

such surgeons as MacEwan, of Glasgow, Mitchell Banks, of Liverpool, Ball, of Dublin, Barker, of London, etc. The results of operations by excision of sac and stitching up the wound, were most encouraging. MacEwan reported sixty-five cases operated on by his method, without a death, and only one failure. Banks, who was one of the first advocates of this method of operation, reported 106 cases. Ball, twenty-two cases without a death, and Barker thirty-five. MacEwan does not excise the sac, but after reducing the hernia makes use of the sac as a pad, by drawing it up through the internal ring and fixing it there. Banks, Barker, and others advise excision of the sac and fixing the stump at the internal ring, whilst Ball's method consists in torsion of the sac before excising. The open method has been advocated on this continent by McBurney, of New York. French surgeons, after ligature and excision of the sac, do not advocate closing the inguinal canal by sutures, as is done by English and German surgeons. My experience in this operation has been small, but some months ago I operated on a very formidable case, the details of which I shall venture to mention. A blacksmith, aged 52, had an enormous, irreducible, scrotal hernia of the left side, from which he had suffered for many years. The tumor had become so large that he could not wear trousers or follow his occupation. He was, besides, a rather corpulent man and a hard drinker. I performed the operation for radical cure of the hernia, on the 25th of April last. The sac was dissected out and opened, and the contents reduced with the greatest difficulty. The sac contained all the small intestines, the transverse and descending colon, and the sigmoid flexure, together with a large mass of omentum. Several pounds of the latter was excised, and it was only by suspending the patient by his heels (a suggestion of Dr. Bell's), that I was enabled to reduce the protruded bowel. The intestines had not been in the abdomen for some years, and that cavity now seemed too small to contain them; and when, after an hour and a half's exertion, the intestines were all returned, the abdomen was as tense as a drum. The sac was excised and the stump fixed to the internal ring according to Parker's method, and the canal closed by suturing the conjoined tendons to Poupart's ligament. The patient made an excellent and uninterrupted recovery, and is now pursuing his

occupation as a blacksmith with comfort. I saw him a week ago, and there was not the slightest tendency to a return of the hernia.

In the victorious advance of surgery the *liver* has not escaped. Langenbeck, of Berlin, has successfully resected the greater part of the left lobe, and Dr. Dalton, of St. Louis, and Prof. Postempski, of Italy, have successfully sutured the liver for gunshot wound and stab wound respectively. Hydatid cysts have been frequently and successfully evacuated.

The *surgery of the gall bladder* has been making steady and uninterrupted progress. Lawson Tait has reported no less than thirty cases of operation on the gall bladder, with one death. He differs from Langenbeck, of Berlin, who prefers excision of the gall bladder to incision and drainage. Mr. Tait says, (b) "The more experience I have in dealing with these cases the less necessity, it seems to me, arises for anything more than the simple process of cholecystotomy, and the extremely favorable results obtained from it put it in the first rank of modern operative procedures." Diseases of the gall bladder are among those affections which should be looked upon as surgical, and which the judicious practitioner should treat as such. In some cases of obstruction from gall-stones, the gall bladder is shrunken and can be with difficulty brought to the surface. It is often difficult to say whether a case of obstruction of the common duct is due to impacted calculus or malignant disease; when the cystic duct alone is obstructed there is no jaundice. In doubtful cases an exploratory incision is now considered justifiable.

When the gall-stone has escaped from the common duct it may still prove a source of danger. Obstruction of the intestine due to gall stone is more common than is supposed, a small stone may cause symptoms of complete obstruction and consequent death. Such cases should be treated by early laparotomy. It is not necessary to incise the bowel to free the stone, for it may be passed in through the ileo-cæcal valve by external manipulation, as has been done by Mr. Clutton, of London, or broken up *in situ* with a needle, as recommended by Mr. Tait.

The *stomach* has been frequently successfully opened for the removal of foreign bodies, or the

(b) *Lancet*, April 14th, 1888.