Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

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II.—OPERATIONS ON THE ABDOMEN AND LOWER INTESTINE.

[Continued from p. 859.]

The Radical Cure of Hernia. CASE LXVI. T. B., aged 42, had been the subject of scrotal hernia at the right side for some time: he was a patient in the medical wards, and had been suffering from chronic rheumatism. He did not complain much of the inconvenience of his rupture, and, in fact, he appeared to take all his physical ailments very quietly; but I recommended the operation and he consented, and this was the first performed in this neighbourhood.

I introduced the wooden plug covered with some compound iodine ointment, which I thought would be likely to excoriate the skin sufficiently, and completed Wutzer's operation without any difficulty.

The needle and plug were withdrawn on the seventh day, and the skin remained in its new position. A compress and bandage were applied; but he had an attack of erysipelas of the part, which rendered it necessary to remove all pressure, and to apply the tincture of iodine. I gave him some iron internally, which is the treatment I adopt for erysipelas, and I have great faith in it. He soon mended and seemed well, the plug of skin remaining *in situ* and the redness having disappeared. I ordered him to be bandaged and to get up; but he got up first, and walked about the ward without the bandage, and I thought it was all right. The old man (for such he seemed to be) expressed himself as quite well, and asked leave to return home to his friends in Wales; to this I consented, and took him into the operation room to examine him once more, when, to my dismay, I found his scrotum distended by the hernia that had come down again. It was replaced, and a truss applied, which kept it well up; and he went away expressing much gratitude for the operation I had performed on him, and much better satisfied with it than I was.

CASE LXVII. H. B., aged 2½ years, had congenital hernia of the right side, which was so large that trusses would not keep it up. The operation was performed in the usual way, without chloroform, the boy being perfectly steady, and not crying or shrinking at the passage of the pin through the tissues. The wooden plate was screwed down tolerably firmly over the pin and plug, which were withdrawn on the ninth day, and a bandage and compress applied.

After about three weeks, a little swelling of the scrotum appeared, and disappeared again at once, so that I was afraid that the hernia had come down again. A truss was fitted, and I kept him in the Infirmary playing about the ward for three weeks longer; there was no sign of any return of the disease, and therefore I sent him home.

CASE LXVIII. A. R., aged 8 years, was the subject of a large congenital hernia of the left side.

In the interval between this case and the last, one of my colleagues had performed some operations of this kind, with a fair amount of success; but not feeling quite satisfied with the results I had seen, I determined in this present instance to operate by means of the curved tube and silver wire recommended by Mr. R. Davies, of Birmingham.

After introducing the tube fairly into the canal, so as to press the end of it against the posterior surface of the abdominal muscles, the needle was thrust through with some little difficulty and the silver wire withdrawn with the needle and tube into the inguinal canal. The plug of skin was kept *in situ* by a small piece of vulcanised India-rubber fixed by a split shot, and another similar arrangement was made upon the surface of the abdomen, when the wire had been drawn up sufficiently firmly.

The next day I found him very ill, feverish and vomiting. The lower shot had slipped a little and required readjustment.

On the third day he had great abdominal tenderness and some redness around the outer puncture, and on the seventh there was a free discharge of pus from beneath the india-

rubber. Upon examination the skin appeared to have sloughed to a small extent, and therefore upon the following day I removed the wire and shots, and applied, by means of a camel hair brush, some blistering fluid to the canal of skin. A deep hole appeared above through the abdominal parietes, filled with pus which ebbed and flowed with each inspiration and expiration.

I gave him good diet and a little stimulus, and the wound healed, and the parts appeared firm. A truss was fitted, and he got up, and after a time went out well. He was quite well six months after the operation, and remains so now.

The patient, in this case, went through so many perils, of peritonitis, and sloughing, and suppuration, that I determined in the next to return to the wooden plug.

CASE LXIX. J. M., a strong healthy man, of the age of 22, was admitted under my care with strangulated inguinal hernia of the right side, accompanied by much pain and vomiting. It had been strangulated only two hours, although he could never keep it up when at his work. I ordered a full opiate, and the application of cold; and on visiting him again in an hour, I found, instead of the tense and hard swelling in the scrotum, a soft tumour, which disappeared on the application of very slight pressure. He was beginning to feel the effect of the opium, and the spasm became relaxed.

A week afterwards, I performed Wutzer's operation, smearing the plug with blistering plaster; and it was withdrawn on the eleventh day. A compress and bandage were applied, and afterwards his truss, which kept the parts well in position.

This patient has had no difficulty in keeping up the hernia afterwards, but I was told that some swelling had occasionally returned.

I have no doubt but that the operation for the relief of strangulated hernia, might be made less frequent even than it is at present, if patients would, on the first sign of strangulation, submit themselves, as this man did, to judicious surgical treatment, which would consist in opiates, the horizontal position, cold, and the removal of all pressure and irritation from the tumour for a few hours. When once a hernia has been subjected to any rough attempts at the taxis, it seems to be irritated to resist them, and an operation becomes almost imperative.

REMARKS. These results of the operation for the radical cure of reducible inguinal hernia are certainly not what we might have hoped for, considering the favourable reports given of the first operations in Germany and England; but one or two of the cases were the first done in this city, and experience was wanted. The operation thus performed, seems to be safe as far as life is concerned; which cannot be said of that modified form called "Wood's operation," in consequence of which, at least one death has occurred. It used to be a surgical maxim, that no cutting operation for the radical cure of hernia was justifiable, because of the danger to life; and although times are changed, and the attention of surgeons is again forcibly directed to the treatment of this disease, in my opinion, the same maxim holds good.

The cause of failure which was most prominent in the cases described above, was the non-adhesion and return of the plug of integuments, and this appears so likely to happen, that some other step, besides blistering the surface, should be taken; and for this purpose the instruments have been altered by different surgeons. I think it would be worth while, on the withdrawal of the wooden plug, to strip a thin slip of the integuments away from the orifice of the cutaneous canal, and put a pin through the parts to get them to unite, and close the aperture completely.

While operating upon one of the boys, I noticed a physiological fact of some practical importance in the surgery of hernia. When he was lying quiet on the table, I could easily pass my fore-finger through the external ring into the inguinal canal without any particular obstacle; but, on seeing the instrument, he became alarmed, and began to cry, and struggled so as to raise his head from the pillow, and contract forcibly his abdominal muscles. Upon attempting to introduce my finger again while he was in this state, I found the opening closed, the pillars of the ring being in contact with one another, and I had to wait until he was reassured and quieted, before I could do it.

Until I felt this, I was not aware that the contraction of the muscles could have so great an effect upon the ring as to close it, and it demonstrates the value of the well-known direction given in surgical books about relaxing the muscles in attempts to reduce a hernia. The action is performed by the *obliquus externus*, aided, of course, by the fibres of the *obliquus internus*.

and *transversalis*, which are attached to the inner pillar of the external ring and the lower part of Poupart's ligament. The internal abdominal ring is, no doubt, closed by the same contraction, and it is more intelligible that it should be so. Thus, the same muscular contraction by which we make any straining effort in some of the every-day movements of the body, completely closes the openings, and by resisting the pressure from above prevents the formation of hernia.

Paracentesis Abdominis. All the operations of tapping the abdomen which I have performed have been at the request of some physician, under whose care the patient had been; and I have kept no record of the disease, or results of treatment, nor indeed of the number of cases.

We now generally tap the abdomen with the patient in the reclining posture, the abdomen projecting over the edge of the bed; and although it is a little more difficult in this way to get rid of the entire quantity of fluid, it saves the patient from the disturbance and faintness caused by the upright position, and the whole proceeding is of a much less formidable nature.

Fistula in Ano. CASE LXX. P. McC., aged 63, a tall thin Irishman, with a little cough, had been the subject of fistula for a long time. Two sinuses ran from the margin of the sphincter, one forming the true fistula communicating with the rectum, and the other backwards towards the os coccygis. I divided both with a sharp-pointed bistoury and a steel director, and had them dressed from the bottom. In twenty days the wounds had healed entirely.

CASE LXXI. J. W. had old standing fistula. I could not find the internal opening of the fistula, but as there was merely a thin mucous membrane over the point of the director just above the sphincter, I thrust it through, and bringing it out at the anus, slit across the muscle at once. This patient went out well in a month.

CASE LXXII. J. B., aged 40. The fistula was situated posteriorly to the anus, and ran up by the side of the rectum, for a considerable distance. I divided the sphincter in the usual way, and he went out well.

CASE LXXIII. A. C., aged 50. I divided the sphincter, as usual, on a director, and he went out cured in a week.

CASE LXXIV. B. D., as the last case.

CASE LXXV. R. B., a fistula running in two directions. I laid it open freely both ways, and it speedily healed.

REMARKS. The cases on which I operated were all of them favourable, and they were all cured. I use a sharp curved bistoury and a straight *steel* director, and do not give chloroform. I never find any insuperable difficulty in bringing the point of the director guided by the finger in the rectum, out through the anus. The pressure and tension of this is considerable, and is of course productive of some pain, but it much facilitates the next step; namely, the division of the parts, for the director is kept *in situ* without being held, and the bistoury may be run along the groove in the tenth part of a second. The subsequent dressing is by strips of dry lint, or the nitric oxide of mercury ointment.

Internal Hemorrhoids. CASE LXXVI. A. B., aged 30, a married woman, who had lost a large quantity of blood from piles. I tied four large piles, under chloroform, transfixing them with a curved needle and tying them, cutting them off afterwards.

She had completely recovered in ten days, and then I removed an external pile, and she went out cured after three days.

CASE LXXVII. E. B., aged about 50, had for many years suffered from hemorrhoids and prolapsus ani; so that the bowel came down outside the sphincter as he was walking, and blood flowed freely at those times; in addition to this, and the constant irritation he was suffering, the skin around the anus was so loose, that it was occasionally dragged forcibly inside the aperture by the levator ani, and was there so squeezed that considerable pain was produced. His general health was much impaired by this permanent source of irritation and by hemorrhage.

At the first operation I tied a large and hard excrescence projecting on the right side of the anus from the mucous membrane of the rectum by means of strong thread, and a large curved needle, and a smaller one I cut off with a pair of scissors.

From this operation he soon recovered, and after four weeks I operated on him again, under chloroform, and removed two large oblong flaps of integument from the side of the anus, and tied one internal pile.

The recovery after this proceeding was not very rapid, but

it was complete, and he got rid of all the troublesome symptoms and became a much stronger man.

CASE LXXVIII. M. V., aged about 30, was suffering from internal hemorrhoids, and a great relaxation of the skin about the anus.

I tied, by means of a curved needle and strong thread, a large bright red shining tumour, which projected from the anus, and after passing a needle through a flap of the external skin, I cut it off and tied it up; this I repeated upon the opposite side, and the patient soon recovered without any bad symptoms.

A disagreeable adjunct to this case was, that as I was proceeding to operate, a quantity of ascarides made their escape from their place of concealment.

CASE LXXIX. M. S., aged 25. In this case I tied three large piles by means of a tenaculum and a strong ligature. She complained of great pain, and there was some bleeding. The ligatures came away in ten days, but the bleeding had not quite ceased when she left the Infirmary, and I did not see her afterwards.

CASE LXXX. A. B., aged about 50, had suffered for many years from hemorrhage, so that he became quite anæmic. I tied one large and prominent pile, from which blood was frequently ejected as much as two or three feet, and to the neighbouring unhealthy mucous surface I applied nitric acid.

When he recovered from this operation, there was still considerable hemorrhage; and I tied two large and prominent piles by transfixing them with two tenacula, introduced separately at right angles with one another.

This proceeding appeared to be effectual, and for some months afterwards there was no bleeding. I heard afterwards that there had been a return of the symptoms.

CASE LXXXI. D. P., had lost so much blood from bleeding piles, that he had become anæmic, and was obliged to give up his work.

With the two tenacula, I tied two round and prominent piles, and he was cured, having very rapidly regained his strength.

CASE LXXXII. J. O., aged 50 years, was also obliged to give up his employment in consequence of loss of blood. I tied, in this case, four large and vascular tumours, cutting off the tops of them before the ligatures were finally tied. He recovered speedily.

CASE LXXXIII. A. B. A single prominent pile was tied in this case to stop the bleeding, and he was cured at once.

REMARKS. I have no record of the cases of external hemorrhoids which I have treated by removal with the scissors; generally after the application of a conical mass of pounded ice and salt wrapped in oil-silk, for about five or ten minutes, by which they can be frozen until they are quite white, and removed without any pain. Neither have I kept any account of several cases of prolapsus ani, and hemorrhoids, with loss of blood, in which I used the nitric acid treatment with the good success that usually follows the use of this escharotic in these complaints. I may take this opportunity of reminding my readers that this plan was first brought prominently before the profession by Dr. Houston, of Dublin, and that since his papers on the subject, in the year 1843, it has been an established and well-known method of treatment, where ligature has not been thought necessary, and it is now rather late in the day (or perhaps too early) for any surgeon to try to bring it forward as his own, or a new mode. There are few cases where the influence of surgical treatment in restoring the health is more marked than in these cases of bleeding piles; and of this fact, those which I have narrated will serve as a sample.

Fissure of the Anus. CASE LXXXIV. E. M., aged 35, with fissure of the anus, which had existed for some time. I divided the sphincter when the patient was under the influence of chloroform, and she soon mended; but afterwards the peculiar pain of the fissure returned.

REMARKS. This is the only instance which I have recorded of an operation for fissure of the anus, and the result was not thoroughly satisfactory. For some years past I have treated these cases with the nitrate of mercury ointment, touching them every other day with [the nitrate of silver, and with success in every instance.

It is worthy of note, that the effect of the nitrate of silver and nitrate of mercury is much the same as that of nitric acid, except that the latter acts more powerfully as an escharotic, and is much more painful. The cases of fissure of the anus are not very numerous among the poor.

[To be continued.]