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TWO CASES OF HYDROCELE PRESENTING UNUSUAL FEATURES.

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The treatment of hydrocele is established upon such a rational basis that failure to obtain an immediate cure by one or other of the recognized methods of procedure may well excite the surgeon's wonder.

The first of two cases in which the writer experienced great difficulty before securing final success was as follows:

E., a custom-house clerk, single, aged 23 years. From an unknown cause swelling in the right half of the scrotum took place three years ago. Without the aid of illumination his physician diagnosing hydrocele punctured, and drew off fluid. Sharp pain was felt at the time and the patient was compelled to lie on his back for a week. He has since contended that his testicle was punctured at that time. A year later fluid having reformed, the patient underwent operation at a hospital by the open method of incision and gauze packing in the cavity of the tunica. Two weeks later he was discharged with a rapidly granulating wound. A third refilling was taking place when he came under my observation. Examination showed a well healed scar three inches in length extending obliquely toward the apex, upon the right side of the scrotum. Candle illumination demonstrated the presence of clear fluid with the testicle in outline. By the aid of a trocar and cannula 2 ounces of straw-colored fluid were withdrawn and 5 drops of carbolic acid were injected and diffused over the cavity walls. Closing the site of puncture with cotton and collodion, the scrotum was elevated with a suspensory bandage. The patient continued at work with tenderness from the inflammatory reaction lasting 3 or 4 days. The next week, while all pain had passed away, there was apparently fluid still within the sac. Localizing by means of candle light fully an ounce of clear fluid was withdrawn, and carbolic acid injected as before. Reaction occurred as kindly as at first, but within the next 10 days I was compelled to locate and again withdraw

half an ounce of pocketed serum, repeating the injection. From this time on there was no further refilling. The testicle being insensible to ordinary examining pressure, the only signs remaining was the scar, and sense of thickening by palpation. A year later this patient returned, suffering from acute gonorrhea. Within the first week a violent epididymitis developed upon the left side. The right side was not affected and the patient informed me had given no trouble since my previous treatments.

The second case occurred in F., a driver, single, aged 26 years. Ten years ago swelling began from a possible traumatism in the lower part of the left side of the scrotum and had developed slowly without painful manifestations. It is pyriform with the base extending outward and away from the body, smooth, tense and without signs of inflammation. Fluctuating and dull on percussion. Examined by candle light, clear fluid was demonstrable with a testicle the lobules of which seemed somewhat more separated than normal by pockets of fluid. Entering the main cavity of the tunica vaginalis I drew off 4 ounces of serum and injected 2 fluid drams of tincture of iodine. The patient suffered but little discomfort; however, in the course of the next few weeks refilling took place. Under cocaine anesthesia I made two small incisions and connected them by a gauze drain. The patient, but little disturbed, kept at his work and the wounds healed quickly without infection. One month later I was compelled to tap again and I drew off one ounce of fluid from an apparently isolated pocket. Owing to the previous treatment the tunica had become thickened and toughened and required some force to penetrate, the patient felt a sharp pain at the entrance to the cavity, manifested by the loss of sense of resistance. Though I used the same care as formerly, my trocar must have punctured the seminiferous tubules of a distorted portion of a lobule of the testis. Next day pain and swelling were marked and I put the man in bed in the hospital, where he suffered for 3 weeks, in spite of active local treatment, from the results of inflammatory reaction. Slowly recovering from tenderness of the part, after a month's time, his testicle and tunica appeared about one-third larger than normal. Eighteen months later I saw this man and he told me that, while he had never had a return of symptoms upon the left side, the right side had been gradually filling up. Owing to the previous unfortunate circumstances he had determined that no treatment was the best treatment for the present condition.