa-

tion of the lens, which would at times change its position and then make its appearance. When a boy at school, the patient received a severe blow in the eye, which caused violent inflammation, resulting in the above pathological condition. As the patient refused all instrumental aid, the prescription given him was belladonna to dilate the pupil, when he could manipulate as he had done before.

Extirpation of a Degenerated Eye, to prevent successive attacks of Ophthalmia in the remaining Organ, with the Pathological Description of the removed Organ.—Mott, aged 45, seaman, came under observation at the Marine Hospital, suffering under violent ophthalmia, with slight opacity of the left cornea. He had frequent attacks of inflammation, coming on without apparent cause, and which were controlled with difficulty. His right eye had long been destroyed from injury, and was considerably atrophied, and he was in constant dread of losing the remaining organ from disease. Supposing that the lost eye, by its irritation, might be the cause of trouble to the left, I determined to remove it, which I did under chloroform. The operation in itself was trivial, and no bad symptom disturbed the rapid cicatrization of the wound. The left eye did not improve immediately, as I expected, but required active treatment for some time before the cloudiness of the cornea disappeared. He was finally discharged well, with the belief that the removal of the destroyed eye would prevent, perhaps altogether, the return of inflammation. In examining the globe of the right eye, its small size was strikingly conspicuous. The cornea was white and small, and firmly imbedded in a dense, thick, contracted and puckered sclerotic coat. The choroid coat was perfect as a covering, and loose in the cavity of the sclerotic, apparently without connection with the inner surface of that membrane, except at the posterior portion. Upon dividing this layer, the knife grated upon a hard substance, which was found to be two stony masses, differing in appearance, form and color. One, imbedded in the anterior face of the choroid, was the lens, lenticular in shape, surrounded on all sides by its capsule, which could be readily lifted from its stony contents. The cretaceous mass was white, smooth, and soft enough to flake under the moderate pressure of a forceps, portions of the concrete appearing as small scales from the surface. The second mass was in the form of an irregular trapezoidal plate, of a much harder substance, four lines in its longest diameter, three in width, and about two lines thick in the centre, gradually tapering to one at the edges. It grated without crumbling under considerable pressure of a stout forceps; color grayish, of compact structure, lying imbedded in the posterior surface of the choroid, and perforated in its centre for the passage of what I took to be the middle artery of the retina. The mass occupied the seat of the nervous expansion on the hyaloid surface, and from its intimate connection with, or perhaps for-

mation at the expense of the retina, must have been the constant source of irritation. There was abundant cause for any amount of inflammation from which the left eye so frequently suffered. Unfortunately, the vocation of the patient is such that he will be soon lost sight of, and we will be left without the means of verifying the expected result of the operation.—***Charleston (S. C.) Medical Journal.***