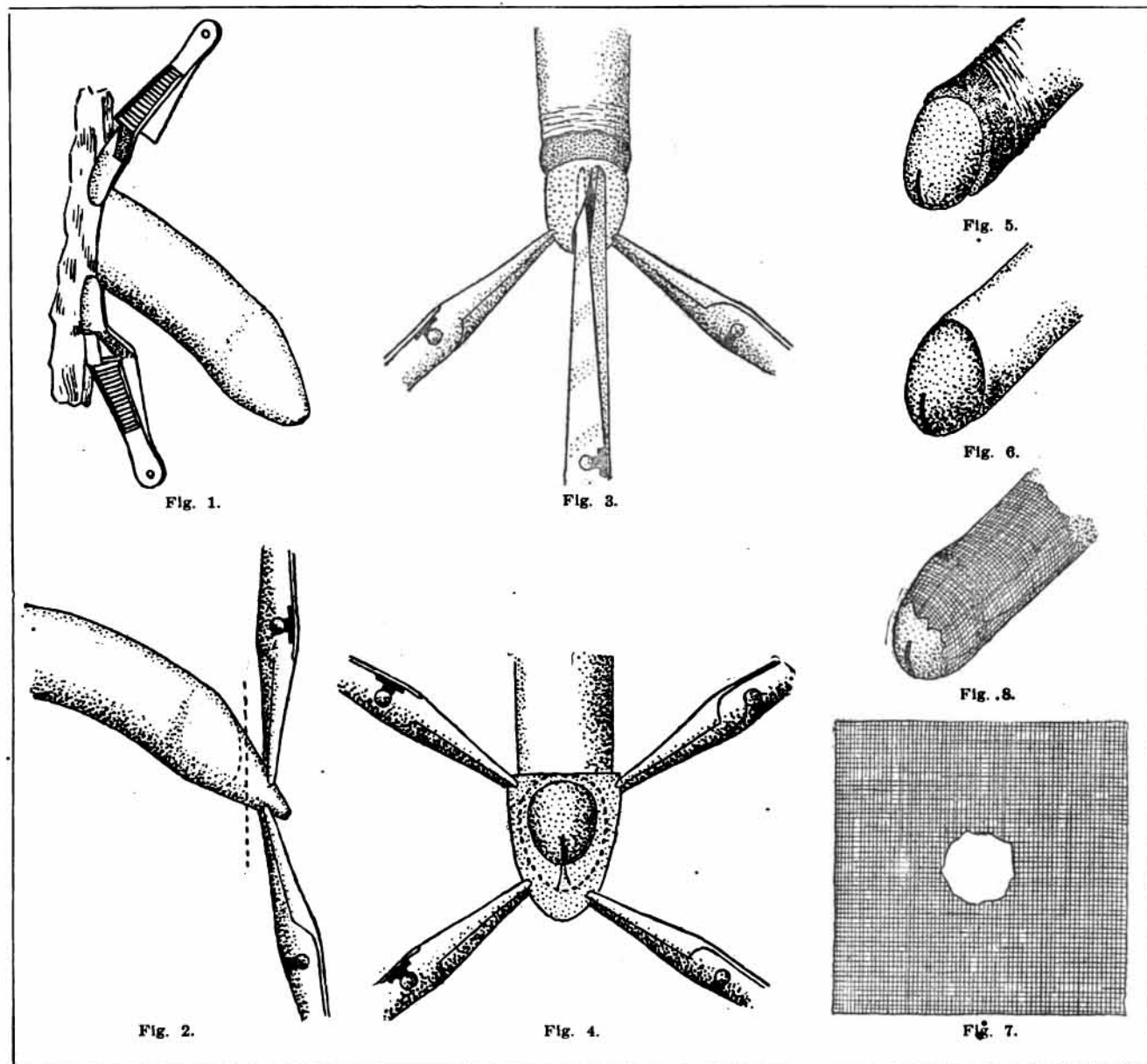


A CIRCUMCISION OPERATION FOR THE
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The text-books on surgery seem to imply that a circumcision is the simplest of procedures. The operation, however, is often troublesome. Postoperative complications do occur. The penis may become edematous to the point of making urination difficult. In certain

fect a coaptation of the edges the edema appears very promptly after twenty-four hours. A few loosely tied stitches give a decidedly better result. The query arose why sewing was employed at all, at least in the young. Cannot the skin be cut so that the edges are sufficiently approximated for a good result? If this can be done, the blood and lymph can more readily find a vent; the trauma to the tissues resultant from handling with the tissue forceps and needle and thread will be minimized; the reaction from the operation less disturbing. In a



cases the swelling and induration subside only after the removal of the stitches. More or less oozing of blood may persist for days or a hematoma of no small size delay the union of the parts. Inflammation in the tissues may be marked; this may abate rapidly or pass away only after the skin has broken and discharged its pocket of pus.

There is in nearly every circumcision some swelling of the organ. When the purse-string suture was advocated this condition was marked. If many interrupted stitches are placed close together so as to secure too per-

series of cases the operation has been carried out with this idea in mind and the result has been most satisfactory. The wound required very little attention; the comfort of the patient was not interfered with; a good result was obtained in five to ten days. I recommend the operation here offered as efficient, easy and quick.

STEPS IN THE OPERATION

1. The penis is held in place by two snaps, which pinch the skin of the organ between the selve edge of two lengthwise adjusted towels (Fig. 1).

2. When the penis is in position, the location of the glans is determined and the amount of superfluous prepuce noted. One hemostat is applied above and one below in an oblique line so that more skin is removed from the under surface than from the dorsal. The hemostats pull the foreskin forward and then the skin is cut off with straight scissors along the dotted line, as shown in Figure 2. If the tissue is correctly removed the skin edge will retract to the corona. In the removal of the foreskin of a babe in the first months of life it is well to bear in mind that the parts are all diminutive and that the entire corpus is not much longer than the glans. Carelessness in this consideration results in an almost complete denudation of the organ; the skin retracting to the base of the penis.

3. The inner skin layer, or mucous membrane layer, as it is sometimes called, is slit down the dorsal surface to within one-fourth of an inch of its attachment (Fig. 3).

4. The edges of the inner layer are held with a few hemostats to facilitate the removal of all but a small collar at its attached edge. The dotted line in Figure 4 indicates the line of excision followed by the scissors.

5. The little bleeding vessels, two to four in number, are caught up and in every case tied with plain No. 00 catgut. This saves much postoperative annoyance.

6. Figure 5 shows the skin drawn up on the corpus away from the corona. Figure 6 is the result when the skin is allowed to come forward to the corona, where it meets the trimmed margin of the mucous membrane layer.

7. A piece of gauze with a small opening at its center is steeped in melted 10 per cent. boracic petrolatum and applied to the parts at the completion of the operation (Figs. 7 and 8). The dressing is changed if it comes off and may be discarded completely on the third day. The parts are then protected by boric ointment.

CHOICE OF ANESTHETIC

The use of cocain in children is not advisable, and the general anesthetic is probably the most desirable method. Infants only a few years old may be held by two assistants and the operation done without any anesthetic. I desire to call attention to the method of bandaging the child to a board, after the Indian fashion of strapping the papoose; for this purpose a narrow cushioned board and a few bandages are all that is required to hold the child firmly in place until the operation is ended.

OBJECTIONS TO THE OPERATION

It may be asked, what happens to a patient operated on in this manner if the penis becomes erect.

The parts permit the easy stretching of the wound and there are no stitches to pull open or to cut through the tissues. When the erection has subsided the tissues contract and the edges of the wound are approximated in a satisfactory manner.

Against the operation may also be mentioned the fact that much of the wound heals by granulation. While this is true, a wound which is difficult to keep free of infection should not be sewed up tight.

The object of this paper is not to lay claim to originality, but to bring before the profession a procedure which has many advantages over the operations in vogue and one which gives most pleasing results when done in patients before the age of ten or twelve years.