puration, as to be in danger of deſtroying a constitution al­ready greatly impaired, and therefore ought not to be per­formed.

Various methods have been propoſed for the cure of hy­drocele, all of which may be reduced to two general heads : Such as have in view only a temporary relief, and which is therefore termed the palliative cure ; and ſuch as are meant to effect a radical cure. When the tumor has become ſo large as to be inconvenient from its ſize, an evacuation of the water by ſurgical means becomes necessary. In this caſe, if the patient either refuſes to ſubmit to the opera­tion for a radical cure, or if his ſtate of health render that operation improper, the palliative treatment, or a mere eva­cuation of the water by puncture, is the only means which can be employed.

A lancet-pointed trocar was many years ago recommened for drawing off the water in this manner by the preſent Dr Monro ; and ſince that time it has in an improved ſtate (fig. 77.), been recommended by Mr Andree ; another (fig. 78.) has been propoſed by Mr Bell. With any of theſe an opening may be made into the tunica vaginalis with ſafety.

The operator with one hand ſhould graſp the tumor be­hind, to press the contained fluid to the anterior and under part of it. If a round trocar is to be uſed, a puncture with a lancet ſhould be made where the trocar is to enter ; but where a flat trocar is to be employed, the aſſiſtance of the lancet is unnecessary.

As ſoon as the inſtrument has pierced the vaginal coat, the ſtilette ſhould be withdrawn, and the canula left in the ciſt. The water will now run off ; and if the tumor be not uncommonly large, it may be all drawn off at once ; but as the ſudden diſcharge of it, by taking off the ſupport, might be in danger of rupturing ſome of the veſſels, it ſhould be diſcharged by slow degrees. When the whole is evacuated, a piece of adheſive plaſter ſhould be immedi­ately applied to the orifice ; and a compreſs of ſoft linen be­ing laid over the ſcrotum, the whole ſhould be firmly supported with a ſuſpenſory bag (fig. 79.) or a T bandage. The patient in this ſtate being laid in bed, all kind of uneaſineſs is in a few minutes commonly gone, and he is able to follow his ordinary buſineſs without interruption.

The intention of every means now in uſe for the radical cure of this ſpecies of the diſeaſe, is to induce ſuch a degree of inflammation on the parts in which it is ſcated as may obliterate entirely the cavity of the tunica vaginalis, by making it adhere to the ſurface of the teſticle. The means at preſent generally employed for effecting a cure are, exciſion of the tunica vaginalis; the application of cauſtic ; the uſe of a ſeton ; a ſimple inciſion of the ſac ; and the injec­ting of acrid liquors into the tunica vaginalis, after drawing off the fluid which it contained. The method of cure, by the removal of the vaginal coat, is, firſt to lay open the va­ginal coat, and then to cut it away by different ſnips of a pair of ſcissars. The ſac being removed, the parts are to be dressed and treated in the ſame manner as in the opera­tion where ſimple inciſion is uſed.

The cure by cauſtic is attempted in the following man­ner : The ſcrotum being ſhaved, a piece of common paſte cauſtic, properly ſecured with adheſive plaſter, is applied, of about a finger’s breadth, the whole length of the tumor ; and if, on removing the cauſtic, it has not penetrated into the vaginal coat, an opening is made in it with a ſcalpel, ſo as to evacuate the contents, lay bare the teſticle, and admit of proper dreſſings. But Mr Elſe, one of the lateſt writers in favour of the method of cure by cauſtic, says, that there is no neceſſity for ſuch an extenſive application of cauſtic as many have recommended ; that an eschar of the ſize of a shilling is ſufficient; that this may be always fully obtained by the application of cauſtic paſte of the ſize of a ſixpence, which is to be laid on the anterior and under part of the ſcrotum, and to be properly ſecured by plaſter, in order to prevent it from ſpreading. The cauſtic commonly produces all its effects in five or six hours, and may then be removed. At this time digeſtives, or an emollient poultice, muſt be applied over the ſcrotum, and the whole ſuspended with a bandage. Inflammation, Mr Elſe obſerves, is ſoon induced over the whole tunica vaginalis ; and the febrile ſymptoms which ſucceed, he adviſes to be kept moderate by blood­letting, injections, emollient poultices, and a low regimen. In a few days the eſchar of the ſcrotum ſeparates, and comes away ; and in a gradual manner, in the courſe of four, five, or six weeks, the whole tunica vaginalis comes off, when the wound for the moſt part ſoon heals, and a complete cure is obtained.

Where it is intended to treat hydrocele by means of a ſeton, it may be done in the following manner : An opening is made with a ſcalpel, or the ſharp-pointed biſtoury, in the ſuperior part of the tumor, large enough to admit with eaſe a thick cord of common white ſewing ſilk. A di­rector, with an eye at one end, in which the cord is inſerted, is introduced at this opening ; and its farther ex­tremity being carried down to the moſt depending part of the tumor, an opening is there made, of about half an inch in length, by cutting upon the director with the biſtoury ; the director being now drawn till a ſufficient quantity of ſilk is left hanging out below, the operation is in this man­ner finiſhed.

Another very ſimple method of introducing a ſeton is by means of a ſilver canula and perforator.

In the operation for a radical cure by inciſion, the pa­tient being laid upon a table of convenient height, and pro­perly ſecured by aſſiſtants, with the ſcrotum lying nearly on the edge of the table, the operator with one hand ſhould graſp the tumor behind, ſo as to keep it firm and make it ſomewhat tenſe anteriorly : With a common round edged ſcalpel in the other hand, he ſhould now divide the external integuments by one continued inciſion from the upper to the under end of the tumor. An opening is next to be made in the vaginal coat with a large lancet, or a ſharp pointed biſtoury (fig. 80.), at the upper end of the firſt inciſion. This opening ſhould be of ſuch a ſize as freely to receive the finger of the operator, which is to conduct a blunt pointed biſtoury, ſo as to divide the ſac down to its bottom, which is conſidered as being of advantage, by preventing partial adheſions and the riſk of a return of the diſeaſe.

The inciſion being completed, the teſticle is now brought fully into view ; and if the tunica vaginalis be found, the dreſſing may be finiſhed immediately. But if the ſac be diſeaſed, it is to be removed, which may be readily accompliſhed by a ſcalpel or biſtoury.

When the hydrocele, as ſometimes happens, affects both ſides at the ſame time, if, when the operation is done on one side, an opening be made into the vaginal coat of the oppoſite side, at the upper part, through the ſeptum ſcroti, and the inciſion carried down to the bottom of the tumor, the ciſt can be equally well laid open, the water as com­pletely evacuated, and a return of the disease as much prevented, as when the operation is done in the uſual manner, and at different times.

In whichever way the inciſion is made, if the teſticle be found, the wound ought to be quickly dressed ; for it is found, that on this much of the succeſs of the operation depends. For if the vaginal coat be merely applied to the teſticle, or united by futures, as ſome have adviſed, partial adheſions are apt to take place, before a degree of inflam­mation is produced over the whole ſufficient for making a