

Warren (Jos. H.)

CLINICAL REPORT

—OF—

INTERESTING CASES

—IN—



PRIVATE PRACTICE.

By JOSEPH H. WARREN, A. M., M. D., Boston.

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Member of the Judicial Council of American Medical Association; Member
British Medical Association; Member Massachusetts Medical Society;
Honorary Member Vermont State Medical Society, etc., etc.

SPERMATIC CORD, TESTES AND SCROTUM



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CLINICAL REPORT

INTERESTING CASES IN PRIVATE PRACTICE

Interesting Case of Typhoid Fever

BY JOSEPH H. WARREN, A.M., M.D.

Read at the meeting of the Medical Society of the State of Virginia, held at the Hotel Richmond, on the 10th day of January, 1883.

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CLINICAL REPORT

OF

Interesting Cases in Private Practice.

- (1) *A SOMEWHAT RARE DISEASE OF THE SPERMATIC CORD, TESTES AND SCROTUM.*
 - (2) *ENCYSTED CANCER OF THE SPERMATIC CORD.*
 - (3) *CASE SHOWING FAMILY HEREDITARY TENDENCY TO HYDROCELE AND DISEASES OF SCROTUM—REMARKS.*
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CASE I.—Mr. James G. W., of New Mexico, consulted me the latter part of January, 1883. The following is the history of his case as he wrote it out and gave it to me:

“While residing in San Francisco in the summer of 1878, I first noticed (by putting my finger on the ring) a round hard lump filling the opening. This became especially apparent when the legs were stretched somewhat apart. The lump appearing to increase in size, I consulted Dr. Dorr—then my family physician. He pronounced it to be a slight hernia of the omentum, and advised me to do nothing, as it was not likely to give me trouble and would probably disappear in time. In a few months, the lump diminished and finally entirely disappeared.

“Three years later, in the summer of 1881, while residing in Santa Fé, N. M., the lump again made its appearance in the same place with identical symptoms. For several months,

I paid but little attention to it, thinking it would disappear as at first; but it gradually increased, coming down lower in the scrotum, until some five or six months after its appearance I called on Dr. Longwell—a resident physician of Santa Fé—to examine it. Dr. Longwell pronounced it to be inguinal hernia, and advised me to procure a truss as soon as possible. I found it difficult to believe that it was hernia; but the Doctor was positive—‘as positive,’ he said, ‘as if the parts were exposed and plain to view; there was no doubt about it.’ For a week or two, I wore a home-made truss, but pressure upon the lump caused intolerable pain. As it was impossible to procure a suitable truss in Santa Fé, I went to San Francisco in October, 1881; and, upon arrival, called upon Dr. McNutley—an eminent physician of that place. He was somewhat puzzled on examination of the lump; could not think it a hernia. ‘It is,’ he said, ‘about the size of a testis; feels like a testis, and not unlikely it is an additional testis descending into the scrotum.’ He desired that I should advise with some other surgeon; and upon his recommendation, I called at Dr. Hubbard’s office to get his opinion. On examination, Dr. Hubbard pronounced it inguinal hernia, and made an attempt to reduce it. The effort giving me some pain, he stated that he could reduce it, but would have to put me under ether. On the next day, after advising with Drs. McNutley and Hubbard, I was examined by Dr. Isaac Rivers (then attending physician upon my wife’s family), who was unable to form an opinion of its nature, but requested that he might bring a friend of his, Dr. Revecci, an Italian surgeon of some note, to examine it. On the next day Drs. Revecci and Rivers made a thorough examination, and found it to be hydrocele of the cord. Three days later, these physicians operated upon the tumor, aspirating it, entirely emptying the sac, and tightly bandaging over the place. This proved ineffectual to effect a cure—the lump appearing one week after the operation. For some months, I paid little attention to it, it giving no inconvenience at first. In February, 1882, the tumor was again operated upon by Dr. Seiber, of Santa Fé, N. M., and iodine was injected. A good deal of inflammation ensuing, confined me to my bed some ten or twelve days, but the tumor shortly after made its appearance. I sought advice from Dr. Symington, of Santa Fé, Dr. Bertelette, of the United States Army, stationed at Santa Fé, and some others; and on one occasion had the tumor tapped and a portion of the contents withdrawn. By this time, however, the substance form-

ing the tumor had become so thick that it was found impossible to empty the sac, or withdraw more than a portion of its contents. At this stage, during the latter part of the year 1882, the tumor slowly increasing in size, I decided to come East to have an effectual operation performed. Arriving here [Boston] January 26, 1883, I called upon Dr. Jos. H. Warren and Dr. Cheever—the latter stating upon examination that he suspected a complication of inguinal hernia together with the hydrocele; and that very probably I should always have to wear a truss after any operation, and further that an operation would relieve only the hydrocele, but would involve some risk, etc.

“Dr. J. H. Warren examined it, and considered it to be a diffusible hydrocele, having become thickened in its contents much like an ovarian cyst in the female, and I submitted to his operation on the 30th day of January, 1883.”

With the assistance of Drs. Temple and C. E. Warren, I performed the following operation, after etherizing, under strictly antiseptic precautions:—I commenced my incision about half an inch above the epididymis of the testis, and extended it up to the outer inguinal ring. Before making this incision, I passed a fine exploring trocar down to within half an inch of the bottom of the tumor; and finding no fluid, tipped the sharp end of the trocar upward and brought it out about one inch above its entrance. Now, after the incision, I cut down through the sac to the trocar; and after dissecting very carefully, I came upon the contents of the tumor. The sac of the tunica vaginalis I found very much thickened and very tough to cut. It was about the thickness of a good chamois skin, and felt so to the touch, though it was roughened on the inner surface. It was like a skin dressed out to be softened before rubbing. I now laid open the sac the whole length of my first external incision, and found it filled with multilocular cysts that contained a jelly-like substance, much like that seen in ovarian tumors; and in appearance and consistency, resembling the common calf's foot jelly used on the table. These cysts varied in size, some not larger than a pea, others as large as an English walnut, and a few that were detached while operating on the upper part of the cord had a very small, fringe-like pedicle attached to the walls of the sac. The blood-vessels, nerves and spermatic cord passed freely through the tumor and the walls of the sac, which were adherent all the way from the bottom of the sac of the tumor to within an inch of the internal ring. There was a very long and tedious

process of dissection to separate and remove the sac from the spermatic vessels, which was finally accomplished, the operation thus being necessarily very much prolonged, occupying nearly two and a half hours. After separating the sac and tumor we drew down the same through the outer ring; and, having satisfied ourselves that we had got above the tumor and all diseased tissue, a stout silken ligature, well carbolized, was passed through the centre, and each part was firmly tied. Then the ligatures were passed around the entire pedicle, making a firm fastening, and it was treated in every way as suitable to the pedicle of an ovarian tumor. About half an inch below this ligature, a galvano-cautery loop was passed around, and the tumor was separated between the outer and inner rings. And now the stump was pocketed, the wound drawn together, the silken ligatures allowed to protrude from the external opening of the wound to act as a drainage above, and a small rubber drainage tube was passed in up to the end of the parts where the tumor was severed.

The tumor was examined by Dr. Temple and my son, and the following is the report of the same:

"The tumor consists of numerous cysts; held together by firm fibrous tissue. The cysts vary in size from a pea to a walnut. The wall of each individual cyst seems to vary with its size, being thicker in the larger cysts. The contents of the cysts is the same, irrespective of size; it consists of a thick, gelatinous mass of a pale amber color, similar to the so-called colloid of the ovarian cysts.

"*Microscopically*, the mass was composed of numerous large, round epithelium cells, a few columnar epithelia, a few red blood globules, some few fat; many granular cells about the size of renal epithelium; these are round, transparent—the granules having a well-defined outline. The cyst wall was composed of fibrous tissues, the interstices containing cells of the same granular character as those above described; these increased in number from the outer towards the inner surface, where they were clumped together, forming an almost uninterrupted line. These cells were not affected by ether or acetic acid. The wall also contained blood-vessels filled with corpuscles."

The growth resembled a long gourd, the larger end in the scrotum, and extending up near the inner inguinal ring. It was about five inches in length, and one and a-half at its lower end, and three-quarters at its upper part where we ligated and cut it off. There was no appearance, as examined under the microscope, of any malignancy or cancerous growth about it.

This is one of the rarest diseases of the spermatic cord and

scrotum that I have ever seen. I can find no mention in Sir Astley Cooper's work of anything like such a case, except where he speaks of a colloid cancer. No mention is made of it by Curling in his work on the Testes, nor do I find anything like this mentioned in any of the current works on surgery, nor have I seen a report of any such disease in any of our medical journals. I think this is the only case of the kind operated on in this city, and the only time that the galvano-cautery has ever been used to sever a pedicle in a male patient, although very commonly used in the female patients for this purpose.

At one period of the operation I did not know but that I should have to open the abdominal cavity, as in some cases of herniotomy, to secure the diseased tissue high enough to remove it all; but owing to the lax and yielding nature of the external ring, and by the application of some considerable force, I was enabled to draw the tumefied mass through the external ring sufficiently far to gain my point of ligation above all the diseased parts, or where it seemed to be free from all appearances of disease. The ligature came away on the fourteenth day, and the patient made a rapid recovery, so that on the 24th of February he was enabled to return home to New Mexico—a well man.

This tumor would seem to be in construction like an ovarian tumor—as nearly like it as we can get one in the male. All who had operated on it examined it and made a wrong diagnosis, as well as myself. At the time of examining it, I felt greatly in doubt about the correctness of the diagnosis I had made. Some had pronounced it hydrocele of the cord and a hernia of the omentum combined; and it would seem that the patient had consulted some of the best surgeons we have. I thought it was a hydrocele of the cord with a greatly thickened sac without any rupture, and so pronounced it; but this, it would seem, although very near the mark, was not the true case, as was proved when I came to operate.

I made out my diagnosis to be diffusible hydrocele of the cord for the following reasons: In hydrocele of the cord, cystic or diffusible, we get not entire disappearance within the rings of the diffusion, as we do in any kind of rupture,

unless there are adhesions; and we can follow the adhesions; and then if it be omentum, or the intestines or gut, we have distinct and somewhat irregular lumps or bunches not unlike the feeling of the mesenteric glands as often felt through the very much emaciated patient's abdominal walls. Again, the patient lying down, when the hernia is returned, it goes back with a sucking sound, sometimes making a gurgling noise, which failed to be produced in this case. In an erect position of the patient, a hernia—omentum or intestines—comes out gradually, not as in this case all at once; and it is at its full size and not any larger the longer it stands. But the tumor of this patient would continue gradually to grow larger and larger for a number of months. Then, again, we got no impulse by coughing, as we do in all cases of hernia, except in some large and adherent hernial omentum; but even in those extensive adhesions and thickenings of the sac, you will always get a perceptible impulse, as you could not in the case of this patient's tumor. But if you are in the habit of examining hernia, it is very generally apparent to see the difference in many ways from diffusible or cystic hydrocele of the cord, such as complained of by this patient. There is a sense of strangulation, of nausea and tenderness of the internal rings in almost all cases of hernia of the omentum or intestine. The rings are tender; when you press the finger into the rings the patient will flinch; but in cases of hydrocele of the cord, there seems to be no great tenderness and soreness as in hernia; at least that is so in all the cases I have examined. Although it often requires a very fine distinction, yet by a careful analysis, we can generally, with a certain amount of surety, make out a distinction between the two affections—hernia and hydrocele. The light of a candle in a darkened room is an old and sure way of distinguishing the two affections; but by a little practice this may not be necessary to a correct diagnosis of these diseases.

CASE II.—*Encysted Cancer of the Spermatic Cord.*—I next wish to call your attention to a rare affection, and that is an encysted cancer of the spermatic cord.

I lately had a young man, twenty-one years of age, other-

wise well, a native of Maine, on whom I had operated early in the fall for a scrotal hernia, and cured by the subcutaneous method which I practice freely. At the time of operating on him for the hernia, I noticed he had a varicocele, and a hard, little, encysted tumor just above the epididymis—say about a half or three-quarters of an inch above. The varicocele was cured together with the hernia; but this hard tumor which he had noticed began growing within the last year, and seemed to be now rapidly developing and growing larger week by week.

On February 1st, with the kind assistance of Dr. Temple, I operated and removed this little encysted tumor which had grown to the size of an English walnut; and as far as the appearance of it went, without the aid of a microscope, it was that of a scirrhous tumor or cancerous growth. It was somewhat hard and gritty, of a dark bluish appearance, looking, through the walls of the cyst, something like a very large varicose vein. The structure was quite hard, and yet could be easily turned, and when separated, it had a sharp, roughened feeling, and a sensation of decomposing tissue that was pretty hard or as if partially dried a number of hours after removal. The parts were brought together, a small rubber drainage tube inserted, a dressing of carbolized cotton applied and some considerable suppuration followed, but it healed without any trouble by granulation. The patient is now well.

Soon after operating he had considerable pain in the inguinal region, and this pain, I have noticed, always, or most always, follows an operation for varicocele or any similar affection, of which I have treated quite a number—not far from one hundred and fifty—within the last few years.

In those cases of varicocele which I have treated by two small, short incisions in the scrotum and passing a silver wire around the varicose veins and returning into the scrotum again, I have been successful with the exception of one.

This one, the son of a physician and a student of Harvard, aged 21, very strong and athletic and a runner and performer of other gymnastic exercises, I operated on in this way, which was almost subcutaneous as described above; but in about a year afterwards he came to me with a varicocele nearly as large as at my previous operation. He had been exercising very freely, and after a long race this came on. I operated according to the method of Dr. R. Harrison,

of Liverpool, by cutting down and tying a large number of veins—about seven. To the net-work that is distributed through the vas deferens and the epididymis, I applied the actual cautery to destroy the greater portion of this network of veins, leaving only sufficient to carry on the future nourishment of the testis. Considerable swelling and suppuration followed, but in fifteen days my patient was fully cured, and that most substantially.

I would, in all operations for varicocele which are very large, and where the subcutaneous method might be doubtful in promise, resort to this operation of Dr. Harrison, as it is a most beautiful and favorable operation to effect a permanent cure.

CASE III.—*A Remarkably Interesting Case, Showing a Family Hereditary Tendency to Hydrocele and Diseases of Scrotum.*—In the spring of 1854, W. P. E., aged 22, native-born, of goodly American parentage, consulted me for a hydrocele elephantiasis of the scrotum and cancer of the right testis. His history was that soon after puberty, while at play with some companions at foot-ball, he received a kick in the scrotum that was intended for the ball by one of his companions. From that time, he began to notice an enlargement of the parts with a very gradual distension of the scrotum. This gave him but little acute pain, though he experienced a sense of great fatigue and weight from any exercise like walking or standing, and this increased so as to become almost unbearable. From his occupation as a school teacher, he was necessarily on his feet much of the time, and this greatly increased his embarrassment from the rapid distension and increased weight of the parts; at the time of my seeing him, it had extended to his knees. He became very importunate for me to do something to relieve him of his present embarrassment and suffering, which had become very depressing—morally as well as physically.

Not feeling confident what was the wisest course of treatment to pursue in this case, I took him with me to consult the late Dr. John C. Warren. After arriving at the residence of Dr. Warren, I left the patient on the outer step to wait whilst I went in to see if the coast was clear for me to show Dr. Warren my patient. I was very timid, and had great respect for my seniors and superiors in the profession at that time, and no man ever impressed me with that God-like fear and awe before or since as did this distinguished and most courtly and stately surgeon. I still retain a vivid remem-

brance of that proud, cold, aristocratic bearing, coupled with that graceful and gentlemanly professional air—an air acquired only by long continued and thorough culture and native-born refinement. I found Dr. Warren very much interested and occupied at this time with bird tracks on a large slab of shelving stone from the Connecticut Valley, sent by the late Dr Dean, of the western part of this State. After he had given me a lecture on ornithology and a general resumé on all the then known tracks of birds that had been found and examined by him, and shown me many of those immense slabs of stone he had lining the entrance of his hall and the greater part of his lower library walls and floor, I endeavored to get an opportunity to speak to him of my patient. But, going from buzzards, web-footed water fowl to sand-snipe, so much enthusiasm and interest did he display in his lecture on ornithology, that I felt I could not, without going from the sublime to the ridiculous, approach very easily the object of my call; and so retiring to call the next day by his invitation to assist and witness an operation for a small fibroid tumor on the hip of a very fat and puffy old lady, I went out and explained to my patient the condition of things.

On the morrow, I showed Dr. Warren my patient, and after an examination, and when we had retired from the presence of the patient, he said, "Young man, you will have nothing to do with this case," adding, "I have operated many a time for this and similar affections, and all the patients have died at or near the time of operation; at most, but few have lived beyond a month or two from the time of my operation." This was to me a sticker; so in my trouble I went to Dr. Edward Warren, who was living at that time near me in the town of Newton. I explained to him the urgency of the case and the necessity of something being done. The patient was willing to undergo anything which would promise relief from his suffering, which had now become intense, and the patient had argued the impotency of medical science; and his argument had gained strength from the fact that, as he said, he was willing to run any risk and abide by the result, and he could not see any reason why, if he was so freely to offer himself, our profession should not be willing to lend a hand and perhaps profit by his case and experience in some other future similar affection. His parents now joined their forces with those of my patient, and had no little effect. They were very apprehensive indeed of a fatal termination of his life by his own hands, as hypochondriasis had cast its gloom over the spirits of the patient. On fur-

ther consultation with Dr. Edward Warren, we agreed to operate and see what could be done for him, although giving but little hope or encouragement of a favorable termination to whatever we might do. On the 10th of May, with Dr. Edward Warren's assistance, I operated by following near the natural line of demarkation between the right and left testes, and castrating the patient on the right side; we found the skin and tissues comprising the scrotum and covering of the testes so thickened as to be fully an inch through. We ligated the spermatic and a branch of the sub-pubic artery. At this stage of the operation (I had some very coarse saddler's silk ready prepared), and, to the surprise of Dr. Warren, I began to fill in the cut, so as to enclose nearly a quarter of an ounce of this. I had previously cut the silk in strands of some four or five inches long. Then I brought the parts together and secured them with silk stitches pretty finely inserted. I now explained to Dr. Warren my intention of letting this silk act as a seton, and to withdraw now and then a strand at a time—not allowing the parts to heal until I had seemingly let the greater part of this thickened tissue be reduced by suppuration and slow granulation, letting it fill up as I withdrew the silken strands. He expressed himself much pleased, and thought I would be successful, and it proved so to be.

I afterwards called on Dr. J. C. Warren, and found that his brother had told him my manner of treating this unpromising case. He was much pleased, and told me that if I would in all my future life lean on myself and do my work with the same original thought which had been apparently used in this case, "following what seems the natural course to you," he said, "in every operation, you will be useful to yourself and others in the profession; for this is the great fault with many men now coming into the profession. They do not think or have independence to act for themselves, but lean on the arms of others who will never assist them to accomplish anything great in a professional life without the aid of their own best efforts. And while I would by no means have you ignore the instruction to be gained from the experience of others, yet to follow precisely in their tracks and call it conservatism, makes a very narrow path in any man's progress, but particularly in that of the practice of medicine."

This patient had a cancer of the testis, involving the greater part of the lower half of the scrotum, all having become completely fused into one solid mass of nerves,

blood-vessels and veins. Two pints of syrupy, treacle-like fluid was drawn off at the time of operating. The patient's progress was slow, but he made a full recovery, and has had no recurrence of the disease, and has enjoyed good health ever since, being now the happy father of a son.

His father, J. C. E., said he thought this affection had been hereditary in the family, particularly that of hydrocele, as he, himself, and his two brothers, had suffered from hydrocele in their younger days. His own father had one also, something like the case of his son. Of his own case and that of his brother, it may be said they seemed to spontaneously disappear after some fever, and, in his case, after a severe attack of diarrhœa. He said that the late Hon. Edward Everett, his cousin, had a large one. When a youth, they were both out in the field shooting, and when, after a long chase for a fox, he became so fatigued in the hunt, that his hydrocele became painful, and he had to lie down several hours, and he, J. C. Everett, had to adjust a silken pocket-handkerchief on to Edward so as to hold up the parts in order that he might walk home, some little distance. He was cured by Dr. Holbrook, of Milton, by the injection of Port wine. He also knew of a number of his other cousins who had been affected with hydrocele.

I have operated on two other cases similar to this, and with equally good results. I know not whether this is anything original or novel, although I have not seen a case reported as treated in a similar manner in any of my medical journals or text-books.

If we examine the tissues comprising the scrotum and surrounding parts, we perceive that they are peculiarly constructed. So loose are they that from a very slight injury or any inflammatory process whatever, they will swell and thicken to an enormous size. Owing to this open, loose and vascular structure of the tissue, I reasoned, anything that would act like a seton, causing a continued suppuration, would reduce this thickened tissue, as blistering of the parts will often do. I have seen a very large case of elephantiasis quickly yield after the insertion of a seton, or even by extensively blistering the parts, and the application of mercurial ointment, reduced by these means to a normal size in a few weeks. It was this knowledge of the anatomical structure and the pathological condition of this and similar affec-

tions that these parts are liable to be attacked with, that induced me to fill the wound with silk to be left in to act in the manner I have described.

REMARKS.—These affections of varicocele, hydrocele and similar disorders of the scrotum generally appeal to us, not only from the great amount of physical suffering that they produce, but they have a most depressing effect morally, as we see in those college students, young men of the professions of all kinds and merchants constantly coming to us; and we find that by putting them off from time to time, they yield to this hypochondriasis more and more until in some cases insanity is the result. And how often these highly sensitive and intellectual patients we have spoken of are in the habit of terminating their own existence for this and similar affections, it is impossible to calculate; but that such is the case we know from reports in every community where young men of the most exemplary life have chosen to put an end to their existence rather than to endure this slight bodily ill, which is rising in mountain height to them in imagination. This dread is often intensified by reading advertisements in the daily press and circulars sent out by those soulless quacks to be found in every community who tell them of the fearful consequences, the loss of their manhood and impotency that is certain to follow any of these afflictions, which we all know, as practical men in our profession, seldom reach such severe results. So that it is wiser often for us to perform these operations which are comparatively slight and insignificant, and give but little suffering, rather than to have the dread to hang over any young man as a cloud and as a shadow for all future life. For, reason and advise as we will as to the simplicity of his afflictions, he sees only a permanent phase; he examines himself often; and the oftener he does, the larger his ills seem to grow, and the more of decided reality to him. And thus turning from our wise and good advice, he falls back upon those who have written just to attract his attention—knowing of this weakness peculiar to the young men—and he believes them rather than us. I have never seen anything but good results attending any of those operations I have recommended for

hydrocele, varicocele and similar affections of these parts; and I would heartily recommend them after seeing for years the good results that have come from resorting to one or the other of these simple operations. For at this period of a young man's life, a kind word and a slight operation seem to give him renewed courage; and such a course lifts him up to a higher plain where he feels his independence and all his manhood most fully developed and strengthened. We must always remember that it costs this young man to consult us no little effort, and we should give to even what appears to us slight ills, our most serious consideration in our advice to him, for much will depend even on our directions for his future good or ill.

