

Curling, and Erichsen, include strumous disease of the testicle, sinuous ulcers, and fungous degeneration, as requiring sometimes the performance of castration; but it is to Mr. Hamilton, of the Richmond Hospital, Dublin, that we are indebted for directing attention to the particular cases about to be considered. He published an interesting case of non-descent of the testicle, which had given rise to so many attacks of inflammation in the groin, that its removal was proposed to the patient and readily assented to.† The tumour surrounding the testicle was composed of fluid, the testicle itself was ill developed, and the epididymis and vas deferens contained no true seminal fluid, and exhibited other abnormal features. It was in fact a useless organ. Previous to becoming acquainted with Mr. Hamilton's views, I had met with two cases in which the testicles having recently descended, had caused great annoyance to the patients, from the frequency and severity of the attacks of inflammation they occasioned. The case I am about to detail, and those mentioned by other writers, present in addition some anatomical features, which have escaped the attention of surgeons and physiologists, and which in my mind, reconcile the practical surgeon to the performance of the operation, and should induce him to resort to it with less hesitation, than if he were about to remove a healthy and normal gland. It is with a view to attracting attention to these points that I bring forward the following case.

A young man aged 22, was admitted into St. Patrick's Hospital, under my care, having a large tumour occupying the left side of the scrotum, which he stated was the left testicle that had recently descended, and had become swollen, and so painful, that he earnestly requested me to remove it. It appeared that until about a year before his admission, he remarked that the scrotum contained but one testicle, which was situated on the right side, and that on one occasion whilst lifting a heavy weight, he felt something give way in the left groin, and a small, hard substance escaped from the abdomen, and from that time he had suffered from frequent attacks of pain and swelling in the groin, and latterly, down in the scrotum. He had suffered so much from these attacks that he was unable to work, and he requested me to remove the testicle that he might get rid of a substance which not only caused much distress, but which also prevented him earning his livelihood. The tumour was of the usual shape of an inflamed testicle, and about the size of a goose egg; it was not very painful except at the back part; the scrotum was tense and shining; the surface of the tumour smooth and even; its weight considerable, and in no part was it transparent. The cord was not thickened, it was not painful to the touch, but he suffered a dragging sensation and pain running along the cord in the direction of the loins. The pain in the tumour was constant, but notwithstanding his frequent appeals to have castration performed, I did not deem it justifiable till milder measures had been employed, and accordingly the usual treatment was resorted to, but without any effect except that of rendering him weaker, and less capable of bearing pain. This condition, with a threatening appearance of gangrene in the scrotum, near the raphe, and excessive pain in the right testicle,

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† Dublin Quarterly Journal of Medicine.