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CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.
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MONDAY, JAN. 18, 1841.

LECT. IX.—On the Radical Cure of Hydrocele.

Now, gentlemen, I proceed to speak of the radical cure of hydrocele, and although you have not seen me perform any operation lately for such a purpose, still I shall go into the subject at some length, because it is one of every day experience. You do not see patients with hydrocele brought into the operating theatre, for these cases are so common that they are not brought under the eyes of the hospital surgeon, but are treated by the dressers in the surgery; and this, while it shows you the advantages enjoyed by a dresser in a large hospital, also proves how important it is for you to be thoroughly acquainted with the nature and treatment of a disease of such very frequent occurrence. I need not, therefore, make any apology for going into the minutiae of the operation, and illustrating some practical points, which I trust will prove of service to you, by reading a few cases from my private note book.

Different modes of treatment have been adopted for the radical cure of hydrocele; incision, injection, the seton, and the application of caustic. The operation by incision I told you before was given up on account of its dangerous consequences; and although I believe the seton is still not unfrequently used in a neighbouring hospital, I have fully determined never to employ it again myself. I have used the seton five or six times, and in four of those cases the subsequent inflammation was so great as to endanger the life of the patient. Caustic is, I believe, not much used; and on the whole, injection of the sac appears the standard method of operating for radical cure. I will, however, give you some cases in illustration of each of these plans. Now, in the first place, as to the nature of the fluid to be injected; if it be the first time of injecting, you would use about two-thirds of port wine and one-third of water, but if the sac have been injected before, pure port wine is not too strong. Then there are some who say that the strength of port wine is uncertain, and that if you use wine which has been many years in bottle it is weaker than new wine; they, therefore, recommend the sulphate of zinc, because you can always regulate the strength of its solution with accuracy. A drachm of the sulphate to sixteen ounces of water is the proper strength; but I prefer the wine, for the simple reason that I have been more successful with it than with the zinc. However, for the last two

or three years I have not used either one or the other, but have used a solution of iodine instead—two drachms of tincture of iodine and six drachms of water; two drachms of which mixture may be injected and left. I have a note here stating that Dr. Henry Goodeve has used this injection in India in 276 cases, and has only failed twice. Since I have used the iodine I have not had a single case where the injection failed to effect the radical cure, and only one where I had to repeat the injection. This was a case where the tincture of iodine that I used was bad, and as I felt convinced it would not succeed, I repeated the injection four days afterwards with some which had been properly prepared. The chemists will tell you more of this matter than I can; but if the tincture be made without the admixture of hydriodate of potash, a precipitate forms when you add the water, and the mixture is quite useless, but when properly made the watery solution is perfectly bright.

The manner of injecting a hydrocele is very simple; but still you must be cautious to avoid several errors which a careless or ignorant person might commit, and which I shall point out to you. Always place your patient on a sofa, or let him lean back in a chair, because any one is liable to faint, however bold he may appear; and then, if you have operated while he is erect, he falls, probably upsets the basin, hurts himself, or frightens his friends, all which appear very clumsy, especially in a private house. Having taken all the precautions I warned you of, before introducing the trocar, you oil the instrument in order to facilitate its introduction, then make the scrotum tense, and push in the trocar with a sort of semi-rotatory thrust. You know when it is in the cavity by the freedom with which it moves about, and when you feel this, withdraw the trocar and push on the canula quite up to the nozzle, in a direction obliquely upwards, and not backwards towards the testicle. The fluid of the hydrocele escapes, and while this is going on you must take care that the canula is not either wholly or partially withdrawn: for if wholly, you cannot complete the operation; if partially, there is a liability of throwing the fluid into the cellular membrane of the scrotum. It is well to have the fluid for injection and all the apparatus close by you; for probably while you were going to the other end of the room to get them, the patient would be meddling with the canula, and it would be a very poor excuse for you, after you had injected the cellular tissue of his scrotum with wine, to say, "Oh, that's not my fault, you ought not to have touched the instrument." Depend upon it, gentlemen, caution in these apparently trifling matters is of no slight importance to the success of a surgeon. You should also take care that the pipe of your india-rubber bottle and the canula