

scrotum is close fitting and less lax than in Caucasians.

An intelligent understanding of the condition and of its treatment is aided by a correct knowledge of the regional anatomy of the spermatic cord and of the scrotum.

In idiopathic varicocele the patients frequently complain of a sense of weight and of dragging pain in the scrotum and groin, relieved on lying down and increased by severe bodily strain. One must not forget that an entire absence of subjective symptoms is not uncommon and that there are varicoceles of large size which produce no subjective symptoms whatever, no pain, no sexual debility, no wasting of the testicle. In idiopathic varicocele, the veins collapse when the patients assume the horizontal posture. In all types of varicocele, actual or imaginary, the morbid tendencies are frequently aggravated by quack advertisements, commercial medical literature and artful suggestions of the charlatans.⁴

The symptomatic type of varicocele is almost invariably painless. One of its characteristics is that the veins remain distended when the patient assumes the reclining posture.

The secondary or symptomatic type of varicocele may be caused:

1. By neoplasms of the kidney. In 16 cases of renal tumors, six had determined a symptomatic varicocele.⁸ Rec-lus⁹ patient, an elderly man, who presented a right-sided varicocele consecutive to a renal cancer.

2. By occlusion of the left renal or of either spermatic vein by a neoplastic growth. In Hochenegg's case⁸ the symptomatic varicocele was due to the invasion and obstruction of the left renal vein by the renal growth.

3. By compression of the spermatic vein exerted by cancerous lymphatic glands or by renal tumors, by enlarged retroperitoneal glands. Delbet's patient¹⁰ was 57 years of age and complained of a well-marked but painless right-sided varicocele, which had developed without apparent appreciable cause and had increased progressively in size. The autopsy showed that a cancerous juxta-pancreatic lymphatic gland