spirits. Where is she to be seen? In the parlor, a *contracted beauty* (?) sitting like a marble statue—or in the ball-room moving in the dance, panting for breath, or swooning away gracefully upon the sofa. Time passes by, and she becomes a female exquisite. The refreshing air of the spring morning is too keen for her delicate nerves; a romp over the hills would prostrate her feeble frame. She slumbers till 10 in the forenoon, sips coffee at 11, and ventures into the parlor at 12. She allows a half hour to a visitor daily, and sends to the rest who would enjoy her company, the unwelcome message, “not at home.” A few months pass over her head and she becomes a complete victim of fashion—an old acquaintance of fainting spells—not an entire stranger to periodical headache and bad coughs—and with palpitation of the heart and asthma she is quite familiar. And what is the secret of the whole? Doubtless I am anticipated. Let me, then, ask when shall the use of these instruments of suicide, the corset and stays, be abandoned? Not, I fear, until mothers and daughters learn that the chest contains important organs of life, which have a most intimate connection with every organ of the body, and that they cannot safely endure the compression of hoops and staves; not until they can discern that the injury thus sustained by the brain and nervous system impairs the faculties of a mind which might have been an ornament to our age and country.

ON VARICOCELE, AND ESPECIALLY ON THE RADICAL CURE OF THAT AFFECTION.

BY H. LANDOUZY.

SIXTY persons out of every 100 are affected with varicocele. Hence the necessity of studying this disease. The term varicocele, as usually employed, includes the two terms varicocele and circocoele, the first of which implies an abnormal enlargement of the veins of the scrotum; the last, of those of the spermatic cord, testicle and epididymis. Varicocele never occurs without circocoele, and, in fact, always forms a consequence of it. The term varicocele is employed in preference to that of circocoele, and is understood to mean a dilatation of the veins of the scrotum and cord. The age at which it most frequently begins is from 10 to 30. Of 45 cases, 10 of which are reported by others, and 35 occurred in the practice of Landouzy himself, 13 were individuals between 9 and 15 years of age; 29 between 15 and 25; and 3 between 25 and 35.

The anatomical conditions which dispose to the frequent occurrence of varicocele are the depending position and great length of the spermatic veins; the weakness of their parietes; the absence of valves; and, especially, the changes in respect to volume, which they are constantly undergoing. We may add to these, the pressure of a column of blood reaching from the second dorsal vertebra to the testicle, and occasional impediments offered by the inguinal canal. The disease is more frequent on the left than on the right side. It is, indeed, extremely rare on the right side, and almost never occurs only on that side. In 8 out of 17

cases, the veins of the right side were enlarged simultaneously with those of the left, but to a much less degree. It is very rarely necessary to operate on the right side. Out of 120 operations performed by M. Breschet, one only was on the right side. The chief reasons which have been assigned for the greater frequency of varicocele on the left than on the right side, are the following. 1. The right spermatic veins open into the vena cava in a direction parallel to the axis of that vessel, while the left open into the left emulgent vein at right angles to the current of blood which flows through it. 2. The greater length of the left spermatic vein. 3. The pressure of the contents of the sigmoid flexure of the colon. With regard to this last cause, Landouzy observes that only 1 out of 17 patients was affected by constipation. Amongst the occasional causes of varicocele may be mentioned, all those which either prevent the return of blood to the heart, or determine it in large quantity to the organs of generation. These need not be particularized. There seems to be no close connection between varix and varicocele. Of 15 cases of varicocele, 1 only was affected with varices, and of 20 persons who had varicose veins in the lower extremities, no single one had varicocele. The symptoms of this disease are slight at first, and its existence is usually discovered by accident. There is a feeling of weight in the testicle, perineum and loins, and an unusual twitching in the course of the cord; the scrotum is long, pendant and soft, and increases rapidly in volume under the influence of heat or fatigue. The patient carries the hand, at every instant, to the scrotum, in order to give it a more favorable position. If the patient is not subject to much fatigue, if he does not remain for any length of time in the erect posture, and avoids all the exciting causes of the disease, a suspensory bandage will guarantee him against further suffering. But if the disease is allowed to go on unchecked, it becomes a source of constant suffering. A short walk causes extreme fatigue, the breathing becomes hurried, the face is bathed in sweat, and expresses the deepest distress. In some cases it is impossible to assume the erect posture, without the aid of a suspensory bandage. The case of one of the most celebrated dramatic authors of France is mentioned, who had acquired the habit of composing whilst rapidly pacing his chamber. This disease entirely put a stop to his perambulations, and with them to his literary productions. He was restored by an operation performed by M. Breschet. There is one symptom which our author has never known to be absent, but which has been omitted by other writers on this subject. It is an increased perspiration of the skin of the scrotum on the side affected. This secretion is, in some cases, so abundant as to require the use of a fold of linen. The superficial veins may acquire an enormous size. One case is mentioned in which they equalled, and even surpassed, the volume of the crural vein. Some cases are quoted from Pott and Sir A. Cooper, in which the disease seems to have made a sudden attack; in these instances Landouzy thinks that the disease had existed in a less marked form before the acute attack commenced. The atrophy of the testicle, which took place in more than one instance in which varicocele followed an accident, is justly attributed to the accident, and not to the varicocele

which was the consequence of it ; nevertheless, when the disease is very much advanced, the enlarged veins compress the testicle, and cause the absorption of it. Out of 15 cases, our author found the testicle in a more or less advanced state of atrophy in 9. The occurrence of atrophy of the testicle, as a consequence of varicocele, is established by quotations from Celsus, Callisen and Pott. Sir A. Cooper, however, does not seem to have met with any examples. One case, mentioned by Pott, is the only one in which atrophy of both testicles took place, but Landouzy has often observed the right testicle partially atrophied in varicocele of the left side. The atrophy of the testicle is proportioned to the extent of the varicocele. Not so, however, the pain, which is often most considerable where the veins are least enlarged. This fact is attributed to an enlargement of the small veins surrounding some nervous fibres. It is to the acute pain experienced in some cases, and to the constant uneasiness present in all, that the deep melancholy common to almost all diseases of the urinary and genital organs is to be ascribed. The chief object of Landouzy's paper is to prove the superiority of M. Breschet's method of compression to all others which have been recommended. Thirteen cases are related, in all of which great relief, in the majority a perfect cure, was effected by this means. The danger, too, of inflammation of the veins is much less than when other methods are resorted to ; the cure, moreover, is accomplished in a less space of time.

As a preliminary step to the performance of M. Breschet's operation for varicocele, it is necessary that the diseased veins should be considerably distended with blood, in order that none of them may escape the compressing action of the forceps ; for this purpose, in summer it will be sufficient that the patient should walk for some time previously, but in winter it will be desirable that he should also take a warm bath. This precaution being taken, and the scrotum being previously shaved, the patient stands upright before the surgeon, who, if the varicocele is on the left side, grasps the right side of the scrotum with his left hand, whilst with his right he endeavors to discover the situation of the vas deferens ; this is not difficult ; its normal situation is at the posterior part of the cord, its form that of a cylindrical stem, equal through its whole extent, its volume that of a large crow-quill, its consistence is hard, though elastic, and may be compared to that of a nerve. But the best means of assuring yourself that you hold the vas deferens, is to press it between your fingers, when the patient should feel a peculiar painful sensation, referred both to the testicle and the groin, and which can scarcely deceive either the patient or the operator. Having discovered the vas deferens, the operator draws it towards the septum scroti with the thumb and forefinger, and endeavors to separate the veins from it, and to collect them towards the external part of the scrotum. This sort of sub-cutaneous dissection forms the only difficult part of the operation, and requires patience and attention ; the separation of the vessels must be made with the greatest care, in order that no vein should remain with the vas deferens and spermatic artery. The veins being thus separated, an assistant places the first forceps on the upper part of

the scrotum, transversely, and as high as possible, but far enough from the root of the penis to prevent the formation of an eschar on it; it will be found convenient to raise the penis against the abdomen. The branches of the forceps should be carried as far as possible towards the septum, excluding the vas deferens, and at the external part of the scrotum a pedicle of skin about two lines in width, and containing capillary vessels only, should be left uncompressed. As soon as the first pair of forceps is properly placed, it should be screwed tight. The second pair should then be placed, in like manner, as low down as possible, without comprising the testicle, and should be tightened in the same way. An improvement in the construction of the forceps is the introduction of a supplementary blade, which may be depressed daily, by means of a screw, so as gradually to increase the pressure without augmenting the pain. It is necessary to be careful that this increased pressure commences towards the septum, otherwise the vas deferens might be included between the blades. In general, severe pain is felt in the scrotum and groin, immediately after the operation; but this ceases in a few hours, and no further suffering is produced. A compress dipped in cold water should be applied to the scrotum, which should be slightly elevated. The forceps may be removed, from the fifth to the seventh day. The bridle of skin on the outside of the scrotum facilitates much the cicatrization of the wound, the edges of which would otherwise be widely separated by the erections of the penis, and by the weight of the testicle. —*Journal des Connaiss. Med.-Chir.*

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NEW REMEDIES.*

It occurred to us, while the articles entitled *New Remedies* were in the course of publication in the American Medical Library, that it was possible the editor contemplated a distinct work, in which should be embodied the whole series. We confess ourselves much gratified in receiving a large, plainly-printed volume, of a most respectable exterior appearance, from Philadelphia, which cannot be otherwise than popular with the medical profession, if suitable exertion is made to circulate it. *New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c. &c.*, is the title, and our friends should be particular in sending orders to the booksellers. Medicines are continually multiplying, but there is so much empiricism in the world, and such an eagerness to grasp at every new thing that happens to have imputed to it a medicinal virtue, that the ignorant, under the burden of their infirmities, seize with avidity whatever vulgar rumor says is wonderful in

* *New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c.* By Robley Dunglison, M.D., &c. &c. Philadelphia: Lea & Blanchard, 1839. 8vo., p. 503.