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STRAPPING AND SUSPENDING A TESTICLE.

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The accompanying figure represents a testicle strapped and suspended after my own method.

I well remember my first attempts some nine years ago to carry out the directions given in surgical works on how to strap a testicle, and what difficulty I experienced in accomplishing it without doing injury to the skin of the scrotum. This I am certain was due to using nothing but adhesive plaster, and portions of the skin between the constricting and vertical strips were pinched which was unavoidable in tight strapping with this material alone. The only additional substance I now use is a strip of lint about an inch and a half wide and six or eight long, to be placed under the circular strips of plaster which constrict the cord. If the scrotum is not well washed, shaved, and rendered surgically clean, pus is very liable to form under the plaster strapping, giving rise to much local discomfort and even constitutional disturbance. I have seen from sheer lack of cleanliness, let alone antiseptic precautions, actual harm done to the enlarged organ in this way.

When the patient is prepared, the recumbent posture is preferable, the diseased testicle is separated from its fellow by constricting above it with finger and thumb, the palm of the hand facing the pubes, at the same time making gentle but firm traction from the body making room for the second and not infrequently the third finger to aid in constricting the parts. In this simple manner the testicle to be strapped is completely isolated, and

the skin over it is made quite tense which is desirable. I now pass the piece of lint around the cord close above the testicle so that it takes place of the hand which is gradually removed. Over the lint is wound a strip of rubber adhesive plaster to keep it stationary.

We are told by not a few authors to wind the strips of plaster around the cord "as tightly as the patient can bear it." I cannot see the sense of this procedure, on the contrary by following this advice I have caused considerable pain to one patient, and had to undo the work which was promised to give relief, and by that unexplainable way which experience of human nature alone teaches I perceived that the full confidence placed in me was



badly shaken. Were it not that I exacted pay in advance no doubt my services would have been dispensed with.

The calibre of the constriction should be such, and no more, as to allow the testicle to slip through when it decreases to its normal size. The rest of the dressing is finished with strips of rubber adhesive plaster, about three quarters of an inch wide and eight or nine long. Some are applied vertically until the tumour is completely covered, while others are put on circularly to secure additional firmness and pressure. The suspension is easily obtained by means of long, broad strips of plaster as shown in the cut, with such obvious benefit as to need no comment.