Cases of malposition of the testicle, and of malformation of the male and female urino-genital organs / by Thomas Bryant.

CASES

OF

MALPOSITION OF THE TESTICLE,

AND OF

MALFORMATION OF THE MALE AND FEMALE URINO-GENITAL ORGANS.

By THOMAS BRYANT.

THERE is in the cases about to be related nothing very novel to one conversant with the practice of a metropolitan hospital, for in these institutions strange and varied examples of deformities of all parts of the body pass occasionally under observation; still the cases are of sufficient rarity to the great majority of the profession to be of interest, and consequently have been deemed worthy of publication in a hospital report.

They have been taken from the brief notes which were written down when the cases originally came under observation, and the drawings from the rough sketches likewise made at the time in my note-book, in which it will be observed that brevity of description has been carefully studied and mere outlines have been given.

CASE 1.—*In which the right testicle was placed in the perinæum* (*vide* fig. 1, Plate I).

Mary K—, æt. 6 weeks, came under my care at Guy's Hospital on March 22, 1866, with the following deformity: The right testicle was placed on the right side of the perinæum, in its own independent scrotal pouch; it was of

normal size, and had a cord which passed downwards through the external abdominal ring as in the natural condition. The left testicle was in its usual place, in its own scrotal bag. This bag had no connection with the one containing the right testicle.

The penis was well formed, and the child was in all other respects well made.

The father of this child had had his right testicle excised for disease one year before his marriage. He had one other child, a female, who was well formed in all respects.

Remarks.—This case is one of unusual interest, from the strange position assumed by the right testicle. Similar cases have been recorded by other authors, but their rarity forms a sufficient excuse for the publication of the present one, with the accompanying drawing. It is no part of the task I have given to myself to explain the means by which such a malposition of an important organ took place; I simply place it on record as material for future observation. The fact that the child's father had lost his right testicle one year before his marriage is one of special interest, although, perhaps, no connection can fairly be made out between the natural displacement of the child's organ and the surgical displacement of the father's.

It is worthy also of note (although the fact is not a new one), that a man with one testicle should have preserved his power and proved his manhood by doing his part towards the production of two children.

Cases of imperfect transition of the testicle.

These cases are by no means uncommon. Every practitioner at times must have such passing under his observation. Amongst those I have recorded in my note book the following may be selected as possessing points of interest beyond the mere retention of the testicle or testicles in the abdominal cavity, or inguinal canal:

Cases of nondescent of the testicles, &c.

Case 2.—George P—, æt. 7½, came to me at Guy's Hospital,

n May, 1865, with the left testicle in the scrotum. The right testicle was in the inguinal canal, as at birth. One year subsequently the right was still in the same position.

Case 3.—Edward B—, æt. 10 months, came under my care n March, 1866, with a congenital hernia on the right side; the ight testicle had not descended, but the right scrotal pouch was perfect. The *left* testicle was in the inguinal canal, and here was no left scrotal sac.

Case 4.—Edward R—, æt. 8, applied to me at Guy's, in March 26, 1858. He had been born without testicles externally. The left had descended into the scrotum one year, where it had remained. The right had descended on March 24th, but rescended the next day, and six months later it had not reppeared.

Case 5.—John Young, æt. 6, came under my care in February, 1861, with the right testicle in the scrotum, the left at the internal ring. One year subsequently these testes were *in statú quo*.

Case 6.—William H—, 7 weeks old, was brought to me with he left testicle in the scrotum, and the right in the canal, with large reducible bubonocele.

Two years subsequently no change in the relative condition of he parts had taken place.

Amongst the accidents to which a testicle is exposed in its assage from the abdomen into the scrotum that of inflammaon is the most common. It is well illustrated by the followng case:

Case 7.—*Inflammation of the testicle when passing down the inguinal canal.*

Robert H—, æt. 12, came under my care at Guy's Hospital, n June 20, 1859, under the following circumstances:

The *right* testicle was not to be felt, having, evidently, not descended from the abdomen.

The *left* had put in its first appearance at the external ring three days before his application to me, the boy having experienced pain in the groin, extending upwards towards the loin, for two weeks previously. On his walking into the room I at once observed that his body was bent unusually forwards, and that his movements were much restrained.

On examination the testicle was readily felt in the left groin, having passed down the canal, and partially through the external ring. The gland was of a large size, remarkably tender, and was about the size of an egg. The horizontal posture was ordered to be maintained, with the thigh flexed, and cold lotion was applied. In three days the symptoms had somewhat abated, and at the end of the week the swelling was less.

On July 11, the twenty-first day after his coming under observation, the testicle had passed the external ring, although resting close to it in the scrotum. In another week all pain had subsided, the testis was free, and the patient disappeared from observation, being quite well.

Hypospadias.

It is not worth while to record all the numerous cases of hypospadias which have passed under my notice, for they are very similar in their nature, and have few special points of interest. It may, however, be interesting to observe that the urethral orifice in the majority of cases is placed below the glans at a spot corresponding to the preputial frænum; that in a certain number there is a depression on the glans penis corresponding to the natural outlet; and that several small depressions often exist between the urethral orifice and the cup-like depression at the extremity of the glans. One or more foramina through which urine escapes also sometimes present themselves below the true opening of the urethra; but under these circumstances the urethral orifice is generally small, too small for its office. Under such conditions it often requires to be laid open.

It would seem also that this deformity is one which is frequently inherited, but whether more frequently than others I have no means of proving.

Case 8.—I have notes of a case of twin children, who were born with this condition, and whose father had precisely the same form of penis.

Case 9.—Another patient, æt. 25, came also under my care, with a urethral orifice below the glans penis, who was the father of three male children, and in all of them a like deformity existed.

Case 10.—In a third case a man had four children, three of whom were males, and all three, like their father, had hypospadias; the opening of the urethra corresponding to the frænum.

Case 11.—In the case of a man, æt. 25, with a urethral orifice one inch behind the glans, it may be interesting to record that he was married, and that his wife died in childbirth, proving that marriage and conception are both possible under such improbable conditions.

The two next cases I have to relate are also cases of hypospadias, but in both the urethral orifice was placed much further back than in the others to which allusion has been made.

The orifice of the urethra in both was situated at the base of the penis, at the upper part of a fissure caused by a bifid scrotum.

In one case the testicles could not be discovered in the scrotal pouches, and thus the question of sex was necessarily raised; in the other this question was not a disputed one, as excess of sexual feeling produced results which caused the man to seek my advice. The second case, having been under my care a few months before the first, enabled me to decide the point respecting the latter without much difficulty.

Case 12.—*Case of Hypospadias; bifid scrotum; orifice of urethra in scrotal fissure at base of penis. Query as to sex.*

A child, named Frost, three weeks old, was sent to me by Mr. Hopkins, of Shoreditch, with the following deformity, in July, 1867. It was the first child of well-formed parents.

There was a short penis, with glans and prepuce curved well downward, and held in position by a fibrous band.

In this penis there was no sign of a urethra.

At its base an opening existed which communicated with the bladder.

On either side were two bags corresponding to the labia or to the scrotum, in which no testes could be discovered. Between them there was a deep fissure, at the upper part of which was the urethral orifice.

There was no vagina.

The anus was perfect; on introducing the finger into the bowel a uterus could not be made out.

The pelvis was small, as in a male.

The question was put to me as to sex. The weight of evidence tended towards the opinion that it was a male. In my note-book I entered it as Jack Frost.

In the year 1864 a precisely similar case came under my care.

Many cases similar to the above have been recorded, and the persons have during life passed as females.

CASE 13.—*Hypospadias; bifid scrotum; testitis as a result of ungratified sexual excitement.* (*Vide* fig. 3, Pl. I.)

Robert C—, æt. 20, was sent up to me by Mr. Harding, of Woolwich, on January 16th, 1867. He was one of five brothers, four of whom were healthy and free from deformity. The penis in Robert C— was well formed but stunted, with a good glans and full prepuce. A depression existed at its extremity corresponding to the orifice of the urethra, and at its lower part were several foramina, but none communicated with the urethra. The scrotum was divided into two pouches, and each pouch contained a testicle. At the upper part of the fissure, dividing these pouches, the true urethral orifice existed. The lower part of the penis from the urethral orifice was held down by a firm fibrous band, and when an erection of the organ took place the penis was bent downwards over the scrotum. The right testicle was of the normal size, but the left was enlarged from inflammation of three days' standing. This inflammation had come on after intense sexual excitement, which he had been unable to gratify from the unnatural position the penis assumed

under such circumstances. After a few days' treatment the inflammation subsided.

The man came to me to have castration performed, as he had strong sexual passions and was perfectly unequal to sexual connection. I need hardly say that the operation was not performed.

Cases of Epispadias.

I now propose to quote a few cases of epispadias, partial and complete, as found in the male and female sex. It is said to be more common in the former than in the latter, and my own experience would confirm this fact.

In the first case the epispadias appeared to involve only the urethra. In all the others the urethra and anterior wall of the bladder were similarly involved.

In several of the cases to be recorded the possibility of operative interference was passed in review, and in all it was deemed wiser to wait, for nature does much in causing the retraction of the parts into the pelvic depths, and when this retraction has been perfected the prospects of operative success seem to be much improved.

Case 14.—*Epispadias in male, and bifid scrotum.* (*Vide* fig. 2, Pl. I.)

Henry C—, æt. five weeks, came under my care at Guy's Hospital on October 30th, 1865, for the following deformity :—

The penis was well formed as to size and appearance of the glans, but the urethra was completely deficient on its upper part. The exposed mucous surface passed backwards towards the pubes into a hollow, or rather fissure, which was covered in by a thin fold of integument passing transversely across the part. Through this fissure the urine passed freely.

The scrotum was large, and contained the two testes, but was fissured in the centre, giving the appearance as if formed of two sacs.

Case 15.—*Epispadias in a male, with extroversion of the bladder.* (*Vide* fig. 6, Pl. II.)

Tom P—, æt. 23, a countryman, came up from Cambridge and presented himself before me at Guy's Hospital on June 3,

1867, with complete epispadias and extroversion of the bladder. The penis was small and stunted. The mucous membrane of the bladder was very red, and the orifices of the ureters were out of view in a deep fissure behind the pubes. The scrotum was somewhat bifid, and contained the two testicles.

In this case it appears highly probable that the retraction of the penis and ureters into the abdominal fissure had been slowly taking place.

Case 16.—*Epispadias, and extroversion of bladder in a male.*

Daniel C—, æt. one month, came under my care at Guy's Hospital on July 30, 1865, with complete epispadias and extroversion of the bladder. The mucous surface of the posterior wall of the bladder was red and vascular, but granulating and cicatrizing, more particularly at its upper part; the orifices of the ureters projected laterally. The penis was rudimentary, with an ill-formed glans and prepuce. The urethra was deficient along the whole of its upper surface. There was a well-formed scrotum, and both testicles had descended. On the left side a bubonocele existed.

By November 21st cicatrization of the mucous surface had much advanced, with retraction of the whole into the pelvis. The orifices of the ureters could only be seen by making traction on the parts. The case appeared to be a good one for operation when the retraction of the parts should have ceased. The child, however, unfortunately died in a fit on December 3rd.

Case 17.—*Epispadias, and extroversion of the bladder in a male.*

George P—, æt. 2½ years, came under my care on May 22nd, 1865. He was one of seven children, and the only one who had any deformity. From the umbilicus down to the pubes the mucous membrane of the extroverted bladder was freely exposed; the orifices of the ureters were visible towards the lower part.

The penis was short, and the urethra at its upper part was completely laid open. The pubic bones seemed tolerably close

together. The testes were both down, and in a fairly-formed scrotum.

When this child was again seen on October 26th the mucous membrane of the bladder was skinning over at its upper border, and the parts were being well drawn downwards into the pelvis. The orifices of the ureters had disappeared in the pelvic depression, and the penis had become much shorter.

Case 18.—*Epispadias, with extroversion of the bladder in a male, and talipes equino-varus.*

Charles T—, 1 week old, was brought to me at Guy's Hospital on September 17th, 1866, with complete epispadias and extroversion of the bladder. The penis was small, with a large prepuce. The orifices of the ureters projected as small nipple-like processes from the lower part of the exposed mucous membrane. The scrotum was natural, and contained both testes. The left foot was the subject of complete talipes equino-varus.

On October 15th the penis had become shorter from the retraction of the parts into the pelvis. The ureters had passed out of observation into the depression above the pubes.

The case seemed to promise well for subsequent operation.

The talipes was treated by means of strapping with good success.

Case 19.—*Epispadias in a female child, with extroversion of the bladder, &c.*

Alice Y—, æt. 8 years, was brought to me at Guy's Hospital on November 5th, 1866, with the following deformity:

The mucous membrane of the posterior wall of the bladder was exposed, with the two orifices of the ureters at the lower part.

The upper part of the urethra was completely deficient, the exposed mucous membrane of the urethral passage being visible for about one inch in its anterior part; the vesical end was lost in the pelvic depression. The labia were of normal size. There was no vagina, and on passing the finger into the rectum a uterus could not be made out.

The anus was natural.

Case 20.—*Epispadias in a female, with extroversion of the bladder.* (*Vide* fig. 5, Plate II.)

Rosetta J—, æt. 11 months, was brought to me at Guy's Hospital from Gravesend on July 1st, 1867.

From the umbilicus to the pubes the space was occupied with the exposed mucous surface of the posterior wall of the bladder; at its lower part were the orifices of the two ureters. The urethra appeared only as a channel about half an inch long, its vesical end being lost to view in the pelvic fissure.

Two labia existed, but the left was slightly larger than the right.

There was no vagina, nor any sign of one.

The anus was natural.

It is worthy of note that in both of these cases of malformation the vagina appeared to be deficient.

Case 21.—*Extroversion of the bladder, &c. &c.* (*Vide* fig. 4, Plate II.)

A child named L—, one week old, was brought to me at Guy's Hospital in September, 1863, on the recommendation of Mr. Babbage, of the Old Kent Road, with the following deformity:

The bladder was extroverted, and its posterior mucous surface was exposed, with the two orifices of the ureters at its lower part; the skin between the umbilicus and the mucous surface was ulcerated. At its lower surface there was an opening, or rather fissure, through which urine escaped, and the mucous surface of a female urethra, the subject of epispadias, could be detected.

On either side were attempts at the development of labia, but the folds of skin were small. There was nothing like a vagina. To the right side of the mucous surface, and at its lower part, towards the natural position of the anus, an anal opening existed with a sphincter; it was far out of the median line. There was no anus in the natural position. The child was otherwise well developed.

Case 22.—*Absence of Vagina.*

Julia D—, aged 7 years, came under my care at Guy's Hospital on January 26, 1863, with the following deformity:

There was a total absence of all sign of a vagina; no cicatrix or depression corresponding to the orifice.

The urethral orifice existed in its natural position, and two well-formed labia were present, with a perinæum and anus, but the fissure between the labia was completely closed, and on a careful pelvic examination through the rectum no uterus could be discovered. The pelvis was broad. The child in other respects was quite natural, and had the appearance of a female.

CASE 23.—*Enlargement of clitoris, with attempt to form urethra.*

Louisa S—, æt. 6, was brought to me at Guy's Hospital on June 12, 1867, with an enlargement of the clitoris much resembling a small penis. The organ was well formed, like a penis, with glans and prepuce, the latter being very large. At the extremity of the glans there existed a fossa corresponding to the natural male urethral outlet; but at the base of this clitoris or abortive penis the true urethral orifice existed.

The labia, vagina, and other parts were quite natural.

DESCRIPTION OF PLATES.

Plate I.

Fig. 1. Illustrating Case 1, and showing the right testicle in the perinæum, with the left drawn to one side by a hook.

Fig. 2. Illustrating Case 14.

a. Transverse fold of integument, forming the upper margin of the fissure leading into the bladder.
b. Urethra, the subject of complete epispadias.
c. Body of the penis.
d. Prepuce.
e. Bifid scrotum containing testes.

Fig. 3. Illustrating Case 13.

a. Depression corresponding to the position of the natural orifice of the urethra.
b. Orifice of the urethra, at the root of the penis, in the upper part of the scrotal fissure.
c. Bifid scrotum containing testes.

Plate II.

Fig. 4. Illustrating Case 21.

a. Umbilicus.
b. Ulcerated surface between the umbilicus and the upper border of the mucous surface of the bladder.
c. Mucous membrane of the extroverted bladder.
d. Orifices of ureters.
e. Urethra, the subject of complete epispadias.
f. Labia.
g. Anus out of position.

Fig. 5. Illustrating Case 20.

a. Mucous membrane of extroverted bladder.
b. Orifices of ureters.
c. Urethra, the subject of complete epispadias.
d. Labia.

Fig. 6. Illustrating Case 15.

a. Mucous membrane of extroverted bladder.
b. Penis, the subject of epispadias, retracted into pelvis.
c. Bifid scrotum containing testes.

Fig. 1.

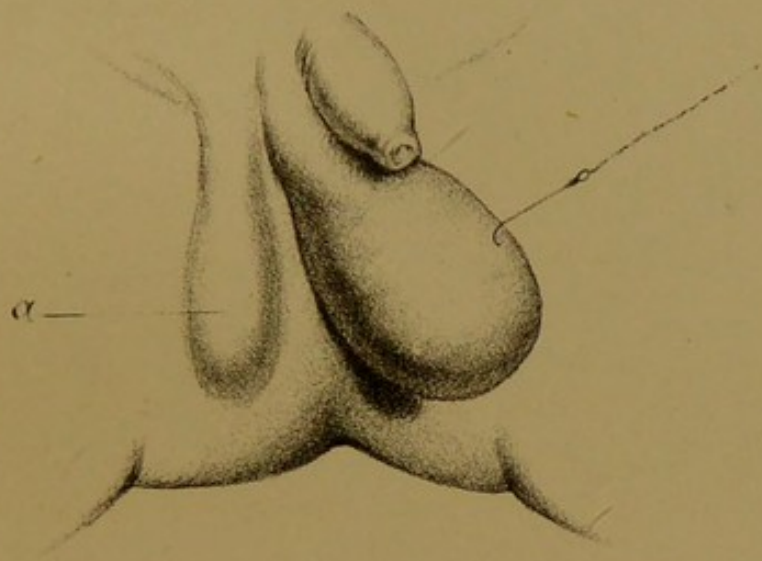


Fig. 2.

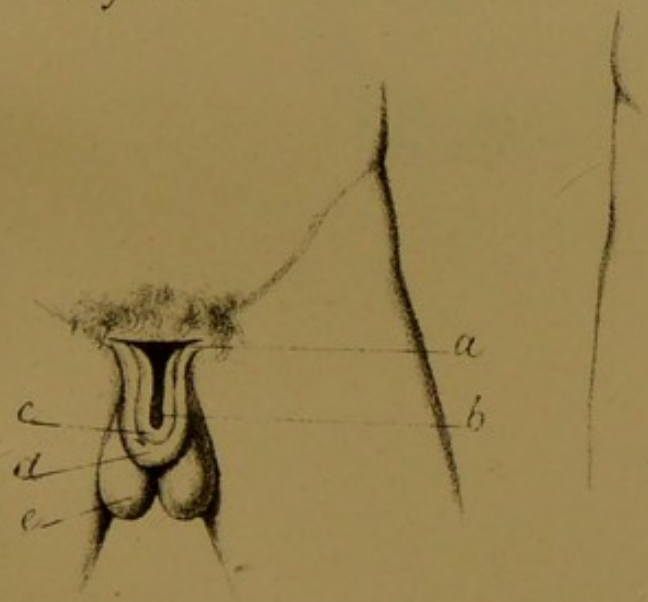
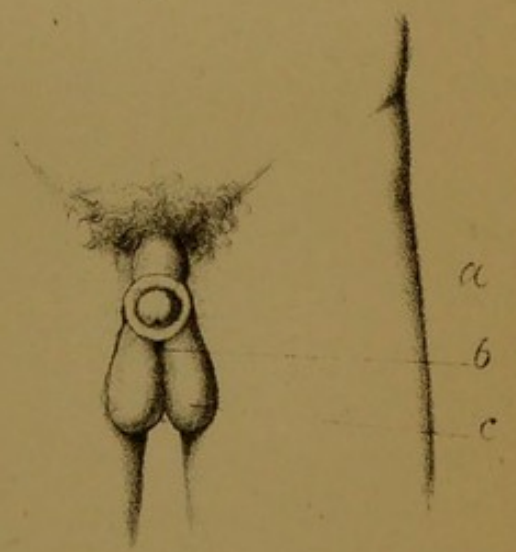


Fig. 3.



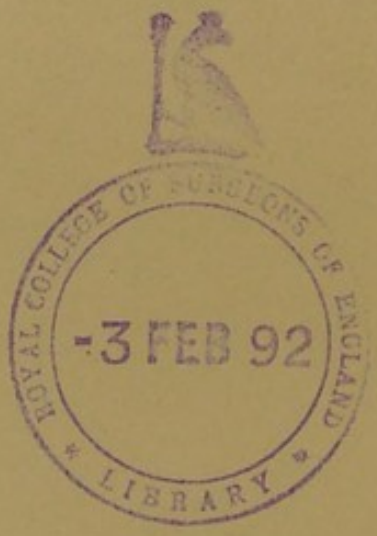

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Fig. 4.

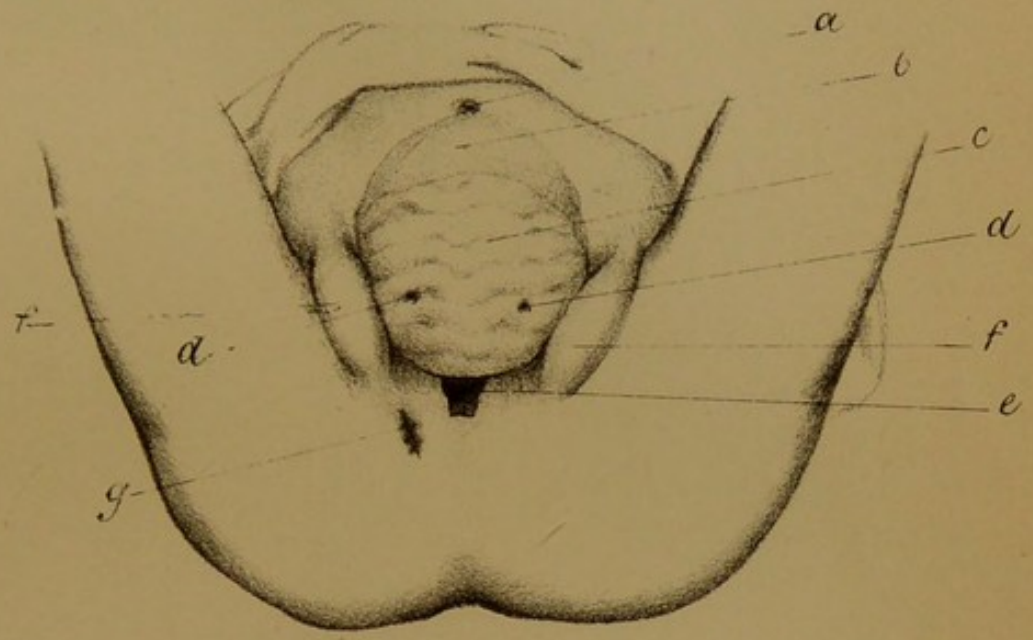

Fig. 5.

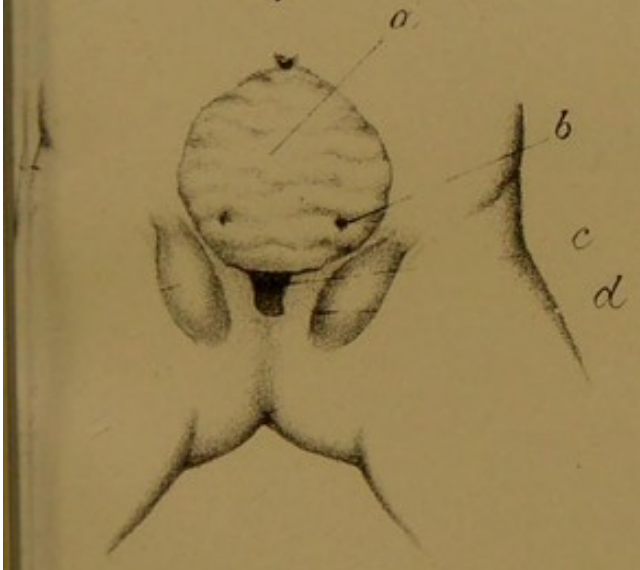

Fig 6.