ſcirrhus of the teſticle, is the hydrocele of the vaginal coat ; but though ſarcocele is frequently combined with this diſeaſe, there is every reaſon to think that the pri­mary diſorder was in the teſticle itſelf, and that the water is only a conſequence of the other complaint. When the hydrocele happens to be the original diſeaſe, the teſticle is also found frequently altered in its appearance. lt is here paler than in its natural ſtate. It is ſometimes diminiſhed, but more frequently enlarged. The enlargement however is ſoft, harmleſs, and free from pain ; and in such a ſituation ſhould never be extirpated. To this point particular attention ought to be paid, otherwiſe we run the riſk of committing a miſtake, into which practitioners have been too frequently led—the extirpation of a teſti­cle which ought to have been laved. To keep free of this error, we ought to attend to the following circumſtances.

When the diſeaſe begins in the teſticle itſelf, eſpecially in the body or glandular part, or when it becomes hard and enlarged previous to any collection of water in the vaginal coat, it is to be conſidered as of a different nature from that in which an enlargement of the part ſucceeds to a collection of water ; or if, upon evacuating the water, the teſticle be found hardened, enlarged, and attended with pain and other marks of ſcirrhus, eſpecially if the ſurface be unequal or ulcerated, extirpation ought certainly to be performed. The ſymptoms above mentioned ſometimes, though rarely, begin in the epidydimis. In ſuch caſes, however, extirpation will ſeldom be adviſable, as there is here always a ſuſpicion of a venereal affection ; and then we ought by all means to try the remedies commonly uſed in ſuch diſeaſes. In the prognoſis, we attend to the age and habit of the body, as well as to the ſtate of the diſeaſe and length of time it has continued.

When the patient is young and the conſtitution unbroken, we may always hope for a cure, although the ſymptoms ſhould be very considerable ; whereas, in old infirm people, and in habits attended with an emaciated look, with indigeſtion, and other ſymptoms of obſtructed viſcera, whatever ſtate the diſeaſe may be in, there will be but a ſmall chance of success.

If the diſeaſe has ſubſiſted for a long time without considerably increaſing in ſize, we may reaſonably think it is of a milder nature than where it has made a rapid progress. As long as the teſticle is only hard and free from the for­mation of matter, we may expect a favourable event ; but where collections of matter have already formed, either in the ſubſtance or upon the ſurface of the testicle, there is no other chance of ſaving the patient than by means of extirpation. Previous to this, however, we are to attend to the ſtate of the ſpermatic cord ; for were any of it left in a diſeaſed ſtate, little advantage could be derived from ex­tirpation ; nor ought the operation ever to be performed but where we can reach the whole of the diſeaſed parts. We are not to be prevented from performing it though the cord ſhould be considerably enlarged, providing it do not evidently partake of the diſeaſe of the teſticle ; for the cord is generally ſomewhat enlarged in the diſeaſed ſtate of the teſticle ; but this enlargement is for the most part merely either a varicoſe ſtate of the veins, or a watery diſpoſition of the cellular ſubſtance.

But ſuppoſing no obſtacle to the operation, the me­thod of doing it may be this. The parts being previouſly ſhaved, the patient is to be laid upon a ſquare table of about three feet four inches high, letting his legs hang down ; which, as well as the rest of his body, must be held firm by afliſtants ; or, he may be laid acroſs a bed in the ſame manner. Then with a knife the inciſion is to be begun above the rings of the abdominal muſcles, that there may be room afterwards to ſecure the veſſels ; then carrying it through the membrana adipoſa, it must be continued downward to the bottom of the ſcrotum. A firm, waxed, flat ligature, compoſed of ſmall threads, is next, by means of a curved needle, to be paſſed round the ſpermatic cord, at leaſt an inch above the diſeaſed part, or as near the abdominal ring as poſſible ; after which the vesſels are to be secured by a running knot, and divided about a quarter or half an inch below the ligature. The cord and teſticle are then to be removed from the ſurrounding parts by diſſecting from above downwards, and no in­finiment is better for this purpoſe than the common ſcalpel. After the diſeaſed parts are removed, the knot upon the cord muſt be ſlackened to diſcover the ſpermatic arteries and veins ; both of which, by means of the tenaculum or a common forceps, are to be taken up. The ligature upon the ſpermatic cord is now to be left looſe, ſo as to act as a tourniquet if a hemorrhagy ſhould enſue ; nor is there more occaſion for leaving the ligature tied than for leaving a tourniquet firmly applied to one of the extremities after amputation ; beſides, where patients have ſuffered ſuch pain as is ſometimes mentioned by authors, it has been found to be owing to the tightneſs of the ligature rather than to any other cauſe. In dividing the ligatures of the blood- veſſels at the extremities of the cord, they muſt be left of ſuch a length without the wound as to be readily removed, however much the cord may retract in the time of the cure.

In ſeparating the teſticle, a conſiderable hemorrhagy ſometimes enſues from the diviſion of the ſcrotal arteries. In ſuch a case, they ought always to be fixed with ligatures before proceeding in the operation. The parts being re­moved, and the blood-vessels ſecured, the wound is to be cured, if poſſible, by the firſt intention ; and for this pur­poſe the sides of the ſcrotum are to be brought together in the moſt accurate manner, beginning at the under end, and ſecuring the parts by adheſive plaſter as we proceed upwards, and in ſuch a way that the ſides of the ſore may be kept properly together. About two inches of the ligatures of the cord are to be left out, and this part of the wound treated in the ſame manner as the reſt ; the whole to be ſecured by a compreſs of linen and a T bandage.

The patient ſhould now be laid to reſt, and an opiate adminiſtered ; and if, upon the ſecond or third day, any inflammatory ſymptoms enſue, they are to be removed by methods commonly employed upon theſe occaſions ; as, to­pical blood letting, gentle laxatives, and keeping the part conſtantly moiſt with a ſolution of ſugar of lead. The dreſſings ought not to be allowed to ſhift, elſe the cure will be greatly retarded. They are to be examined about four or five days arter the operation ; and if nothing material has happened, they may be allowed to remain two or three days longer, by which time generally the ligature can be readily removed ; and the wound will be healed by the firſt intention, excepting ſome ſmall opening in the skin, more eſpecially where the ligatures were placed. Theſe are to be drawn together by adhesive ſtraps, and dreſſed in the ſame manner as formerly. In this way, if the patient be otherwiſe healthy, a cure may be expected in little more than a fortnight

The method of dreſſing moſt frequently practiſed is to apply a quantity of ſoft lint to the sore, and then a compress of linen over it, and to ſecure the whole with a T bandage or a suſpenſory bag. The patient is then laid to reſt, and an opiate given. The ſore is not to be touched till a free ſuppuration takes place, which will commonly be