

it straight forwards, you run the risk of puncturing the testicle, which does no particular harm, but certainly does no good, and you may bury the trocar so deeply that no fluid will flow. The rule is, as soon as you have the instrument well into the tunica vaginalis, to depress the handle. Another precaution is to remove all the fluid, and allow none to escape into the cellular tissue. It may do no harm—in fact one of the methods of treatment is to allow the fluid to escape into the cellular tissue—but it may produced suppuration.

You now see the fluid escaping. It is of a straw color. Occasionally you have fluid of a different appearance. After a hydrocele has been tapped more than once, a marked change in the character of the fluid may occur. It may coagulate spontaneously. This is not met with unless the hydrocele has been tapped before, and is probably the result of a slight inflammation. The fluid is always coagulated by heat.

Then we have encysted hydrocele, in which you may have present a milky fluid contained spermatozoa. Many cases, but not all, of encysted hydrocele are properly called spermatocele. These are cysts formed in connection with the spermatic structure. One form of encysted hydrocele is that in which the fluid is contained in a portion of the tunica vaginalis, separated from the rest by adhesions; such a case is not properly called a spermatocele. If in any case the fluid which escapes after tapping gives you reason to suspect spermatocele you should caution the patient how he goes about afterwards. Some years ago I tapped one of the largest hydroceles I ever saw, and found the fluid of this character. Although I cautioned the patient against moving about, he went to market, and carried a heavy basket. The result was that he had inflammation of the sack, and was confined to bed for five or six weeks. This might have been avoided if the patient had kept quiet for a few days. While in a case of simple hydrocele, you may safely allow the patient to go about after tapping, you should, if you find that peculiar character of fluid which indicates a spermatocele, caution him to keep quiet.

It is said that the radical cure of hydrocele may be effected by the use of pressure. It is said that if the parts are strapped with adhesive plasters or the gum-elastic bandage further accumulation will be prevented. But simple tapping, without any other treatment, will sometimes effect a cure; and it is possible, therefore, that those cases which, it is alleged, have been cured by pressure, would have been cured by tapping alone.

I now apply a little strip of plaster over the opening made by the trocar. The patient should wear a suspensory bandage. If the sack again fills and he desires a radical cure, he will return.—*Med. Bulletin, Phil.*

ANÆSTHESIA IN OBSTETRICS.

By DR. JUST. LUCAS CHAMPIONNIERE.

(Translated by D. C. Holliday, M.D.,

The administration of chloroform to women in labor is one of the most interesting subjects to obstetricians in general practice.

It is a well-established fact that if the majority of our confrères are obliged to allow a large number of their female patients to go through labor without assistance, there is a certain number where the use of chloroform would be easy, and others when its use becomes a necessity.

It must be admitted that we are at present without a recognized and satisfactory guide on this important point.

Many trifling publications have appeared. *Campbell* published the first part of an interesting pamphlet on this subject, but, unfortunately, death prevented its completion.

A number of articles have appeared from time to time; some good ones among them we might mention, especially an excellent thesis by one of our former pupils Dr. Despian, entitled "*Etude Clinique du Chloroform dans les Accouchements Naturels*, 1879."

The question, however, is somewhat neglected, and we hail with pleasure the recent publication of an excellent thesis of 350 pages on this interesting subject by one of the distinguished pupils, of our Parisian Hospitals, Dr. *Dutertre*, entitled "*de l'Emploi du Chloroform dans les Accouchements Naturels*."

This work treats fully of the history, the physiology, and all details of the use of anæsthetics in obstetrics.

The author, with singular tact, has purposely and wisely avoided too extended clinical discussion for the excellent reason of his own youth; nevertheless, this volume contains all that is necessary for any one to make an exhaustive study of the subject. Everything is clearly expressed, with great originality in style, which in nowise detracts from its interest.

M. Dutertre, having carefully studied the physiology of his subject, clearly demonstrates the great necessity of the use of *pure chloroform*, an idea which we ourselves have recently called special attention to.

The perusal of this work brings forcibly to our minds the similarity of our teachings on this subject, and we cannot but think that our readers will thank us for the further discussion of those practical and clinical facts bearing on this subject without a repetition of what we have already published.

Those authors who deny the practicability and usefulness of producing in a woman during labor a semi-anæsthetic condition compatible with consciousness, have done so without sufficient practical experience.