Unusual site for hydatid cyst : an addition to the recognised varieties of intrascrotal disease / by Philip E. Muskett.

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UNUSUAL SITE FOR HYDATID CYST;

AN ADDITION TO THE RECOGNISED VARIETIES OF INTRASCROTAL DISEASE.

BY

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IT has probably fallen to the lot of most surgeons in the practice of their profession, to have met with hydatid cysts in different regions of the body, and yet, so far as my recollection serves me, no case of intrascrotal hydatid has been recorded. This is the apology I have to offer in introducing the subject to your notice, and if I be in error with regard to a prior record, still I trust there will be found sufficient points of interest in the present case to render its narration not altogether uninteresting.

The question as to the likelihood of any tumour or swelling being hydatid should, in Australia at least, always be present in the surgeon's mind; and in the differential diagnosis of such cases, due consideration must be given to the query "Can it be hydatid?'

Numerically—I speak from a town point of view—the disease will inevitably increase, for new country is being continually opened up by railway extension, and patients are thereby enabled to have greater facilities for consultation and treatment. Its recognition, therefore, will be rendered easier by the fact that its presence is not altogether unexpected, and the surgeon consequently will be less likely to fall into error, as the maxim "forewarned—forearmed" will apply to matters surgical as to most other things. In my own case, however, I must confess that till the cyst itself escaped from the aperture left by the trocar and canula, and that ten days afterwards, the true nature of the disease was not recognised, as will be detailed subsequently.

As to unique situations for hydatid disease in my own experience, I have found after death, in Douglas' Pouch, a cyst the size of an orange, in a young girl who died of cardiac trouble. Had opportunity permitted an examination during life it would doubtless have given rise to some difficulty in diagnosis. I have also been present at an autopsy where a cyst was met with in the pericardial sac. While house surgeon at the Sydney Hospital I saw a cyst the size of a hen's egg, situated over the left deltoid muscle, which was taken to be an ordinary fatty tumour till it was exposed by the scalpel. A few weeks ago a young infant at the breast, sent in by Dr. M. H. Long, of Redfern, and operated upon by Dr. Harman Tarrant, at the same Hospital, was found to have several distinct hydatid cysts, enclosing daughter and granddaughter cysts, in the left axillary region, dipping and burrowing deeply down behind the scapula.

The diagnosis of intrascrotal tumours has always been beset with difficulty, and although no mention is made by the accepted English authorities, as to the possibility of scrotal hydatid disease, yet, with us in the Southern world, it must have distinct claims for careful considera-

tion. Bryant, who has written fully on scrotal and testicular disease, makes no mention of hydatid; neither does Erichsen, though the latter records instances of it in the breast, in the neck, and three interesting cases occurring in muscle—one in the deltoid, one at the outer edge of the latissimus dorsi, and one in the biceps. In the monograph on diseases of the male organs of generation, in Holmes' System of Surgery, by G. M. Humphrey (re-written by W. H. A. Jacobson, of Guy's Hospital) there is no reference to the subject *sub judice*, and the same remark applies to the work on Surgery: its Principles and Practice, by T. Holmes. Moreover, in Heath's Dictionary of Practical Surgery, W. H. A. Jacobson, in the article on the Diagnosis of Scrotal Swellings, does not allude to it; nor does Pearce Gould, in his chapters on Diseases of the Testis in the same work.

As the case I have to record is somewhat interesting, I have endeavoured to give a full history. The patient, A. T., ætat 25, a native of Lancashire, was brought out to Brisbane by his parents in 1864, when he was three years of age. In 1874 he settled down at Gympie (Queensland), a gold-mining township, situated in a sheep district, where he was on the staff of the *Gympie Times*, and subsequently on that of the *Gympie Miner*. He describes the Gympie water as being very bad, and obtained from waterholes sunk in the ground. In 1878 he first noticed a swelling in the right scrotal region, which began at the lower part and enlarged from below upwards. He took no notice of it for some considerable time, and was in the Temora rush in 1880, at which latter place he remained for fourteen months, returning to Gympie in 1882. The swelling at the beginning of 1884 was nearly the size of "two shut fists," and immediately prior to this had enlarged very rapidly. It caused such dragging pain from its weight that he at last sought advice, and consulted the late Dr. Macartney, of Townsville (Queensland), who tapped him

and drew off nearly half a pint of "dirty-looking fluid." After this tapping it began to swell again, and soon reached its former size. Eight months afterwards he consulted Dr. Macdonald, of Rockhampton (Queensland), who re-tapped him, withdrawing not so much fluid as on the first occa sion, about a quarter pint, which was much clearer than in the former instance. The latter surgeon then injected iodine into the sac, which did not give rise to much constitutional disturbance; but in three or four weeks' time it began to swell, and rapidly attained its old dimensions.

He subsequently found his way to the Sydney Hospital, and was admitted July 16, 1886. There was an intra scrotal tumour about the size of a large emu egg on the right side. It was smooth in outline, and in its general contour nearly oval. The tumour was tense and dull on percussion, but gave to the fingers on palpation the sensation of fluid within. There was no impulse on coughing, and it was irreducible. The position of the testicle, at its posterior part, was made out by the presence of testicular sensation. The cord could not be clearly defined at the upper portion of the swelling. Light was transmitted by the ordinary manner of procedure, and finally, as was mentioned previously, the history had been that of an eight years' growth, painless except from its mere weight.

The House Surgeon (Dr. Westrum), on July 17th, the day after admission, tapped him with a fine exploring trocar and canula, and evacuated about one ounce of "serous-looking fluid," of "pale yellowish tinge." A few days afterwards his temperature rose repeatedly every evening two or three degrees above the normal, being attended with much heat and swelling about the tumour. I now determined (July 30th) to empty its contents, and for this purpose used a full-sized trocar and canula, giving exit to about six ounces of purulent looking fluid. After this a good deal of pus daily drained away, and feeling

satisfied that there was something demanding freer outlet, I proposed (August 10th) to open up the scrotum antiseptically on the following morning, insert a full-sized drainage tube, and then stitch the cut edges of the tunica vaginalis and integument together. In the afternoon of the same day, however, an hydatid sac partly forced its way, and was partly extracted, through the opening left from the tapping ten days previously. It presented the usual and unmistakable characters of an hydatid sac, being greyish in colour, translucent and elastic, and in its collapsed condition was of such a size as would about fill an egg cup.

From this time the swelling gradually subsided, the sinus ceased to discharge, the scrotum returned to its normal condition, and the patient was subsequently discharged, cured.

It may not be out of place to mention here, that I have seen the spontaneous expulsion of an hydatid sac on two other occasions, both in cases of abdominal hydatid, which had been tapped some time previously. In the latter of these, in which, I imagine, the expulsion was effected by a process of inversion, I had established adhesions between the parietal and visceral layers of the peritoneum, prior to tapping.