

Such being the case, we must look carefully at its diagnostic points :

From hydrocele, by its not being transparent, not fluctuating, and by its disappearing when in the recumbent position, and re-filling on again assuming the erect position.

From hæmatocele, by want of fluctuation, subsidence on lying down, etc., as above.

From all tumors of the testicle, by the last-mentioned sign, and by freedom from pain on pressure.

From hernia, by its beginning from below and extending upwards, stopping at the external inguinal ring, want of impulse on coughing, absence of any sound on auscultation or percussion, and in all of these by the peculiar "bag-of-worms" feeling when manipulated between the finger and thumb. As, however, cases may arise where the veins have suffered from acute or chronic inflammation, matting them together, thickening their coats, and throwing out deposit around them, the surgeon cannot always rely on the peculiar feel of the tumor, but must take the history of the case and the other tests as his guide to diagnosis.

With regard to the treatment of this disease, some surgeons (authors) consider it such a trivial complaint, that they advise it to be left alone ; others content themselves by ordering the patient to wear a bag-truss ; others add to this, evaporating lotions, astringents—as bathing the parts with cold water, tan-bark water (hemlock or white oak bark), ointments of tannin or gall nuts, etc. Some patients, however, are so annoyed by the extremely pendulous nature of the diseased organ (reaching, as it may, half way down the thigh, thus totally unfitting the sufferer from horseback or other exercises), that something more radical *must* be done. Under these circumstances, operative surgery comes to his relief, and a great number of means have been devised at different times, and by different surgeons, to obtain this end. Some of these I may mention, but it would take up too much of your space for me to describe them all.

1st. Adhesive plaster may be applied, as for orchitis. Tedious and irksome.

2nd. Collodion, or Richardson's colloidal styp-tic. Tedious and irksome.

3rd. A portion of the lower part of the scrotum may be removed by the knife or scissors, the testicle having first been pushed well up and kept out

of the way by an assistant, and the edges of the wound then brought together by sutures.

4th. A longitudinal incision may be made, to expose the veins, and pledgets of lint inserted and left in, until suppuration takes place, and the veins become obliterated by the inflammation. (Surgeon's vade mecum.)

5th. The veins may be divided subcutaneously, and a pad or bandage (or adhesive plaster) applied, as after bleeding.

6th. A truss, as for hernia, may be worn, pressing on the vein, but (if possible) not on the artery. (Curling, as reported in Holmes' System of Surgery, 1st. Ed., vol. 4, p. 14.)

Various other modes of obliterating the enlarged veins have been adopted, and I shall now detail one I have used successfully.

B. G., a gentleman of education, æt. 35, and over five feet in height, having suffered from varicocele of the left spermatic veins, and having tried cold water, astringents, the suspensory bandage, and ultimately a well-fitted truss, without avail, consulted me several months ago, desirous to have some more definite treatment, and willing to undergo any operation. I determined upon ligation of the enlarged veins, two in number. I accordingly adopted the method proposed by M. Ricord. (See Guerin's "Chirurgie Operatoire," and described also in Holmes' "Surgeons of England," 1st Ed., p. 614, by Mr. Curling.)

The vas deferens, known by its situation and whipcord-like nature, and the spermatic artery or arteries, known by their pulsation, having been made out and separated from the veins, and entrusted to an assistant ; the veins are then, with the superficial structures, seized by the left hand and pulled gently forward and away from the vas deferens and artery ; whilst, with the right hand, is passed a needle, with an eye at its point and set in a handle, armed with a thread of silk or silver-wire, behind the veins. The point having emerged through the scrotum at the opposite side, the loop of ligature is taken up with forceps, and drawn out an inch or more, and the needle withdrawn. The needle being again armed with a thread, is introduced through the opening of exit of the last, and passing between the veins and the skin, is made to emerge at the opening of entrance of the first ligature. The thread being again seized as before, and the needle withdrawn, we have now