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CASES  
OF  
VARICOCELE  
TREATED BY PRESSURE,  
WITH OBSERVATIONS.

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THREE years ago, a case of varicocele, cured by the application of pressure to the spermatic veins, came under my notice, and being struck with the peculiar adaptation of this plan of treatment, to counteract the injurious effects of the dilated veins, I determined to give it a trial. In a work on the Diseases of the Testis, which appeared a few weeks afterwards, I stated the object of this method of treatment to be,—“the maintenance, whilst the patient is in the upright position, of such a degree of pressure on the spermatic veins as may be sufficient to relieve them from the superincumbent weight of the blood, without at the same time endangering the integrity of the testis, by obstructing the spermatic artery, and without causing so much uneasiness as to render the remedy as painful as, or more difficult to be borne than, the disease. This pressure must be continued a sufficient time, to enable the coats of the vessels to return to their natural dimensions, and to acquire strength to carry on the



circulation. When this is effected, the patient is cured.”\* I also remarked, that “I look forward with no slight interest to the result of further trials of a remedy, which seems to me to be based on sound views of the pathology of the disease,” and that this “plan appears to be particularly applicable to cases of varicocele in young persons, whose reparative powers would be sufficient to restore the veins, when relieved of pressure, to a healthy state.”† Since these observations were written, I have treated many cases of varicocele by pressure; and as a sufficient period has now elapsed, to enable me to form a just opinion of the value of this plan of treatment, and of its advantages over other methods, I venture to submit the results of my experience in the management of this complaint, to the consideration of the Fellows of this Society. The following are cases in which firm, steady, and continued pressure on the spermatic veins at the external abdominal ring succeeded in curing the disease.

*Case 1.—Varicocele cured by pressure at the end of 19 months.*—J. H., a tall spare man aged 22, a cabinet-maker, applied to me at the London Hospital in May 1843, on account of a varicocele on the left side; there was a considerable bunch of dilated veins above and behind the testis, which was about one-third less in size than the right testis. He had noticed the complaint between two and three years, and it was increasing in size; for the last two years he had worn a suspender, but latterly it had not afforded him the relief he at first experienced from it. He suffered a dull aching pain in the course of the spermatic cord, and this became worse towards evening, and after standing or much exertion. The moc-main lever truss was applied on the 8th.

May 11.—The patient complained of uneasiness from the pressure of the truss, but stated that it was not greater than he could easily manage to bear. He was relieved from the aching pain, and there was a decided diminution in the size of the dilated veins, though he had discontinued the use of a

\* P. 470.

† P. 475.



suspender; but this he was directed to resume. The truss was ordered to be worn day and night.

June 7th.—He had worn the truss constantly, and suffered very little from it. There was scarcely any appearance of dilated veins, and no uneasiness in the course of the cord.

December 20th.—On a careful examination of the parts in the after part of the day, the truss being on, no enlargement of the veins could be distinguished. He had become accustomed to the truss, which he wore without inconvenience, taking it off at night.

December 19th, 1844.—On examination of the parts after removal of the truss, there was no appearance of varicocele, and the left testis had acquired the same size as the right. I considered the complaint cured, and allowed the patient to discontinue wearing the truss, but cautioned him to avoid those circumstances which would tend to reproduce the disease.

*Case 2.—Slight varicocele cured by pressure at the end of 7 months.*—A young man, aged 24, a medical assistant, in rather impaired health, applied to me in July 1843, on account of a varicocele on the left side. It came after an injury, accompanied with strain, which occurred to him in the February preceding. The spermatic veins were not enlarged to any great extent, but they were distinctly varicose, and he experienced considerable uneasiness in the cord, especially after standing for some hours in his business. He had worn a suspender, which gave him only partial relief. The left testis was rather smaller than the right. His countenance had an anxious expression, and he was uneasy in his mind about his case. His bowels were costive. I prescribed an aperient pill, and some tonic medicine, and directed the truss to be applied; and, as usual, recommended him to avoid fatigue and straining efforts. I saw nothing more of this patient till nearly a month after his first visit, when he called, and said that he was much relieved, and to a greater extent than he could have expected in so short a period. On examining him with the truss on, I found the spermatic veins less di-



lated than when I first saw him. He said the truss fretted his skin a good deal at first, but this had been remedied by interposing some wash-leather between the pad and skin. He was able to continue in his business, standing or moving about nearly all day. His countenance had lost the anxious expression, and his general health was improved. This patient visited me again February 3, 1844. He had been in the country, and had returned in improved health. He felt quite well, but still wore the truss. I could detect no enlargement of the spermatic veins, and considered the varicocele cured, though, as a precaution, I recommended him to continue wearing the truss for a few months longer.

*Case 3.—Double varicocele cured by pressure in 10 months.*—A gentleman, aged 24, of spare form, pale countenance, and subject to indigestion since infancy, consulted me in May 1844, on account of a double varicocele. There was evident enlargement of the spermatic veins on the left side, and a very slight dilatation of these veins on the right. He had been troubled with the complaint about a twelvemonth. He had worn a suspender for many months, but the swelling and inconvenience were increasing. I noticed a dilated condition of the superficial veins throughout the body, the veins of the penis, thighs and legs being especially large and prominent. He was of a costive habit. On the 22nd instant I directed a double truss to be applied. I also recommended the legs to be bandaged with stocking-web rollers, a cold bath to be taken daily, the bowels to be kept open by an injection of cold water, in the morning, and prescribed the citrate of quinine and iron.

July 23rd.—He had steadily worn the truss since I last saw him, during which period he had been travelling in Germany and Switzerland. His health and digestion were improved. The spermatic veins on the left side were diminished, and all uneasiness was removed. No enlargement of the veins were observed on the right side.

March 6th, 1845.—There was no appearance of varicocele, nor uneasiness on either side. I considered the complaint



cured, but recommended the patient to continue the use of the truss for six months longer.

To these examples of cure by pressure, I could add two other cases, if necessary, to establish the value and utility of this plan of treatment, besides the case mentioned in my work on the Diseases of the Testis,\* and another case also alluded to, of a gentleman aged 27, who was affected with a rapidly increasing varicocele, for which he had worn a truss two months with benefit, when he quitted this country for Canada. He returned to England at the expiration of three years, and was seen by my friend, Mr. Daldy, of New Broadstreet, who found the varicocele quite cured. This patient had left off the truss after wearing it fifteen months.

In the above cases the dilatation of the veins had taken place at a comparatively early period of life, was not excessive, nor in two of them of long duration, but was productive of more or less inconvenience and uneasiness, which could be only partially, or scarcely at all, remedied by the suspender; they were precisely the cases in which it was presumed that pressure, by relieving the veins of the superincumbent weight of the blood, would enable their coats to recover their proper size and tone.

The same method of treatment has been applied to several other cases of varicocele, of a like character to the above, in some of which, after the patients had derived so much benefit from it, that hope was entertained of a permanent cure being effected, they ceased to remain under my observation; and in others, though the treatment had been hitherto satisfactory, the painful symptoms having been entirely relieved, a sufficient period had not elapsed to enable me to judge of the ultimate result. In two of these cases, the relief afforded by the truss to the distressing symptoms occasionally attendant on the disease, was so immediate and so great, that I am led to give them in detail.

*Case 4.—Painful varicocele relieved by pressure.*—In March 1845, I saw, in consultation with Mr. Ebenezer Smith,

\* P. 471.



of Billiter-square, a gentleman aged 25, who was affected with a distressing varicocele on the left side. He was single, and of delicate appearance, but his general health was represented to be pretty good. He had been troubled with the complaint for about four years; but notwithstanding the use of a suspender, the uneasiness had continued to increase, and at length had become so severe, that he was unable to attend to business, or even to walk a short distance without lying down afterwards. On his entering my room, he begged to be allowed to place himself on the sofa, in order to procure relief, and he afterwards remained in the recumbent position for half an hour before leaving the house. On examination, I found the dilatation of the spermatic veins on the left side by no means considerable. The testis was of proper size, but the seat of a good deal of morbid sensibility. On making tolerably firm pressure on the spermatic veins at the external abdominal ring with the fingers, and continuing it whilst the patient walked backwards and forwards in the room, no uneasiness whatever was experienced, whereas the pain returned in a few minutes after the pressure was remitted. The application of the lever truss was consequently recommended. This patient called on me again at the end of two months, and stated that he had derived great relief from constantly wearing the truss, and was able to take exercise and to attend to business, though he still suffered from the complaint at times, especially after fatigue.

*Case 5.—Varicocele relieved by pressure.*—Charles Bye, a short, thick-set man, aged 24, applied to me in January 1846, for my advice respecting a varicocele on the left side. There was a good-sized plexus of dilated veins, which caused a sort of dull aching pain, that rendered him low-spirited, and prevented him from continuing in his business as a messenger and weigher in the Custom House, his sufferings being increased by the least exertion. He had been troubled with this complaint for nearly five months. He had been a jockey in the service of Lord G. Bentinck since he was a boy, but had recently given up this occupation in con-



sequence of being overweight. He attributed the varicocele to a hurt from a fall in riding. He had been under the treatment of different surgeons for three months, but had obtained no relief. I ordered the lever truss to be applied.

February 10th.—He called and stated that he had obtained the truss, from which he had derived such immediate relief, that he had returned to his occupation next day, and had been able to follow it ever since,—a period of three weeks.

March 27th.—He continued free from all uneasiness in the cord, and the dilated vessels were reduced in size.

Patients afflicted with varicocele in early life, often labour under a degree of mental distress very much out of proportion to the actual disease. These hypochondriacal symptoms are partly owing to the dyspepsia so commonly co-existing with this complaint, and partly to an apprehension, by no means unfounded, of the disease impairing the nutrition of one of those organs which exercise a marked influence on the characters of the sex. By appropriate general treatment and encouraging advice, combined with local treatment, the painful feelings alluded to may generally be removed. In other instances, the uneasiness in the testis and spermatic cord, and even in the loins, is so great as to produce much real suffering, and to prevent the person affected from making any kind of exertion. In Case 4, which was an instance of this kind, the patient was prepared to submit to an operation, had I recommended one, but the benefit derived from the truss was sufficient to render so severe an alternative unnecessary. In this case, the distention of the veins was so slight, that I think the relief obtained may be in some measure due to the pressure made on the spermatic nerves.

Little attention, I believe, is paid to constitutional treatment in varicocele, which is commonly regarded as exclusively a local disease. In the class of cases in which the benefit derived from pressure is most apparent, the subjects of the disease are persons between 18 and 30 years of age, of weak frame and constitution, and subject to dyspepsia, and



whose venous system and circulation are feeble, as is evinced by the large size of the superficial veins, particularly in the lower extremities, paleness of the countenance, and cold hands and feet. In these cases, the operation of local remedies may be aided materially by general treatment, such as the exhibition of steel and quinine, a nutritious diet, sea-bathing, and similar measures, calculated to improve the tone of the system.

In estimating the value of the treatment by pressure,\* in effecting a cure of varicocele, it must not be overlooked, that although the veins may have recovered their proper size and tone, a return of the complaint would in most cases be readily induced by the causes ordinarily producing distention of the spermatic veins, and that unless the patient avoided these causes, such as constipated bowels, straining efforts, and prolonged fatigue, he may be disappointed in deriving permanent benefit from the treatment. For this reason, the continued use of the truss, after all symptoms of the affection are removed, may often be advisable as a matter of security, more especially in persons who are obliged to lead an active life, or who have naturally a feeble constitution or impaired health.

There are very few cases of varicocele occurring in early life in which the common suspender is sufficient to prevent the increase of the complaint and the suffering attending it. In the cases which I have related, the painful symptoms of the disease could not be remedied by this mode of supporting the parts, and the patients were consequently anxious for further assistance. There is, however, another class of cases in which the application of pressure is capable of giving considerable relief, though not of curing the disease. They are cases met with at a somewhat advanced period of life, in which the varicocele is considerably developed, the plexus of dilated veins, though of gradual formation, being of large

\* Several patients affected with varicocele have mentioned to me, that they had been in the habit, whilst walking about, of pressing on the groin with the fingers, having found out that considerable relief could be obtained by this means.



size and long standing, but not productive of greater inconvenience than a sense of weight and aching after fatigue, and when the part is deprived of support. The uneasiness in these cases may generally be remedied by the use of a suspender, but this seldom succeeds in preventing the progressive increase of the varicocele, which occasions a gradual wasting of the testis, and sometimes assumes a painful character. The application of pressure, however, not only removes the slight uneasiness which exists when the veins are pendent, but also counteracts the tendency to further dilatation, though the enlargement is too great to admit of the vessels being reduced to their former size. I could, if necessary, adduce several cases in which pressure was resorted to, with a beneficial effect, in checking the growth of large varicoceles.

From these observations it will appear that I consider the treatment by pressure, to be applicable either for the cure or relief of the majority of cases of varicocele occurring in practice. Certainly in all those cases in which tolerably firm pressure, with the fingers, at the abdominal ring, removes the sense of weight and uneasiness along the cord, this plan may be tried with every prospect of a beneficial result; and its simplicity, freedom from all risk, and efficiency, in my opinion, render it superior to every other mode of treatment that has hitherto been resorted to.

In all the cases of varicocele which I have treated by pressure, I have employed the moc-main lever truss, which seems better adapted to make the necessary pressure on the spermatic veins at the external abdominal ring than any other instrument that I know of. It is not liable to shift, and, what is very important, the degree of pressure can easily be regulated by the patient. I have used it with success in cases where the patient has tried other trusses without obtaining relief. The truss should be applied so as to make rather firm pressure: it often happens that, though worn with comfort after being adjusted in the morning, towards the after part of the day it begins to produce uneasiness. When this is the



case, the pressure may be diminished. In general, the truss need be worn only during the day, though in some instances I have thought it advisable to recommend its use during the night also. Thus in one case the patient suffered uneasiness in lying on the side affected, and was able to pass a better night on wearing the truss. When the scrotum is unusually pendulous, or when the veins are very long, and form a plexus of any size, I advise the addition of the silk net suspender, which may be readily adjusted to the truss.

[*From Transactions of the Medico-Chirurgical Society, Vol. xxix.*]