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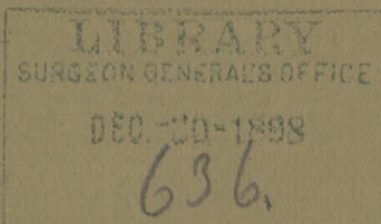
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FREQUENCY OF VARICOCELE  
AND THE LIMITATIONS OF  
OPERATIVE TREATMENT FOR  
THIS AFFECTION.

BY

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OF CHICAGO.

*presented by the author*



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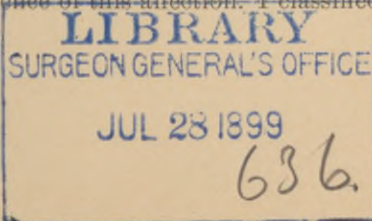


## ON THE FREQUENCY OF VARICOCELE AND THE LIMITATIONS OF OPERATIVE TREATMENT FOR THIS AFFECTION.

By N. SENN, M.D., Ph.D., LL.D.,  
of Chicago.

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Chicago Polyclinic, Attending Surgeon to the Presbyterian Hospital,  
Surgeon-in-Chief to St. Joseph's Hospital, Lieut.-Col. U. S. V.,  
and Chief Surgeon to the 6th Army Corps.

For years I have been convinced that too many operations are being performed for varicocele and I have always advised my students to limit operative intervention to the exceptional cases in which well-marked symptoms warranted such a course. Most of the persons suffering from this affection that apply to the surgeon for treatment are sexual neurasthenics, young men who have made a deep study of this subject with the aid of quack literature. In the great majority of cases the symptoms presented are due to a morbid mental condition, rather than the varicosity of the spermatic veins. I have frequently observed that the size of the varicocele bears no relation to the degree of suffering and distress complained of by the patients. Recent experience has only confirmed my views concerning the relationship of varicocele to the subjective symptoms associated with this condition. During the month of May I had, as a member of the Examining Board, an opportunity to examine at Camp Tanner, Springfield, Ill., 9,815 recruits for the volunteer service. I took especial pains to investigate varicocele as a cause of disability. From the very beginning I was surprised at the prevalence of this affection. I classified the cases





according to the number and size of the varicose spermatic veins into: (1) Small varicocele; (2) Medium-sized varicocele; (3) Large varicocele. The disease was found more frequent in the robust strong than in men of slight build. In most instances the men were otherwise in excellent condition. Atrophy of the testicle was seldom noted. The subjects of large varicocele were invariably questioned as to whether or not this pathologic condition gave rise to discomfort or pain, and, with the exception of 3 or 4 cases, the replies were always negative. In more than half of the cases that presented themselves the men were ignorant of the existence of the affection. Many of the recruits, on listening to the dictation, "large varicocele of the left side," seemed to be surprised that there was anything wrong, and would insist that the swelling had existed as long as they could remember; in fact, they considered it normal. In a few cases an operation had been performed, in one case followed by atrophy and in another by sloughing of the testicle. The results of these observations led me to the conclusion that varicocele is very seldom a cause of disability for military service, and that operative treatment is rarely indicated. This short communication is made for the distinct purpose of calling attention to the frequency with which varicocele is met with in otherwise healthy and robust subjects, and in formulating a serious and positive protest against the too frequent recourse to operative interference so common with surgeons of all grades and in all civilized countries.

The following table shows that of 9815 recruits examined 2078 were affected with varicocele, that is 21.17%. In all cases in which the disease affected the right side exclusively, only 15 times, the varicosity was slight or moderate; as it was also when it presented itself as a bilateral affection, which was the case 17 times.

Varicocele is met with, as the following table shows, most frequently in young adults. In 10 cases under 17 years of age no indications of the disease were found, while of 11 men over 50 years of age 2 were affected.

RECORD OF THE NUMBER OF VARICOCELES AND OF THE AGES IN 9,815 EXAMINATIONS OF RECRUITS FOR THE VOLUNTEER SERVICE, AT CAMP TANNER, MAY, 1898.

AGE.	NO. EXAMINED.	NO. CASES.	PERCENTAGE.	AGE.	NO. EXAMINED.	NO. CASES.	PERCENTAGE.	AGE.	NO. EXAMINED.	NO. CASES.	PERCENTAGE.
18	373	90	24.13	32	171	26	15.20	46	2	2	100
19	618	140	22.65	33	133	20	15.04	47	2	2	100
20	611	128	20.95	34	134	12	8.96	48	2	2	100
21	1450	333	22.96	35	120	18	15.00	49	1	.	.
22	1076	249	23.14	36	74	13	17.57	50	4	.	.
23	996	233	23.39	37	71	14	19.72	51	2	1	50
24	793	164	20.68	38	66	12	18.18	52	3	.	.
25	610	144	23.61	39	42	8	19.05	53	2	.	.
26	523	106	20.27	40	44	7	15.91	54	1	.	.
27	439	87	19.82	41	28	8	28.57	55	1	.	.
28	521	85	16.31	42	33	5	15.15	56	.	.	.
29	341	71	20.82	43	26	9	34.62	57	1	.	.
30	257	48	18.82	44	36	3	8.33	58	1	1	100
31	193	41	21.25	45	8	2	25.00				

Whole number of recruits exam'd, 9815  
 " " " cases varicocele, 2078  
 Percentage of whole . . . . . 21.17

On both sides in the whole no., 17 cases.  
 On the right side only . . . . . 15 "

There were examined also 1 at 16 years  
 and 9 at 17 years, who had no  
 varicocele.

NUMBER OF CASES OF SLIGHT VARICOCELE.

	AGE.		AGE.	
10 double; 7 right side only	18	42	34	2
	19	78	35	9
	20	64	36	5
	21	125	37	6
	22	113	38	6
	23	111	39	3
	24	87	40	1
	25	66	41	4
	26	59	42	2
	27	40	43	4
	28	39	44	2
	29	27	45	1
	30	23	46	
	31	20	47	
	32	8	51	1
	33	13	58	1

NUMBER OF CASES, AT VARIOUS AGES, OF MEDIUM-SIZED  
VARICOCELE.

	AGE.		AGE.	
7 double ; 4 right side only	18	19	33	4
	19	38	34	4
	20	42	35	7
	21	123	36	5
	22	81	37	5
	23	86	38	3
	24	63	39	3
	25	53	40	4
	26	30	41	3
	27	34	42	1
	28	23	43	4
	29	24	44	
	30	17	45	
	31	11	46	
	32	11	47	

NUMBER OF CASES, AT VARIOUS AGES, OF LARGE VARI-  
COCELE.

	AGE.		AGE.	
4 right side only . . . . .	18	17	33	3
	19	24	34	6
	20	22	35	2
	21	55	36	3
	22	55	37	3
	23	36	38	3
	24	34	39	2
	25	25	40	2
	26	17	41	1
	27	13	42	2
	28	23	43	1
	29	20	44	1
	30	8	45	1
	31	10	46	
	32	7	47	

The foregoing tables prove that the slight form of varicocele is most prevalent. Next in frequency comes the medium-sized, and lastly the large varicocele. Small varicocele was found in three men over 45 years of age; no medium-sized varicocele after 43; and only one large varicocele in a man 45 years of age. These statistics are absolutely reliable and fortify my position taken in this paper that varicocele in varying degrees is met with in nearly one out of four men between the

ages of 18 and 30 years, and that of itself it seldom gives rise to any noticeable disturbance, and that the patients who apply for treatment do so in consequence of nervous disturbances entirely separate and independent of the enlarged spermatic veins. I am satisfied that in many of these cases an operation is superfluous, provided the surgeon can secure the full confidence of his patient, which is an essential prerequisite to successful treatment short of an operation. For my own part I shall not perform as many operations for varicocele since I have had an opportunity of studying the pathologic and clinical features of this affection on such a large scale.









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