

are gradually removing this abnormal state, and the man may be said to be perfectly cured of his hydrocele.

This case was certainly not a fair trial of the seton according to the known rules of surgery, on account of the obstinacy of the patient, in persisting in walking and working while under treatment; but taking Mr. Smith's statements, that the patients were generally able to be about their work, as a guide, the trial was fair enough. The cure was certainly complete; but the length of time occupied, the other operations demanded during the progress of the case, with the unnecessary suffering thus inflicted upon the patient, do not recommend this practice to me as superior to that by injection.

The causes which seem to render it an objectionable plan are, first, the effused fluid must all be removed by absorption, and it is so great in a large hydrocele in comparison with the amount of absorbing surface, that so high a grade of action in the tissue, or so long a continuance of a lower grade, as is sufficient to effect this result, endangers the integrity of the parts: secondly, the origin of the inflammatory action required to change the character of the secreting surface, is too local, and by the time the whole interior surface of the sac is affected by inflammation, this will have become too intense at its starting point, namely the track of the seton; thirdly, inflammation is set up in parts *exterior* to the tunica vaginalis, which may result not only, as in this case in suppuration, but in extensive destruction of parts by erysipelas, gangrene, &c.

In all these particulars, therefore, there seems to be more risk, than in the operation by injection of a stimulating fluid, which is quickly brought into contact with the interior of an already empty sac, which subjects all parts at once to the same grade of excited action, and which does not interfere with the tissues *external* to the parts acted upon.

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ERRATUM.—In the June number of the *Lancet*, in the article on Fibrous Tumors of the Uterus, by Dr. T. Mack, page 414, fifth line from the end read "sub-peritoneal" for "sub-mucous."