complete cure. In this manner cavities are left, which either fill with pus during the cure, and require to be laid open, or they afterwards give rise to collections of water, and thereby occaſion a return of the diſeaſe. The practice of fluffing the cavity of the ſore with dreſſings is alſo a fre­quent cause of miſchief, by exciting too great a degree of inflammation in the part. But when the dreſſings are pro­perly managed, ſymptoms of violence almoſt never occur. The lateſt authors adviſe, that in dreſſing the parts after the operation, two pieces of lint or ſoft old linen are to be dip­ped in oil, or in a liniment of wax and oil, and then, by the help of a probe, are to be inferred into the bottom of the ſac on each side of the teſticle, leaving a sufficient quantity of the pledgets hanging out of the wound, ſo as to admit of being easily withdrawn at the first or second dressing. The edges of the wound are next to be dreſſed with pledgets of cerate, and the ends of the oiled pledgets turned over on each side. Several pieces of ſoft lint are then to be laid over the wound, and theſe ſhould be more or leſs numerous in proportion to the heat of the ſeaſon. A compreſs of linen is now to be laid over the whole, and the dreſſings ſupported by a T bandage or ſuſpenſory bag properly fit­ted. The patient is then to be carried to bed ; an anodyne ſhould be given, eſpecially if there be much pain ; and he ought to be adviſed to lie as much as poſſible upon his back for a few days after the operation.

In the third or fourth day after the operation, all the dreſſings, except thoſe between the teſticle and tunica vagi­nalis, are to be removed ; and if this cannot be done readi­ly, as the parts are otherwise apt to become uneaſy, a ſponge dipped in warm water ſhould be applied. On ſome occasions, at the first dreſſing, and always at the ſecond or third, the pledgets inſerted between the tunica vaginalis come away ; and whenever this happens, they ſhould be renewed. It is alſo proper to renew them daily for the first fourteen or fifteen days after the operation ; not however of the same depth as the first, for during the latter part of the cure they need only to be inſerted as far as to prevent the divided edges of the tunica vaginalis from adhering to the teſticle, before the adheſive process has taken place in the parts more deeply ſeated. Particular attention however is necessary to this part of the treatment ; for when the diſeaſe returns, it has been found to be chiefly owing to the edges of the vaginal coat being allowed to adhere to the teſticle, before adheſion had taken place between the deeper parts.

A complete adheſion of the two coats of the teſticle, the tunica vaginalis, and tunica albuginea, takes place moſt fre­quently about the third week after the operation. Previous to this time, inflammation continuing gradually to increaſe, the tumor becomes larger till it acquire ſomewhat of the ſize of a ſwelled testicle from gonorrhoea ; but after this period it gradually ſubſides, and the ſore produced by the inciſion, and now reduced to a line, heals in ſome time between the fourth and eight week, according to the ha­bit of body, age of the patient, and other circumſtances.

Having thus given an account of the methods uſually em­ployed in the cure of hydrocele, we ſhall now make a few observations on the comparative advantages of the three last. From the teſtimony of many authors of credit, it is evident, that any of theſe methods, in moſt inſtances, prove effectual ; but every practitioner being apt to be prejudiced in favour of a particular method, he generally continues to follow that mode and no other ; and finding it commonly ſucceed, be by degrees perſuades himſelf, that other methods of cure, with which he has not had ſuch opportunities of becoming acquainted, are liable to objections, which thoſe who have practiſed them do not find to be the caſe. The reſult of Mr B. Bell’s obſervations upon this ſubject is, that although all the three modes of operating, by cauſtic, the ſeton, and ſimple inciſion, are perhaps equally capable of producing a radical cure ; yet, that of the three, the latter, viz. the mode by the ſimple inciſion, is liable to feweſt objections, and effects a cure, both with leaſt trouble to the operator and leaſt risk to the patient : and of the other two, the treat­ment by cauſtic appears to be the beſt. He has ſeen all the three produce troubleſome ſymptoms, ſuch as, pain and tenſion of the abdomen, inflammation, and fever ; but heſitates not to say, that the ſeton is more frequently productive of theſe effects than any of the other methods.

Besides the methods already mentioned, another has been lately revived, viz. the injecting of irritating liquors into the vaginal coat of the testicle. This method is particularly deſcribed by a Monſieur Lambert of the laſt century, and may be of much older date for any thing which is known to the contrary. From ſome cause or other it ſeems to have been entirely laid aſide till about the middle of the preſent centu­ry, when it was practiſed by Mr Monro (afterwards a phyſician-general in the West Indies), under the sanction of the late Dr Monro, and favourably received and followed by some of the first ſurgeons of this place. But in ge­neral, though the cure appeared complete, the diſeaſe re­turned.

The preference is uſually given to wine, and commonly that is somewhat diluted ; but where no pam is excited by the injection, the liquor ſhould be diſcharged, and a ſtronger one used. For where no pain takes place, a cure is not to be expected.

The following is the moſt approved method of perform­ing the operation : The operator ſhould be provided with a flat trocar and canula, and with a bag of reſina elaſtica, fit­ted with a ſtop-cock and pipe, which ought exactly to suit the canula. See fig. 81.

The patient being laid in an horizontal poſture, either upon a bed or a table, the water ſhould be drawn entirely off from the tumor by a flat trocar paſſed into the under and fore part of it. The operator ſecuring the canula with the one hand, is with the other to pals the tube of the in­jection-bag fairly through it, and with gentle pressure to force in as much of the liquid as may reach the whole ſurface of the vaginal coat, as well as the whole ſurface of the teſticle. The bag ſhould now be removed, leaving the tube within the canula of the trocar, so that by turning the ſtop- cock the injection may be retained in the cavity of the tu­mor. The canula of the trocar ought ſtill to be kept fixed, otherwise it might recede, by which the liquid would inſinuate into the cellular ſubſtance of the ſcrotum. The li­quor ſhould likewiſe be brought into contact with every part of the cavity; and after remaining about four, or at the moſt five, minutes in the ſac, it ſhould be entirely diſcharged through the canula of the trocar, after withdrawing the tube of the elaſtic bag.

Sometimes intenſe pain is felt immediately after the li­quor is thrown in. When this is the caſe, it ſhould be diſ­charged as ſoon as it has paſſed over the different parts of the tunica vaginalis. Some recommend a repetition of the same kind of injection immediately after the first has been diſcharged, and to be retained for the same period, though this is not commonly practiſed.

The whole of the injection ſhould be completely diſchar­ged, after which the ſcrotum ſhould be covered with a pledget of cerate, a compreſs being applied over it, and re­tained with a suspensory bag. The patient ought to be in bed for ſeveral days, and ſupport the ſcrotum in the bandage by means of a ſmall pillow.

Though it is difficult to aſcertain the proportion of thoſe