

To those who would read more on the subject, I may say, turn to page 150 of the *International Journal of Surgery and Antiseptics* for July, 1888, and they will find a fuller description than time and space will permit me to give here. I may conclude by saying that there is nothing there given upon treatment, and each of us for some time to come will have to be an empiric in the treatment of this disease.

THE RADICAL CURE OF HERNIA.*

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(Concluded from July No.)

There are other methods, as is well known, Spanton's for example, but they are practised so sparingly, or else have such evident faults that I do not think it worth while to consider them here. Permit me now to describe a procedure which I have practised frequently, and to which I have held fast, induced thereto by the results of a somewhat extensive experience. Supposing, first, a case of non-strangulated hernia in which we go to work deliberately for the purpose of effecting a radical cure; time, place and surroundings being at the disposition of the operator. The patient is prepared as for any serious operation. After careful shaving and washing of the parts, incision is made over the inguinal canal and external ring, extended as much further downward in either sex as may be desirable. The hernia is at once exposed and search is made for its proper sac; sometimes this is easily found, especially when the hernia is old and large; at other times it may be so incorporated with the spermatic cord as to require a careful search. If the case be not one of congenital origin the sac is carefully isolated and separated from all its surroundings. It is often an advantage, for the purpose of security, to split up the inguinal canal to aid in this search and separation. It is my habit to usually open the sac; if it be found empty there is nothing to do but to ligate its neck as closely as possible to the internal ring. This ligation is made with a carefully prepared catgut strand; if on the other hand, there be found adherent intestine, it is carefully detached

and restored to the abdominal cavity. If adherent omentum be found, I usually slit up the sac so that a ligature may be thrown around the omental mass high up the sac. It is then ligated efficiently, the part outside the ligature divided, the catgut cut short and the omental stump dropped into the peritoneal cavity. The adherent portion remaining is then removed with the extirpated sac.

If, however, we have to deal with a congenital hernia in the male, the sac is separated well down toward the testicle and a second ligature is thrown around it close to that body. By this procedure a shut serous sac is provided which shall hereafter do duty solely as a tunica vaginalis testis. The portion of sac intervening between the two ligatures is then extirpated.

In a case of inguinal hernia in the female the endeavor is made to isolate and extirpate the entire sac, following it into or drawing it out from the labium majus as necessary. The balance of the operation consists merely in the introduction of from two to four silver wire sutures between the columns of the ring and the divided edges of the inguinal canal, by which the parts are brought into close approximation. The sutures are twisted, cut short, their ends turned over and left in such a shape that no sharp ends of wire can press into or interfere with the surrounding parts. The integument is then closed over this wound with catgut sutures. If now the operation has been antiseptically performed, I have found in every instance perfect immediate union within forty-eight hours, without necessity for drainage. I have been led to the use of silver wire by experience. At first I followed Czerny's recommendation and closed the external ring with a shoe-lace suture of catgut, threaded upon two needles. Distrusting the permanency of catgut I then used interrupted sutures of silk and kept up this practice until, in one of my cases, two of the silk sutures were extruded through a minute sinus. The protection seemed perfect, but I did not like to have my sutures thus passed out. Ever since then I have used small silver wire, carefully cleansed before using, and have never known irritation to follow its use nor anything undesirable to attend the same.

The method as above described has to be somewhat modified in the case of femoral hernia. Here one may isolate the sac, return or remove its contents as already described, and ligate its neck,

* Read before the Ontario Medical Association, June 5th, 1889.