

may have been the previous history of this class of cases, whether they have been under the treatment of empirics or the enlightened medical practitioner, when it comes to the question of an operation. Men of acknowledged ability and reputation in surgery are solicited to take charge of the patient; and do they always furnish a report of their unsuccessful cases as well as of their successful? For our own part we are satisfied that the statistics of ovariotomy are entirely unreliable, because but a feeble fraction of the fatal cases are given to the public; whilst there is not a single successful operation that does not find its way, either directly or indirectly, into some of the medical periodicals of the day.

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ART. III.—*Two Cases of Reducible Inguinal Hernia operated on for the Radical Cure.* By R. A. KINLOCH, M. D., Surgeon of the Roper Hospital, Charleston, S. C. (With five wood-cuts.)

CASE I. Humber, a native of Germany, æt. 32, basket-maker, was admitted into the Roper Hospital January 1, 1859, labouring under oblique inguinal hernia on the left side, occasioned by heavy lifting two months previously. Has a weakly appearance, with sallow complexion, and has long suffered from dyspepsia; but entered the hospital to be cured, if possible, of hernia. It was thought advisable first to improve his general health, and with this view he was treated with occasional mercurial laxatives, alkalies, and bitter tonics, together with generous diet and a liberal allowance of porter.

January 22. Patient's condition so much improved that he was considered ready for operation. Being recumbent, and fully chloroformed, the operation was practised as follows: "A portion of the scrotal integument was incised and pushed well up into the inguinal canal with the index finger of the left hand. A strong and slightly curved needle, fixed to a handle and armed with a double suture of annealed iron wire (No. 32) of proper length, was passed up the incised integument, along the finger as a guide, to the internal ring, and made to perforate all the abdominal strata in front of the inguinal canal. The wire was then liberated from the eye of the needle by an assistant, and the needle withdrawn. A second, third, fourth, fifth, and sixth puncture was then successively made in the same way as the first, and through each perforation was carried a double wire suture. These perforations were so placed that there were three to the left and three to the right, so that the upper extremities of the sutures passed through the antero-lateral walls of the inguinal canal; each suture was separated from its neighbour of the same side by the distance of a third of an inch, and from its neighbour of the opposite side by the distance of

half an inch or more. But one extremity of each of the double wire sutures, previous to the beginning of the operation, had been securely attached, by means of transfixion and knotting, to a plug of India-rubber, two inches long, and about the thickness and shape of the thumb—this form had been rudely given to the plug by trimming with the scissors. The index finger of the left hand was now withdrawn from the canal, and the plug of India-rubber was made to take its place, by carefully pulling the upper extremities of the six wire sutures, making greater traction upon one or the other suture from time to time, until the plug was snugly lodged in the inguinal canal. The operation was completed by twisting the sutures of either side separately over a small quill or strip of India-rubber, an inch and a half long. Thus, the India-rubber plug, and not the sutures alone, preserved the invagination of the scrotal integument, and kept it in contact with the contour of the canal. After the effects of the chloroform had passed off, patient was depressed and required a little stimulus. He was put to bed and ordered R.—Tinct. opii  $\mathfrak{z}$ j. Half to be taken at once, and the remainder at bedtime.

23d. Patient had suffered considerable pain for several hours after the operation, but had finally slept well at night. To-day he makes no complaint. Pulse normal. R.—Tinct. opii  $\mathfrak{z}$ ss three times a day. Diet, gruel, and bread and tea.

24th. Has had some pain about the part operated on; slight inflammatory blush now about the groin and upper part of scrotum; abdomen a little puffed; bowels costipated; pulse 100. R.—Pil. hydr. mass. gr. vj; pul. gam opii gr. iv in pil. No. 3. One to be taken three times to-day, and a dose of castor oil early to-morrow morning. Scrotum to be supported with a suspensory bandage.

25th. Oil had operated kindly; patient's general condition good; some serous infiltration of cellular tissue at upper part of scrotum. R.—Tinct. opii  $\mathfrak{z}$ ss three times to-day; support scrotum as before.

26th. Some suppuration about the points of suture. Warm water-dressing to be applied to part. Opium treatment continued.

31st. Patient been doing well since last report. Apparatus removed by cutting sutures, and then carefully extracting the India-rubber plug with a forceps. The invaginated integument was found to be fixed; its epidermis had been removed by the contact with the foreign body, and suppuration was abundant. Parts were now properly cleansed, and a thick compress retained over the inguinal canal by a spica bandage; scrotum supported; liberal diet allowed.

February 15. Suppuration has ceased; there is some thickening of tissues about the canal; opposing surfaces of invaginated integuments firmly united; patient able to wear a truss quite comfortably.

March 7. Patient has been induced to remain in hospital up to this time that his condition might be watched. To-day he was discharged well, and directed to wear a truss for at least two months.

CASE II. T. M., n native of Charleston, æt. 20, overseer on n rice plantation, entered hospital March 16, 1859. Has a small oblique inguinal hernia of long standing on the right side, and a large hydrocele on the left. He wished to be cured, if possible, of both affections. Health otherwise good; bowels rather constipated. A blue pill and n dose of oil prepared him for operation.

March 18. Patient chloroformed and operated on for his hydrocele with the metallic seton, and afterwards for the radical cure of his hernia. The procedure in the operation for hernia was n modification of the one I have just detailed, and is the one I now prefer, after having successfully practised it in several cases. A cannular needle (Fig. 1'), two strips of India-rubber

Fig. 1.

Fig. 2.

Fig. 3.

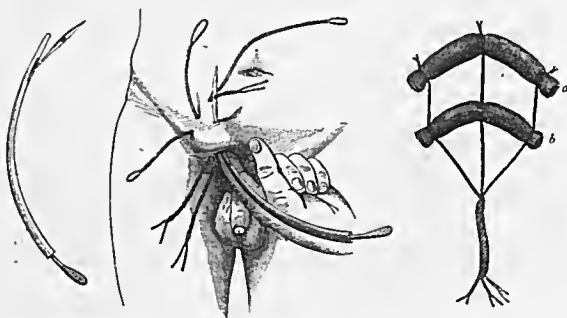


Fig. 1. Cannular needle.

Fig. 2. First stage of operation; the third and last wire about being passed by the needle.

Fig. 3. Represents the arrangement of the rubber straps and the wires after completion of the operation.

(see Fig. 3 a b), and sufficient annealed iron-wire for sutures, were the instruments. They were thus used: After incising the serotal integument as usual, the cannula was passed along the finger up to the internal ring, and the needle then thrust forward through all the tissues in front of the annal (see Fig. 2). The eye of the needle was next armed with n wire suture, and the needle retracted. The cannula was again passed, and the needle thrust on as before, but its point was now made to appear externally n little lower and to the left of the first puncture; thus, a second double wire suture was fixed in position, and finally n third one was passed by n

<sup>1</sup> This is a rough instrument, and was made extemporaneously from a female catheter. The canala of an ordinary trocar can be used for guiding the needle, if no better instrument is at hand.

puncture practised in the same way, but lower and to the right of the first one. Each double suture was now fixed near its middle to one of the strips of India-rubber, by closely twisting the wires about the strip at three distinct points, as represented in Fig. 3 *b*. By traction upon the upper ends of the wires with one hand, while the strip of India-rubber was flexed and directed with the other (see Fig. 4), the strip was lodged in the canal, where it was to remain, forming an inverted semicircle. The upper extremities of the sutures that passed through the abdominal structures were now twisted over the other strip of India-rubber, which consequently represented externally a half circle, corresponding in length and direction with that formed by the strip within the canal (see Fig. 3 *a*). Lastly, the ends of the wires holding the external strip were cut off; but the lower wires that passed through the canal were gathered into a handle, wrapped around with a strip of adhesive plaster, and left to rest upon the scrotum (see Fig. 5). Patient was put to bed and ordered *tinct. opii gtt. xxv*; the same

Fig. 4.



Fig. 5.

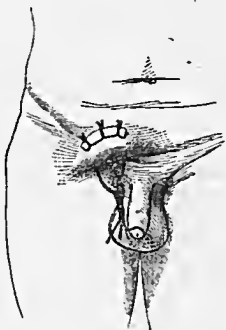


Fig. 4. Second stage of the operation; the india-rubber strip fixed to the wires and about being pulled into its position in the canal.

Fig. 5. Operation completed. The upper extremities of the wires have been twisted over the external piece of india rubber and cut off; the lower extremities of the wires have been fastened into a handle and lie upon the scrotum.

dose to be repeated at bedtime. The opium treatment was continued for several days. Patient suffered scarcely at all from the operation.

26th. The apparatus was removed with great ease, by cutting the upper

wires in front and then carefully pulling upon the lower ends. Care was taken to draw first upon the suture attached to one of the extremities of the Indian-rubber strip, then upon the middle one, and finally upon the three together. By so proceeding all dragging upon the invaginated integument was avoided. The invaginated integument was found firmly adherent. The wires and Indian-rubber strip had developed free suppuration throughout the passage. Some superficial ulceration of the abdominal integument over the canal had also been produced by the pressure of the external strip of Indian-rubber. The parts were cleansed, and dressed with simple cerate and a compress and bandage; the scrotum was supported by a suspensory. In a few days' time adhesion was perfect throughout all the invaginated portion of integument, and scarcely a trace of the operation remained. Patient remained in the hospital until the 21st of April, in consequence of an attack of pneumonia, contracted after his recovery from the operation for hernia. There was no disposition to a recurrence of the hernia, and he was discharged with directions to wear a truss for at least two months.

*Remarks.*—I am not reporting the above cases with the view of advocating operations for the radical cure of reducible hernia. Although I believe that hernia has been cured by many of the procedures that are now employed, I think that all of these are uncertain, and practised with some risk. I consent to operate only on select cases, and when the patient specially desires it. I claim no particular originality or superiority in regard to the methods that I have detailed above; but I believe they possess the merit of simplicity, and will succeed as well as the operations practised with complicated instruments. Within a few years there has been a general revival of the attempts to cure reducible hernia, occasioned mainly, perhaps, by the introduction of the instruments of Wutzer and Rothmund, with their boasted claims to success. In the face of the reported success, I cannot forget that the spermatic cord has to pass through the inguinal canal, and that art can never more than approximate that beautiful and perfect natural arrangement, whereby the canal is closed to everything but the cord, and yet this not even so strictured as to have its circulation interfered with. In numerous cases art may for a time seem to have rivalled nature; but if watched for a few months its imperfections become apparent—the boasted cures turn out to be only failures. The operation of Wutzer has proved more successful with its originator and with Rothmund than with any one else. In England it has been faithfully tried, and has failed again and again in the hands of good surgeons.<sup>1</sup> Among the cases operated upon in this city with Wutzer's instrument, I know of several failures that were at first regarded as cures by the opera-

<sup>1</sup> A late letter of Dr. Mott, of Mobile, in the *New Orleans Medical Journal*, confirms this fact, which I recorded in this manuscript, written in May last. English surgeons are now giving a trial to Mr. Wood's operation.

tors. With the instruments of Wützer and Rothmund the operation is easily performed, and in this consists the great merit of the plan. The principle of the operation is the same as that of Gerdy's. From the single puncture resorted to in the plan of Wützer, sufficient plastic inflammation can scarcely be developed to secure the permanent invagination of the integument; and in regard to securing this by the pressure with the outside piece of the instrument, the attempt is not to be either futile or hazardous—futile, if from over-caution too little pressure is exercised; hazardous, if the amount of pressure risked is enough to occasion sloughing. If the metallic suture be used when practising the method of Gerdy, I believe that the operation would prove quite as safe and efficient as one as that of Wützer. In my own operations, I thought it better to modify the procedure of Gerdy and make use of the plug, or the internal strip of India-rubber (this latter I now think preferable, because, without distending the canal, it keeps a circle of the fasciæ and the invaginated scrotal integument in contact with its walls, and, moreover, it is more easily extracted than the plug), in order to secure the invagination. Where the sutures alone are employed, they are not to ent and allow the invaginated structures to yield; and, moreover, the presence of a foreign body of some size in the canal saves the necessity of resorting to irritating applications, as recommended by Gerdy, to bring about adhesion of the opposing surfaces. Since operating on the cases detailed above, my attention has been called to procedures somewhat resembling those I employed. Dr. Hackenbush uses a silk ligature and a perforated ivory ball. Dr. Richardson, of the University of Louisiana, makes use of the silver wire suture (*Gross' Surgery*). Redfern Davis, Esq., reports in the *Medical Times and Gazette*, February 12, 1859, cases of femoral and ventral hernia operated on for the radical cure, by maintaining invagination of the integument by means of silver wire and small vulcanized India-rubber buttons the size of a split pea.

#### ART. IV.—*Extirpation of the Parotid Gland.*

By DAVID PRINCE, M. D., Jacksonville, Ill. (With two wood-cuts.)

MARTHA WALKER, a negro woman, aged sixty, has had a tumour in the left parotid region during forty years. At first she says it was small and movable; but it is now very firm, lobulated, extending from the ear, which is pushed back to what is usually the position of the angle of the mouth. The mouth is drawn towards the sound side from a paralysis of the muscles, probably from pressure and tension of the diseased growth upon the portio dura nerve. The patient has for a long time suffered great pain in and around the tumour, and has hadague during the autumn, and looks in a miserable condition.