

Bowes (W. W.)

A new varicose needle

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A NEW VARICOCELE NEEDLE, AND HOW TO USE IT.

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THE principle involved in the subcutaneous ligation of the spermatic veins for the cure of varicocele (Keyes's method) is a correct one, but the means at hand for its perfect accomplishment have been inadequate.

There were two leading objections to the needles in vogue for the performance of this operation: First, the almost impossible feat of returning the needle posteriorly through the place of entrance, and, if not so done, the engagement of the dartos with the ligature, which had to be torn through, making it very painful to the patient and liable to break the ligature; second, the danger with a sharp-pointed needle either in pricking the veins in going around them or of wounding the dartos in escaping them. The use of two needles is very unhandy.



The above needle, constructed for me by George Tiemann & Co., does away with both of these objections. It consists of a blunt-pointed needle, covered with a needle-pointed sheath running its whole length, the eye being opposite in needle and sheath, the sheath having a mark near its proximal end (see cut).

How to use the Needle.—The patient standing, with a pair of scissors curved on the flat, clip the hair very close on the upper scrotum, at junction to perinæum (shaving is not necessary), and bathe the region well in bichloride.

Now with left thumb and forefinger separate posteriorly the vas deferens from the cord, and, while holding the scrotal walls tightly, press the sheathed needle, threaded, through from before backward, putting a small velvet cork on the point of the needle. Now let the patient carefully lie down; the cork will prevent the needle from pricking the thigh in doing so. Unthread the needle, and well ad-

vance the sheath; the cork will now balance the sheath on the thigh and take care of itself. Now withdraw the needle till the eye is barely seen, go around the veins to the outside, hugging the dartos all the time, returning the needle posteriorly to the sheath, which latter may now be advanced till the mark on the proximal end is seen, the needle entered the sheath, and both passed out posteriorly. Rethread the needle, giving it a roll to engage the thread, and withdraw anteriorly.

The ligature is now around the veins, but, instead of tying immediately, leaving a quantity of blood in the veins below the ligature to be removed by absorption, I raise the scrotum, let all the blood drain out, then complete the operation by tightly tying, cutting the ligature close, and dropping the knot in by raising the skin over the knot. A strong carbolized silk ligature is used. As I always do this operation without the services of an assistant the use for the cork is necessary.

Thus a varicocele is cured without cutting or bleeding or the use of anæsthetics, local or general, and with little or no interruption of the patient's business. The patients sometimes come quite a distance, are operated on, and return home on the next train; they do not go to bed, though it is a good plan to caution them against undue exercise for a few days, and to continue the use of a suspensory bandage for a month.

