

caused by the weight of the diseased one lying upon it, (for he could not lie on the left side) and the ill success of the treatment first employed, induced me to comply with his request, and the operation was performed in the presence of my colleagues, Drs. David and Howard. I had explained to these gentlemen that I should seek for, and tie, the spermatic artery before dividing the cord, as I considered it the best practice, and because I was anxious to ascertain the facility of reaching the artery and tying it, to enable me to form an opinion of the advantage of doing so, as a cure for varicocele, a plan of treatment recommended by some American surgeons, and practised with success by Dr. H. Nelson of this city. To our surprise we could not find the artery, and on division of the cord, there was no hemorrhage, and no trace of a spermatic artery to be found on either end of the cord, and no ligatures were required. The tumour consisted of non-organized, plastic material, breaking off in masses like putty, without any trace of a blood vessel, and of a uniform buff color, filling up and distending the tunica vaginalis. At the back part of this mass was the testicle, little more than half the natural size, with a small epididymis and vas deferens. It did not appear to be inflamed itself, but to have caused inflammation in surrounding parts, *as a foreign body*. The wound was completely healed at the end of three weeks.

Until the valuable paper of Mr. Hamilton was published, I was influenced by the prevailing doctrines which restricted castration to cases of malignant disease and those already mentioned, and I had refused to perform the operation on two patients who most urgently requested it, not having a rule of surgery to sanction the proceeding. One of them was a man about forty five years old, the father of a large family, whose left testicle had not descended for some years after his marriage, and had ever since been a cause of much annoyance from its causing attacks of inflammation in the scrotum, which interfered with his occupation. He requested me to remove it, to which I would not consent, but as there was at the time he applied to me, a small hydrocele of that side, I tapped it and drew off half an ounce of fluid, and then applied tincture of iodine to the interior of the sac, by means of a camel hair brush, introduced through the canula, as directed by Mr. Adams of London, and which I can recommend as a very safe and successful method of treatment, having employed it myself on several occasions. The patient was not satisfied, however, and left me to consult some one else, and I heard he died some months after of phthisis. The third case was that of a strong, robust young fellow, who was admitted into St. Patrick's Hospital, under my care, with a large tumour of the left side of the scrotum, which he said was the left testicle, which had not descended until a year previous, when it suddenly moved from the inguinal region, after he had made a severe exertion, and since then it had been the seat of inflammation on three or four occasions, and these attacks, besides giving rise to great suffering, had thrown him out of employment, and prevented him earning a livelihood. He was most urgent in his appeals to have the testicle removed, as he felt satisfied it was "no good and would inflame again as soon as he went to work." It was not a little ludicrous to see this strong young fellow, follow me round the ward, and into the passage, urging his request to be castrated, and yet it was evidently the best