

The Treatment of Varicocele by Excision 93

the surrounding tissues, impeding the free mobility of the testicle. The cord may even become fixed to the scar in the skin of the scrotum.

(3) The amount of inflammation may be excessive and sup-puration may occur; this will continue until the ligatures joining the ends of the veins come away or are removed.

(4) Generally speaking, the length of the venous plexus which should be excised is greater than the elevation of the testicle

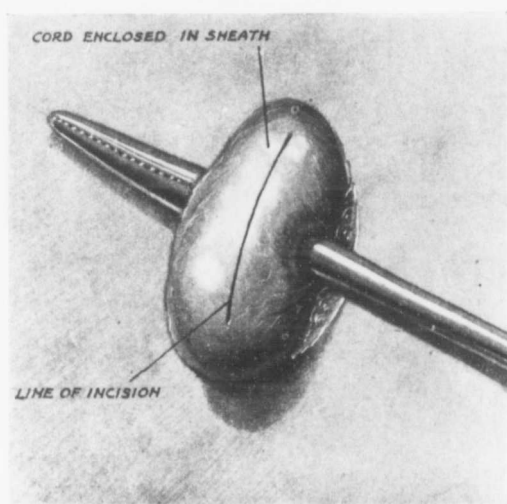


FIG. 19.

which is called for. Thus it may be desirable to remove three or four inches of the veins, while the testicle should be raised, perhaps, an inch and a half or two inches. In some cases the testicle may be unduly raised and at the same time its mobility is impaired. In these cases the testicle is liable to repeated slight injuries by muscular action and by friction from the clothes; pain and tenderness will then persist for a very long time.

Recently, I have endeavoured to overcome these disadvantages by excising the varicocele without joining the divided ends of the veins, and by providing increased support to the testicle