TREATMENT OF VARICOCELE BY EXCISION OF REDUNDANT SCROTUM

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Treatment of varicocele by excision of redundant scrotum by M. H. Henry

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Trieste

PREFACE.

THIS paper was read before the Academy of Medicine of New York, April 21, 1881. It appeared in the *Medical Record*, May 28, 1881. By kind invitation of a distinguished surgeon of Philadelphia, I appeared before the Academy of Surgery, June 6th, and explained my views and the advantages of the new instruments.

This publicity has attracted a larger share of attention to the subject than I had reason to hope for. It has, at the same time, afforded me —both personally and by correspondence—assurance from the ablest of my *confrères* of their appreciation of the advantages of this operation and acknowledgments of my own contribution.

It is now reprinted in deference to the wishes and at the suggestion of many friends and correspondents who desire to retain it in a permanent form.

427 FIFTH AVENUE, NEW YORK,
July, 1881.

TREATMENT OF VARICOCELE

BY

EXCISION OF REDUNDANT SCROTUM.

TEN years ago I published an article * on amputation of redundant scrotum in the treatment of varicocele. I gave a terse account of the disease, my own personal experience and my impressions of the value of this operation based on the experience of many distinguished *confrères* who entertained views similar to my own of the value of this procedure. In that article I described a new instrument and gave the result of three successful operations—rendered so, I believe, by the use of this instrument. My own experience at that time covered a period of some fifteen years. My subsequent opportunities I shall speak of farther on. During the past ten years extraordinary opportunities have been afforded me of

* The American Journal of Syphilography and Dermatology, vol. ii., p. 290.

observations on the extent and existence of varicose veins and varicocele in private and public practice. If the publication of these observations does no more than attract a little additional attention on the part of my *confrères* to the value of this operation for the treatment of varicocele, I shall feel that I have been, at least, compensated in my effort to place the same before them. In my former article—published in 1871—I shared the opinion of most authorities that varicocele was an affection of frequent occurrence. It was estimated that about ten per cent. of all male adults suffered from this disease. My own personal experience during the past ten years leads me to different conclusions. Let me state why. As consulting surgeon of the Police Department of New York, I have for many years examined, with my colleagues, applicants for appointment on the force. The result shows the following: during the years 1876-80—five years—1,978 applicants submitted to thorough examinations, and of this number 41 were rejected for varicocele, and 61 for varicose veins of the lower extremities; 7 of the 41 cases of varicocele had also varicosē veins of the legs. No one was examined who was not of age, nor—so far as it was possible to ascertain—beyond thirty years of age. These restrictions limit the examinations to the age in which, according to all standard authors, varicocele is most likely to occur and be developed to its greatest extent.

This will, to many, seem a small percentage of cases for the large number examined, and it might, without reflection, lead to the belief that the examinations were not very rigid. They are; but it is

accounted for in the fact that the applicants are mostly men of the lower working classes, and of robust health, and of more than ordinary good physique. It affords evidence that varicocele is an affection confined, to a great extent, to persons of feeble or impaired constitution, or delicate habit of body—excepting those cases where it suddenly follows an injury or severe strain. This view is sustained by the experts in venereal diseases. The percentage is, at least, one in ten of those suffering from this class of affections, especially of those suffering from syphilis and old cases of stricture and gonorrhœa. During my term of service as surgeon-in-chief of the State Emigrant Hospital, covering a period of more than seven years, cases of varicocele were rare, notwithstanding the service was very large. From January 1873, to January, 1880, in my division, 10,227 patients were treated. This number included cases covering the whole range of surgery and surgical diseases. I am unable to give any reliable statistics. The records were so imperfect, and the assistance afforded me so inadequate, that it was impossible to utilize for reference this interesting field of observation. I believe, however, that the only cases of varicocele called to my attention were in the venereal wards, and coexistent with some other disease.

In the reports of the surgery of the Pennsylvania Hospital, published in 1880, among "the more interesting cases from 1873 to 1878," I find an account of only six cases of varicocele. Five were treated by ligation of the veins, and discharged cured. There is no report of any subsequent examination of any of these cases.

Before referring to the pathological features of varicocele, and the operation I advocate for its relief, let me detain you by stating what we understand as varicocele: it is a term applied to a morbid dilatation of the spermatic veins. The enlarged veins hang down below the testicle, and reach upward into the inguinal canal, and, when very voluminous, conceal the gland, encroach on the septum, and extend to the other side of the scrotum. The dilatation is not confined to the veins exterior to the gland, those of the organ itself are frequently varicose, and enlarged veins may often be distinctly seen ramifying between the tunica vaginalis and tunica albuginea. All surgeons are so familiar with the general features and views entertained of the causes of the disease that we need scarcely repeat them in this paper; but in order to appreciate the benefits of and the indications for the operation, it is necessary to consider the pathological changes which take place in the various structures composing the spermatic veins and scrotum.

The main changes that take place in the veins are: 1st, the elongation of the vein; 2d, its tortuosity; 3d, the loss of the function of its valvular apparatus; and 4th, the loss of resiliency of the veins, which is of various degrees of intensity. This loss of resiliency is due to certain structural changes which take place in the walls of the vein, consisting of a thickening of their coats by proliferation of their connective-tissue elements, following which there occurs fatty degeneration of the muscular elements, which, later on, may increase to a complete calcific degeneration.

In taking these changes into consideration it will readily be seen that the various cases met with present phases varying in proportion to the extent of the progress of the pathological changes—namely, those in which there is very little loss of resiliency, in which the varicocele would be slight, and those in which there is an absolute and entire loss, in which case the varicocele would be exceedingly large. As a result of this varicose condition of the veins, greater or less atrophic changes may take place in the testicle. These changes which take place in the veins react on the scrotum, which gradually becomes enfeebled, lengthened, sometimes thinned and redundant. This redundancy, which is probably due to an atony of its dartos muscle, may consist of walls of scrotal tissue of normal thickness, but from clinical observation I think I am warranted in stating that there is thinning of the scrotal walls in the majority of cases; the intensity of this condition is in direct relation to the extent of the varicosity. It may be well to mention in this connection, that in many cases, particularly where this thinning of the scrotal walls exists, there is frequently a decided enlargement of the superficial scrotal veins. To relieve these complex conditions existing in varicocele, of which I have given this short sketch, many operations and appliances have been advocated by various authors in the works on surgery.

It may be well to remember that in some cases, after the veins have attained a certain size, they seem to accommodate themselves, to a great extent, within the distended scrotum, and cause little or no acute pain. Even in these favorable cases, however, acute