

## TWO CASES OF HYDROCELE IN THE FEMALE.

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HYDROCELE in the female subject is of sufficient rarity to warrant the following two cases being put on record. Both were admitted as out-patients to the Hospital for Women, Soho-square, within a few weeks of each other, and were sent to me as supposed cases of irreducible hernia. The first case is one of hydrocele of the femoral canal, and of greater rarity than the second, which is one of the canal of Nuck. The first is very similar to a case that was reported in THE LANCET on April 5th, 1879. It is, however, in a younger woman, and both are of especial interest, in showing, equally with hydrocele in the male subject, that if it is desirable to effect a permanent cure, simple tapping is not sufficient. I mean tapping and subsequently allowing the patient to return home, walking or travelling some distance to get there. I am of opinion that if, instead of treating these cases as out-patients, I had simply tapped them, manipulated the two sides of the sac by rubbing them together to set up superficial inflammation, and subsequently applied an ice-bag and kept the patients in bed, I should have succeeded in curing them at the first operation, in the same way as I was successful in the case previously reported. The diagnosis of these cases is not easy; the difficulty of examining them by transmitted light is great. An ordinary stethoscope is the best instrument to use for the purpose, but with this care must be taken, as it is very easy to direct the vision against the inner side of the tube and not directly to its opposite end. An absence of impulse on coughing, and sometimes fluctuation, are the diagnostic signs to aid us, but that of transparency by transmitted light is the only trustworthy one.

CASE 1.—Eliza W—, aged thirty, a married woman, first noticed a lump in the right thigh seven or eight weeks before she came under observation, which gradually increased in size until it became as large as an ordinary hen's egg. The tumour was exactly in the situation of a femoral hernia, for which she was sent by her medical man. It was soft, with no impulse on coughing; there was indistinct fluctuation, and, although transparent by transmitted light, it was somewhat difficult to obtain this means of diagnosis by reason of its situation. On July 9th the swelling was tapped, and a clear yellow fluid evacuated. A femoral truss was applied to keep up pressure upon the walls of the cyst, after they had been well rubbed together; and the patient returned to her home in Essex, and kept to her bed for a week. Three weeks from the date of the tapping the cyst refilled, and became the same size as at first. On Oct. 10th, the patient being in bed, the cyst was tapped, and, the walls having been thoroughly manipulated, tincture of iodine was injected. This occasioned momentarily great pain, and the cyst was allowed to empty itself of the injected fluid. An ice-bag was applied, and kept on continually for three days. Slight inflammatory swelling took place, but this soon subsided, and she got up after ten days, wearing her femoral truss; the swelling had entirely disappeared. On Dec. 4th there was no return of the swelling, and the use of the truss was discontinued.

CASE 2.—Jane P—, aged thirty-five, single, had noticed a lump in the right groin for seven years, which had gradually increased in size. She had never worn a truss, but had used a bandage, which was discontinued on account of its occasioning discomfort. The swelling was the shape and size of a large pear, with the stalk pointing downwards to the labia; it was transparent by transmitted light, with no impulse on coughing, and no alteration in size when lying down or after a night's rest. On Sept. 11th the cyst was tapped and rather more than half a pint of canary-coloured fluid withdrawn. A few movable glands were felt after the evacua-

tion of the fluid, but the cyst collapsed completely. The walls of the cyst were well manipulated by rubbing the two internal surfaces together. An ice-bag was applied for some four or five hours; and, a right scrotal truss having been applied, she was allowed to return home and ordered to keep her bed for three days. This she did, but immediately she commenced to go about the swelling returned, and became as large as ever. On Nov. 6th the patient was admitted into hospital, and, the cyst having been tapped, about forty minims of Morton's solution were injected. On the 7th she complained of much pain in the lower part of the abdomen and in the cyst. A considerable quantity of clear fluid came from the puncture during the night, soiling the linen and rendering it quite stiff. By the 9th the swelling had increased in size, being tense and red, although the pain was less. A trocar was inserted and about four ounces of clear claret-coloured fluid were evacuated. On the following day the patient felt much relieved; a considerable quantity of fluid had escaped during the night. On the 18th the cyst was nearly the same size. It was again tapped, and the fluid, which came away with difficulty, necessitated the cyst being well squeezed to thoroughly empty it. A certain portion of the swelling remained, as if partially solidified. About half a drachm of tincture of iodine was then injected, and a flannel spica bandage put on and an ice-bag. The next day the patient felt comfortable, experiencing no pain. On the 22nd an ice-bag, which had been kept on night and day, was discontinued. Swelling still present, but about half the size it was originally; no fluctuation, and apparently solid; pad and firm pressure applied. On the 27th the swelling was much less; pressure was still kept up by means of a spica bandage, and a small piece of mercurial ointment was placed on the swelling previous to the bandage. She left the hospital on Dec. 11th, quite cured; no sign of the swelling remained.

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