

## Correspondence.

"Audi alteram partem."

## ON PUNCTURE OF THE TESTIS IN ACUTE ORCHITIS.

To the Editor of THE LANCET.

SIR,—I see in your last number a communication from Mr. Henry Smith on the subject of puncturing the testicle in orchitis, to which I must necessarily give a reply, as he there directly calls on me for the reasons which led me, in my recent work on Surgery, to speak of that operation in the following terms:—"I never saw any need for it, nor have observed any relief from following the practice in the very few cases in which I have seen it tried; nor can I see why it should relieve the pain." After perusing Mr. H. Smith's letter, I am driven to confess that I am still substantially of the same opinion, though in this, as in so many other cases, when one's attention is drawn specially to any passage, one sees that the meaning might have been better expressed. I will tell Mr. Smith and your other readers on what evidence I formed my conclusion, and leave them to judge between us. I have no love for controversy, and think it a little hard of my friend, Mr. Smith, that he should select me for his antagonist, when he could have found foemen so much more worthy of his steel in Mr. Curling, who says, "This operation has always appeared to me to be founded on wrong views in pathology, and to be unsafe in practice"; or in Dr. Humphry, who passes over his favourite plan of treatment with the barest possible mention.\* However, Mr. Smith is doubtless proceeding on the prudent principle of disposing of the weakest first.

My reasons for my statement are as follows:—

1. "I never saw any need for it." When I was a student cases of orchitis were always treated actively; free leeching, nauseating doses of antimony, a course of calomel and opium, and other so-called "heroic" remedies. It was, I think, my late teacher and regretted friend, Mr. Henry Charles Johnson, who first showed me how unnecessary all this is, and how, in most cases, if the patient is simply put to bed, and his testicle well supported in a good poultice, the pain and inflammation will subside spontaneously. As Mr. Smith deals with cases of orchitis by the thousand, I think if he will try this plan in the next few hundred cases, he will understand what I mean, and will come to agree with Dr. Humphry that "it is not usually necessary to adopt any severe plan of treatment," and that "most cases end spontaneously in resolution."

2. "I have not observed any relief from following the practice in the few cases in which I have seen it tried." (I may say that these cases were in my own practice, though I did not think it worth while to say so, as I do not see how it matters to the reader, and I wished to avoid the egotistic appearance produced by constant references to one's own doings). This passage would have represented my meaning better if I had written "any decided relief" or "any relief sufficient to justify a proceeding which (with all respect to Mr. H. Smith) is not free from either pain or danger." When I first heard of this plan of treatment having been revived in Mr. Smith's practice, I gave a trial to it, which satisfied me that the relief obtained was not more than could be more securely and more rationally effected by rest and soothing measures. If I am wrong in this, the controversy does not lie merely between Vidal and Mr. H. Smith on the one side, and my humble self on the other, for I think I can claim the very great majority of hospital surgeons as being of the same opinion. At the same time, I allow that some relief does often follow, due, as I believe (following in this Mr. Curling and other eminent authorities), to the evacuation of the fluid from the tunica vaginalis, not to the incision of the albuginea.

3. Finally, I say that I cannot see why the puncture of the body of the testis should relieve the pain. Mr. Smith says that "the unyielding tunica albuginea is freely incised, and that the tension is thus taken off the compressed and

swollen testis;" but he takes no notice of the forcible argument of Gosselin's (for which see Curling's Diseases of the Testes, third edition, p. 265), "that the cases which Vidal de Cassis treated in this way were cases of gonorrhœal orchitis, in which the body of the testis very seldom suffers"; and, in fact, I should almost infer from his letter, and from the surprise with which he seems to have received my remarks, that he has never consulted Mr. Curling's excellent work, in which this question is treated at a length which I cannot expect your space to permit, and with an ability and wealth of information to which I can lay no claim. Nor does Mr. H. Smith explain to us how it is mechanically possible to take off the tension from the compressed and swollen testis by the incision of its envelope, and yet without producing any hernia of the tissue compressed by this envelope. For myself I confess I do not understand it, nor can I see how splitting the tunica albuginea, which covers the body of the testicle, can relieve the tension of the swollen epididymis, or how in any case the incision of a membrane closely united in all its parts to a parenchymatous organ inside it can relieve the tension of that organ, except by allowing the passage of the inflamed tissue, or some part of it, through the incision. We must recollect that the albuginea is not a bag like the vaginalis, but that it is intimately united to the body of the organ. The slightest puncture of the vaginalis will relieve the tension of every part of the bag; the freest incision of the albuginea can surely only relieve the tension of the part immediately beneath the incised portion of the membrane—and that either by the evacuation of blood (for there is no pus to evacuate) or by permitting a hernia of the secreting tissue. Looking at the matter from a theoretical point of view, we are surely entitled to expect some more definite explanation from Mr. H. Smith of the *modus operandi* of his favourite remedy, and I hope I may say without offence that, looking at it from the point of view of surgical literature, while flattered to find that my work has attracted Mr. Smith's notice, I should have expected to find more proofs of acquaintance on his part with works of greater authority and older date. But Mr. Smith will perhaps say that he holds theory and books cheap as compared with the results of practice, and that his plan is all that could be desired, fulfilling the three great desiderata—*tuto, cito, et jucunde*. The idea of hernia testis, or permanent injury to the organ, is due to "the fertile imagination of alarmists who are haunted by visions of it in their dreams." Well, if he had referred to the *Archives Générales de Médecine* for February, 1870, he would have found there the two following cases recorded by M. Salleron (for the reference to which I am indebted to Mr. Curling), in both of which the testicle was entirely destroyed by the operation.

"CASE 1.—A soldier contracted gonorrhœa, which subsided, leaving only a slight discharge. Three months afterwards he was attacked with acute orchitis; this was very severe and painful, and as it did not yield to the frequent application of leeches, Dr. Salleron punctured the testicle with a narrow bistoury, according to Vidal's plan. The incision into the tunica vaginalis did not exceed a centimetre at the outside. It gave exit to a few drops only of serum and about half a spoonful of blood from a scrotal vein. In an hour afterwards the patient was relieved and the fever had subsided. Next day M. Salleron found very little diminution in the swelling, and on examining the wound he distinctly perceived a small tumour of a reddish-grey colour projecting from the opening in the tunica albuginea. On seizing this with the forceps, it was easily made out to consist of the swollen seminiferous tubes. In spite of all precautions and dressings the hernia of the testis continued to increase, and in ten days the gland was completely empty and reduced to a shell formed by the fibrous tunic, which contracted to a small tumour the size of a filbert.

"CASE 2.—A soldier in garrison contracted gonorrhœa, which was treated in the usual way, but he resumed duty before the discharge had quite ceased. Three months afterwards he was attacked with acute orchitis, which compelled him to go into hospital. The swelling was considerable, but the local and constitutional symptoms were not severe. Two days after his entry into hospital, the surgeon-in-chief punctured the testicle with a bistoury. The operation was followed by prompt relief, but some days after-

\* System of Surgery, 2nd edit., 1871, vol. v., p. 113.

wards all the seminiferous structure was gone, and there remained only a nodule, formed by the contracted fibrous tunic."

Now it is no answer to facts like these for Mr. H. Smith to say, "I have operated in more than a thousand cases, and never saw any harm." We all know what out-patient cases are worth. A thousand men have their testicles punctured. They all go away laughing with delight, and live happily ever afterwards. But the records of M. Salleron's experience justify us in suspecting that if matters had been managed in a rather less "happy-go-lucky" style—if Mr. H. Smith had carefully observed the sequel of all his thousand cases, he might have found a few in which the patient has been relieved from his orchitis by the radical process of being relieved of the testicle altogether.\* And surely one such instance would outweigh a thousand others in which the patient obtained a relief from pain, which he could, after all, have easily procured by less dangerous means.

I hope the foregoing will be sufficient to relieve me from Mr. Smith's imputation of "hazarding an opinion upon insufficient data." I may be wrong, but, if I am, it is after due deliberation, and, at any rate, I err in very respectable company. Mr. H. Smith's plan of calling witnesses to back his opinion is new to me, and has an odd look of deciding surgical questions by a *plébiscite*. But I can assure him, without any disrespect to Messrs. Rose, Barrow, and the others whom he has named, I could produce quite as many witnesses on my side if I chose to argue the question that way; in fact, I have heard the treatment so uniformly reprobated that I innocently believed (so little do we know of each other's practice in this great city) that Mr. Smith had given it up, and I was rather doubtful whether it was worth while to notice it. Now I find that in some eleven years (since 1864) he has punctured the testicle in more than one thousand cases, though recommending the treatment "only in the most acute form of the disease." My ignorance of the benefits of this method is no doubt due, as Mr. Smith says, to my not having met with cases appropriate for it; but surely that must be his fault, not mine. He must have punctured every testicle in London which required the operation, and in saying this I am sure I am doing less than justice to his surgical activity. For myself, I fear I must, as at present advised, rest contented with a more humdrum style of practice.

I am, Sir, yours, &c.,

Great Cumberland-place, Jan. 10th, 1876.

T. HOLMES.

To the Editor of THE LANCET.

SIR,—In your issue of to-day Mr. Henry Smith, in his paper on the Treatment of Acute Orchitis by Puncture of the Testis, states that I differ from him as to the advisability of the operation he adopts, and that I consider that the benefit which in many cases is derived from the treatment is due not to the puncture of the testicle, but to the evacuation of fluid from the tunica vaginalis. He does not, however, state why I have formed this opinion; I should, therefore, feel obliged if you would allow me to explain the reasons which have led me to this conclusion.

When I had the opportunity of watching Mr. Smith's practice, I noticed that while many cases received benefit, others received little or none. It was also evident that the apparent success was greater than that which actually occurred, as patients who were not relieved would not again return to risk a repetition of a treatment which they might possibly consider barbarous.

When, subsequently, patients with acute orchitis came under my care, I found that relief only followed this treatment in those cases in which a certain amount of fluid had accumulated in the tunica vaginalis. Often have patients experienced instantaneous relief by the evacuation of one or two drachms of this fluid with a fine trocar, while, on the other hand, in two cases in which this fluid did not exist, puncture into the substance of the testicle was followed by no mitigation of the symptoms.

\* Readers of Tom Hood may remember the Arctic navigator whom his sweetheart had scolded for taking snuff. "One change you will be glad to hear, the effect of Polar snows; I left off snuff one pinching day, through leaving off my nose."

I have tapped the tunica vaginalis in many cases of acute orchitis, and have never yet been disappointed in the result. While I meet with this success, I shall not feel inclined to adopt the more severe proceeding which Mr. Smith has so ably advocated.

I am, Sir, your obedient servant,

ARTHUR FERGUSSON MCGILL, F.R.C.S.

Park-square, Leeds, January 8th, 1876.

To the Editor of THE LANCET.

SIR,—Though Mr. Henry Smith has not called me in as one of his witnesses, he is well aware that in the years 1864-5-6 I punctured the testicle in about twenty cases, with a view to testing the efficacy of Vidal de Cassis' operation. Some of my cases were published in a contemporary, and my conclusions as there expressed are partly favourable to the operation Mr. Henry Smith advocates. I am of opinion that in those cases in which the tunica vaginalis contains serum in any considerable quantity great relief follows puncture, even if the puncture does not extend into the tunica albuginea. I am glad to see that my views in this respect are confirmed by Mr. McGill, of Leeds, whose opinion Mr. Smith quotes.

I am inclined to think, however, that antimony and opium, administered in full doses internally, give almost as speedy and more lasting relief of the symptoms in all other cases, and that even when a puncture is made, it is almost always necessary to follow it up by doses of opium in some form or other. For these reasons, and because in one or two cases the patient has fainted, and in another bleeding was troublesome at the time of the puncture, I have abandoned the operation, and should now only resort to it when, *with* the orchitis, there is considerable effusion into the tunica vaginalis.

I am, Sir, your most obedient servant,

W. SPENCER WATSON, F.R.C.S. Eng.

Henrietta-street, Cavendish-square, W., Jan. 7th, 1876.

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### LONDON COLLEGE OF PHYSICIANS AND THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—The use of the title of "Doctor" by persons not being graduates of a university is one of the subjects which will be considered at the next meeting of the Comitia Majora of the Royal College of Physicians. I think that students of the English schools of medicine have a real grievance, which ought to be taken into consideration at that meeting.

North of the Tweed all schools of medicine are affiliated by one or other of the Scotch universities, so that a student in that country can obtain the M.D. degree at less cost and with no greater amount of brainwork than it takes an English student to obtain the M.R.C.S. and L.R.C.P. It may be said that the latter, as viewed by the profession, ranks as high as the former. This may be true; but outside the profession it is certainly not so, and to the medical practitioner it is a most important matter how those who are beyond the boundary line of the profession estimate his qualification. And it is known that the public consider the man who can style himself "Doctor" to be professionally superior to him who is only called "Mr.," and attaches the word surgeon to his name. As regards the English Universities, Oxford and Cambridge are so expensive, and at the London University, the standard, not only of medical but of scientific knowledge, is so high that it is only the few who are rich, or the still fewer who possess extraordinary physical and mental powers, that can obtain an English degree in medicine. The authorities of the Scotch universities, no doubt, are aware of this, and keep their doors closed against English students. The Royal Colleges of Physicians and Surgeons are the most important licensing bodies to which the majority of English students can present themselves. The College of Physicians kindly admits students to a very searching examination on the payment of 15 guineas, and if successful they are dismissed with a licence to practise,