

Monks (G. H.)

al

A CASE OF

APPENDICITIS IN THE SCROTUM.

*Removal of Pus by Aspiration ; Excision
of the Appendix during a Remission ;
Recovery.*

BY

GEORGE H. MONKS, M. D.,

SURGEON TO THE CARNEY HOSPITAL, SURGEON TO THE BOSTON DISPENSARY,
AND ASSISTANT IN OPERATIVE SURGERY AT THE HARVARD
MEDICAL SCHOOL.

*Reprinted from the Boston Medical and Surgical Journal
of June 5, 1890.*



BOSTON:
DAMRELL & UPHAM, PUBLISHERS,
283 Washington Street.
1890,

S. J. PARKHILL & CO., PRINTERS
BOSTON

A CASE OF APPENDICITIS IN THE SCROTUM;
REMOVAL OF PUS BY ASPIRATION; EX-
CISION OF THE APPENDIX DURING A RE-
MISSION; RECOVERY.¹

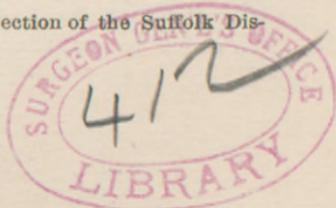
BY GEORGE H. MONKS, M.D.,

*Surgeon to the Carney Hospital, Surgeon to the Boston Dispensary,
and Assistant in Operative Surgery at the Harvard Medical School.*

A BOY, of Portuguese parentage, and about two years old, was referred to me some months ago by Dr. W. D. Hodges, while I was on duty in the Surgical Department at the Boston Dispensary. The child had a swelling occupying the whole of the anterior part of the right side of the scrotum and extending a short distance on to the abdomen and inguinal region. About mid-way between the external ring and the testicle, this swelling was more prominent than elsewhere and was quite red. On touching any part of it the patient winced and cried. Upon questioning the father, I learned that the attention of his wife and himself had been first called to the child's condition about two months before, and that there was first noticed a hard bunch in about the same situation as the most prominent part of the swelling above referred to, and that this bunch appeared to grow larger and larger, and more and more red and tender, and finally, presented the condition already described.

On more carefully examining the swollen tissues, I could indistinctly make out a deep-seated tumor whose centre corresponded with the spot of greatest swelling and tenderness referred to above. This tumor appeared to be about the size of a large olive and was quite hard, its axis corresponding with that of the cord. A very narrow neck extended from its upper extrem-

¹ Read at the meeting of the Surgical Section of the Suffolk District Medical Society, on March 5, 1890.



ity to the external ring. There was no impulse when the child cried. I pushed the needle of an aspirator into the centre of the tumor, and drew out one or two drops of a yellowish fluid, which, examined under the microscope, were found to contain pus cells. I then made a free incision down to the tumor and pushed a director into its centre. Nothing escaped through the hole. I then dressed the wound and sent the patient home, giving directions that a poultice should be applied every three hours.

A day or two later I succeeded in getting the patient admitted to the Children's Hospital; and Dr. E. H. Bradford, into whose wards he came, most kindly invited me to take full charge of the case and to do whatever operation I might think necessary. As the child was puny, the operation was postponed for about two weeks until he should gain a little flesh and strength. A poultice was applied to the wound, and the swelling, heat and redness gradually disappeared. As the child would now allow a thorough examination of the parts without making a disturbance, the "deep-seated tumor," was repeatedly examined. In spite of this, however, no new facts of diagnostic value were brought out.

About two weeks after the aspiration referred to, I operated, Dr. Bradford kindly assisting. A long incision in the direction of the cord exposed the anterior surface of the tumor, which was then gradually separated from the surrounding parts. This was easily done below (on the end toward the testicle), but behind, the cord appeared to be imbedded in the substance of the tumor, and considerable dissection was necessary in order to set it free. From the upper end of the tumor extended in the direction of the external ring a structure about two inches in length, and of about the thickness of an ordinary lead pencil. In order to examine this more satisfactorily, the cut

was extended to the external ring and as the "neck" was seen to enter it, the ring was freely laid open. It was then noticed that the neck was slightly larger in the vicinity of the canal than below; and that near the tumor it was somewhat flattened and gave the impression to the fingers (as they rolled it between them) of being a collapsed hollow tube. On the surface were to be seen numerous small bloodvessels regularly distributed. Gentle traction was made on this neck and a piece of intestine was pulled out of the ring for a short distance. This intestine proved to be the cæcum. The neck then was the appendix and the "tumor" was presumably inflammatory induration about the tip. A large part of the appendix together with the adherent "tumor" was removed. The edges of the stump were then inverted, sewed together, and the whole returned to the abdomen. The pillars of the ring were stitched firmly together, and the edges of the skin wound united.

The specimen removed was sent while yet fresh, to Dr. R. H. Fitz, who kindly examined it and made the following report:

"The specimen was an elongated cylindrical mass of tough tissue. On section the amputated vermiform appendix filled the centre and its peritoneal surface was so intimately fused with the surrounding, dense, fibrous tissue as to prevent detachment. The canal of the appendix was open, its mucous lining free from abnormal changes. A narrow sinus, presumably due to the exploratory operation, extended from the surface of the specimen to its interior, near the tip of the appendix. The condition was evidently a chronic adhesive peritonitis, the result of an appendicitis obliterating the peritoneal pouch in which the appendix lay."

The child's recovery was somewhat interrupted by a suppuration around one of the deep sutures. For a

few days after the operation there were also certain threatening symptoms, such as tympanites, high temperature, some abdominal tenderness, etc., but soon these disappeared and the wound granulated, and the child was discharged from the hospital about five weeks after the operation in excellent physical condition and with the wound firmly healed.

Remarks. — The true state of things was not recognized in this case until, during the operation, the tumor and the neck had been dissected out and lifted from their bed. The whole clinical history of the case then became clear. It was then evident that when the child was first brought to the Dispensary he was suffering with *acute appendicitis in the scrotum*; that the aspirator needle removed all the pus present at the seat of inflammation; and that when the director entered the tumor, there was no more there to come out; that the acute symptoms subsided rapidly and that the tumor disclosed at the operation was nothing more than chronic inflammatory indurated tissue formed about the tip of the appendix.

It is rather disappointing on reviewing the history of the case to be obliged to admit that there was nothing sufficiently distinctive to be of any great assistance in a diagnostic way in any future case where a similar condition may exist. It is, however, well to bear in mind that a well-defined, though small, cord running out of the right external inguinal ring and passing downwards into the scrotum, lying superficial to the spermatic cord and more or less parallel with it, *may be* the vermiform appendix which has descended from the abdominal cavity, and, having acquired adhesions in the scrotum, cannot return. Possibly the adhesions will have formed so appreciable a tumor as to attract the principal attention of the surgeon, as in the case just reported.

THE BOSTON Medical and Surgical Journal.

A First-class Weekly Medical Newspaper.

This JOURNAL has now been published for more than sixty years as a weekly Journal under its present title.

Such a record makes superfluous the elaborate prospectus and profuse advertisements as to enormous circulation, etc., etc., required by younger aspirants for professional and public confidence.

It is, however, no less incumbent upon this JOURNAL than upon others to assure its patrons from time to time, as the occasion arises, of its desire, its ability, and its determination to meet all the requirements of the most active medical journalism of the day, without sacrificing any of that enviable reputation which is an inheritance from the past.

It is under the editorial management of Dr. George B. Shattuck assisted by a large staff of competent coadjutors.

Communications from all quarters of the country are acceptable. Liberal arrangements are made for reprints of original articles, and for such illustrations as serve to increase their value or interest.

The word "Boston" is retained in the title, as it was in the original name, but every occurrence of professional importance whether within or without the borders of New England, will receive prompt and impartial notice.

The circulation is large and steadily increasing; the subscription-list covering almost every nook and corner of the United States and Canada, and extending to foreign countries. All communications for the Editor, and all books for review, should be addressed to the Editor.

Subscriptions and advertisements received by the undersigned, to whom remittances by mail should be sent by money-order, draft, or registered letter.

Terms \$5.00 a year, or \$2.50 a half year, in advance.

DAMRELL & UPHAM, Publishers,
BOSTON.

