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Dissertation on hydrocele

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Dissertations
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XVIII.

Dissertation
on
Hydrocele

By
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of New Haven, Connecticut,
Candidate for the Degree of Doctor in Medicine.



Hydrocele when used in a literal sense, means any tumour containing water.

The term, Hydrocele, is now limited by surgeons to accumulations of fluid in the tunica vaginalis testis, the cellular texture of the spermatic cord, and the cellular texture of the scrotum.

This paper will be confined to Hydrocele of the tunica vaginalis testis. It is a disease of frequent occurrence, and is met with in patients of every age and constitution.

Hydrocele of the tunica vaginalis testis, is an increased secretion of that membrane beyond its necessary quantity - thereby producing a tumour of a pyriform shape - fluctuating and translucent. Beginning about the testicle it gradually lessens in diameter as it advances toward the abdominal ring. It is generally un-

-attended with pain and is only inconvenient on account of the great size to which it sometimes grows. The testicle is usually situated about $\frac{2}{3}$ of the way downwards in the posterior part of the scrotum, where it can be felt by the hand; or, if the fluid is transparent, the testis can be seen, by placing a candle behind the scrotum. Sometimes the testicle is glued to the fore part of the tunica vaginalis, and the serum accumulates on each side.

The Diagnosis is exceedingly simple. Hydrocele is distinguished from diseased testis as follows. It is less heavy. The pain attending it is not so intense when the testis is squeezed: and in diseased testis there is pain in the groin, with an appearance of loss of health.

Hydrocele is distinguished from Hernia as follows. Hernia descends from the abdomen; Hydrocele grows from below upwards. Hydrocele fluctuates and is translucent. Hernia does not

Fluctuate and is not translucent.

Natural Cure. Sometimes if the Hydrocele is large, and the patient obliged to labor for subsistence, inflammation of the tunica vaginalis and scrotum takes place: a slough is produced: the water escapes: adhesive inflammation succeeds; and the cure naturally follows.

By Absorption. In children a suspensory bandage kept wet with Muriate of Ammonia & Liguor Ammonia acetatis in proportions of $\frac{7}{11}$ of the former to $\frac{4}{6}$ of the latter, by producing excretion leads to the absorption of the fluid. This mode of treatment is recommended by Sir Astley Cooper.

By Tapping. When the patient is unwell, or fears an operation, Tapping may be employed and has sometimes, but very rarely cured.

By Excision of the tunica vaginalis to a greater or less extent.

By passing a tent into an opening in the tunica vaginalis, which produces partial inflammation. This however does not prevent the return of the disease

By Caustic. Applying caustic until its influence reaches the tunica vaginalis thereby destroying its life and texture.

The operations which are most resorted to at present are Injection, Incision and Sctow.

By Injection. The patient is placed on a bed, the surgeon sitting before or by his side, grasps the tumour with one hand, while, with the other, he introduces the trocar, covered by its canula, into the tunica vaginalis. When the trocar is withdrawn, the surgeon presses the tunica vaginalis and scrotum around the canula, to keep it from slipping. The water escapes. Then the surgeon places the end of an elastic hydrocele bag to the mouth of the canula, and by compressing the bag injects its contents into the tunica vaginalis, until it acquires the size of the original tumour. The patient soon feels pain in the groin, the spinous process of the ilium, the loins and sometimes the neck of the bladder. The fluid is allowed to remain about 5 minutes, or until the above described

pains are felt, and then the operation is completed. The greatest care should always be taken to prevent any of the injected fluid getting into the cellular membrane of the scrotum. This accident has happened to surgeons of the greatest distinction - producing violent inflammation, gangrene, sloughing of the scrotum and denudation of the testicle - The swelling produced by the injection should be as great as the original tumour. The injection usually consists of 2 parts port wine to 1 of Water.

Nelpeau employs a tincture of Iodine in the proportion of from one to two drams to an ounce of water. The cure is said to be much sooner effected by the iodine, and if any infiltration takes place, it is more readily absorbed. This practice originated in India - and is generally adopted by the French Surgeons.

By Incision. When you suspect some disease of the testicle or hernia, this operation has been recommended - It is performed by cutting from the upper part of the swelling $\frac{2}{3}$ rd downwards

through the tunica vaginalis, taking care not to leave the testicle too much exposed; then by sprinkling a little common flour producing suppuration granulation and thereby a cure. After the operation apply a poultice.

By Seton. The water should be discharged in the same way as if you were to perform the operation by injection - Then pass a common curved needle and thread through the canula into the tunica vaginalis, including one inch of the tunica vaginalis and one and a half of the integument; draw the needle through and tie the ends of the thread loosely. The seton can be allowed to remain until the desired inflammation has been produced.

This operation is now resorted to by some surgeons, on account of its greater simplicity, the surgeon always having it in his power to withdraw the seton as soon as the necessary degree of inflammation has been attained.

C. L. Whelkew.



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