EXCISION OF THE TESTICLE, VAS DEFERENS, AND VESICULAE SEMINALES AT ONE SITTING, FOR TUBERCULAR DISEASE.

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The importance of an early recognition of tubercular disease of the male genitalia is, it is to be feared, not sufficiently appreciated by the medical profession generally. Pulmonary consumption, tubercular disease of glands, bones, joints and serous membranes are fortunately for the most part recognized and dealt with while yet in their incipient, and therefore hopeful, stages. But too often tubercular disease of the testicle and epididymis is not discovered until the process has spread up the vas deferens, and reached the vesiculæ seminales, prostate and even the bladder wall. Were this not the case, such extensive operations as I am about to describe would seldom be necessary, since tubercular disease is rarely primary in the seminal vesicles or in the prostate. Yet the fault lies not so much in the incapacity of the medical man, as in the insidious and almost painless onset of the disease, combined with the unobservant carelessness of some patients, and the diffidence of others in regard to these organs. Once the surgeon's attention is called to the condition, there are few diseases more easily recognized than tubercular disease of the testicle. The craggy, nodular, crescentic mass formed by the diseased areas in the epididymis, together with the thickened, hard vas deferens, presents a clinical condition which at once claims recognition as tubercular disease of the testicle.

If it be recognized in this stage a cure may be expected from castration or even from milder measures, such as removing the nodules, or scraping out and disinfecting the softened areas if caseation has occurred.

But the surgeon must remember that he cannot give a prognosis even approximately correct until he has thoroughly examined the prostate and vesiculæ seminales through the rectum, nor should he determine upon a line of treatment without a due consideration of the extent to which the disease has spread. If, for example, the extension of the disease has involved the bladder wall, the present limitations of surgery are such as to preclude the possibility of cure from operative treatment. Indeed, so good an authority as Henry Morris considers that an extension to the prostate and vesiculæ seminales