

a shilling, were found. These were hard and brittle. The testicle was then removed, an incision was made along the raphe of the scrotum, the knife entering at the under surface of the root of the penis: the knife with a circular sweep was brought round from the under surface of scrotum to meet the first incision, removing thereby, with the tumour, the integument which covered it. The operation was concluded without any difficulty. Hemorrhage but trifling—patient under influence of Chloroform.

Nov. 20th, the operation seems to have given a considerable shock to the system, has slept but little. The face is pale and anxious, lips and tongue brown and dry, the teeth are covered with sordes, pulse 86, soft and compressible, wound very red and hot, causing considerable pain.

Nov. 25.—Feels somewhat better; sleeps more comfortably at night; tongue still dry and brown; there are two ulcers on the left side, also in many parts of the mucous membrane of the mouth. The wound in the inguinal region is very deep and gaping, an egg might with facility be buried in it. There is a considerable discharge of pus, which is of a rather disagreeable color.

It perhaps would be advisable to place the foregoing in such a shape, that the principal features of the case might be seized as it were, at a single *coup d'œil*, and for this purpose I shall mention, 1st, the Inguinal Hernia, which continued from the fall of 1851 to June of the present year, rendering the support of a truss necessary. 2nd, That on the occurrence of inflammation along the course of the spermatic cord, the truss from its causing considerable pain and irritation was thrown aside. 3rd, That on the partial subsidence of the inflammation, the part was tapped, and a clear, transparent, colorless fluid was poured out, clearly showing that it was a Hydrocele of the cord. 4th, That on a repetition of the tapping three weeks after,

the fluid was still of the same color and consistence. 4th, That on two subsequent repetitions of the operation the fluid poured out was not clear, transparent, or colorless, but of a reddish brown color. 6th, That on searching in the cavity thus laid open, three large clots of blood were found, proving beyond all doubt that it was a Hydrocele no longer, but a Hematocele. 7th, That after removal of the fluid no opening could be discovered; no protrusion of the intestine when in the erect posture; no impulse on coughing; in fact, that there was no Hernia. 8th and lastly, That the tumor of the testicle commenced about 15 years ago, causing but little annoyance, gradually increasing until the period of its removal.

Remarks I have but few to offer. We have in the first place an inguinal Hernia closed by inflammation of the Spermatic Cord, the inflammation and subsequent formation of Hydrocele most probably caused by the pressure either of the intestine or the truss against the cord, thereby obstructing the free circulation of the blood in its vessels. And in the second place, the conversion of a Hydrocele into a Hematocele. The first may, from the anatomy of the parts, be satisfactorily accounted for, although the majority of those present considered the inflammation of the cord and subsequent formation of Hydrocele, as caused by, and dependent on, the tumor of the testicle, and, in fact, for that reason was it removed. In the second place we have a Hydrocele becoming a Hematocele; this, as far as I am aware, is a point still undetermined in surgical pathology, nor am I warranted, either by experience or research, in giving an opinion.

Edinburgh, Nov. 27, 1851.