A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

CASES OF HERNIA.

(Under the care of Mr. HULKE.)

THE following cases are concluded from page 593. Two of them consisted of irreducible omental hernia, with the occasional presence of intestine in the sac. The treatment of omental irreducible hernia is of great interest to the surgeon; but hitherto no trustworthy measures, short of operation, have been proposed, except, perhaps, a plan which has certainly been attended with some success, and which was first proposed by Mr. Bransby Cooper—namely, that of starving the omental mass, and endeavouring to diminish its size sufficiently for reduction by rest, low diet, and the internal administration of mercury or iodide of potassium.

Strangulated femoral rupture in a male; herniotomy; recovery.—A stout, tall warehouseman, aged fifty-two, was admitted into Clayton ward at 10 P.M. on March 25th, 1872, having in the right groin, below Poupart's ligament, a tense, globular, hernial tumour, of the size of a hen's egg; violent colic-like pain in the belly, and frequent retchings. These symptoms had begun at 2 P.M. During the preceding winter he had had dropsy, and on recovering from this he first noticed the rupture.

At 12 P.M. he was placed under chloroform, and the taxis tried for a few minutes. This failing, herniotomy was done. The contents of the sac were returned without opening this, after notching Gimbernat's ligament and some tight thread-like fibres of the deep crural arch. The bowels acted freely next day. By the 4th April cicatrization was nearly completed.

Very large oblique labial hernia.—A nurse aged fifty-seven, who came from a private family in Kent, on the 5th July, 1872, to learn if anything could be done to prevent the further increase of a hernia which measured eight inches in length and fifteen inches in girth. It occupied the left inguinal canal, and distended the left labium so largely as to wholly hide the genital fissure, and to closely simulate in its external appearance a very large scrotal hernia quite burying the penis. By gentle manipulation the greater portion of its contents could be returned into the belly, but large granular masses of omentum remained irreducible. The abdominal aperture easily admitted two fingers. The principal discomforts occasioned by this huge swelling were a dragging, aching pain in the loins, and frequent colics. These symptoms were greatly relieved by a bag. The aperture was so large that no truss was effective.

Strangulated femoral hernia; herniotomy; recovery.—A petite brunette, aged twenty-two, was admitted into Bird ward on the 2nd of February, 1873, at 10.30 P.M. In her left groin below Poupart's ligament was a very tense, elastic knot of the size of a claw-nut, dipping at its inner side into the femoral canal, very painful and tender. She retched frequently, had a quick small pulse, a hot skin, a very anxious expression, and was restlessly writhing with pain in the belly. She related that for a few weeks she had been aware of the existence of a small swelling in this groin; but it had not particularly troubled her, and she had not attached any importance to it. In the evening, after drinking two glasses of cold water and going from a warm room out of doors into a cold yard, she was suddenly seized with violent pain in the belly. A medical practitioner recognised the presence of the rupture, and, failing to reduce it by taxis, sent her to the hospital.

At 1 A.M. she was seen by Mr. Hulke, who, finding the symptoms very urgent, had her placed under the influence of chloroform, and, the taxis again failing when complete

relaxation had been procured by the anæsthetic, operated. The crural ring was very small, and the constriction extremely tight. The contents—a small loop of mulberry-coloured gut—could not be reduced until the sac had been opened and its neck divided. The operation was done with antiseptic precautions, and the wound dressed antiseptically. After anæsthesia had passed off, twenty drops of tincture of opium, in an ounce of starch mucilage, were thrown into the rectum. She slept from 2.30 till 7 A.M.; and after this vomited twice slightly, but not again, and remained free from all uneasiness. The wound healed in great part by first intention, and her recovery was rapid.

Incarcerated omental hernia with hydrocele of sac.—A short, big-bellied man, sixty-nine years old, was admitted into Pepys ward Dec. 19th, 1872. The left side of his scrotum was distended by an elastic, fluctuating swelling, dull when percussed, rather tender, reaching from the groin downwards to the testis, which could be plainly felt below it, and was not implicated by it. Its contents were plainly in greatest part fluid, but some firmer portions felt granular and pellety, like indurated omentum. The swelling did not receive any impulse from the belly when he coughed, and it was wholly irreducible by pressure. His bowels were not constipated, and the general symptoms of strangulation were absent. He said that five years previously, after wheeling heavy barrows of sand, he became aware of a small tender swelling in the left groin. This never disappeared, but it did not give him much inconvenience, unless after unusually laborious work, until five weeks before he applied at the hospital, when, during a fit of coughing, he felt as if something gave way inside him, and directly afterwards he found his groin and scrotum swollen.

Under the topical application of ice, and later of a lotion of muriate of ammonia, the swelling became smaller and softer, the fluid portion of it disappeared, and left a hard mass unmistakably omental.

ROYAL FREE HOSPITAL.

DISLOCATION OF TENDON OF THE SARTORIUS MUSCLE.

(Under the care of Mr. HILL.)

THE following case is remarkable, and, as far as we have been able to ascertain, unique.

On the 20th of August, Charles P—, forty years of age, was admitted into the Calthorpe ward, for an injury to the right knee. He stated that he was sitting in a squatting posture on the floor of a waggon, when his companion stumbled and fell across his bent knees while in this position. He observed nothing amiss until he tried to rise, which action caused him great pain on extending the leg, especially beyond a certain point, when he felt the tendon move considerably forward with a jerk. Upon examining the part, Mr. Hill found that the sartorius tendon was dislocated backwards by the rupture of its anterior fasciculated expansion. The leg was first flexed until the swelling had subsided, and then put up on a straight back-splint with a foot-piece, a pad being placed over the tendon of the sartorius to keep it in position. At the end of a fortnight, the patient being restless, it was deemed expedient to remove the splint, and the limb was encased in a gum-and-chalk bandage. The case progressed favourably under this treatment, and the patient was finally discharged on Sept. 30th, but occasionally attends the hospital as an out-patient, for inspection, in order to certify the permanency of the cure.

EXCISION OF THE TONGUE, LEAVING THE FLOOR OF THE MOUTH ENTIRE.

(Under the care of Mr. GANT.)

A distinct modification of any previous operation for removal of the whole tongue was performed on the 25th ult. The disease, a cancerous ulcer of the left half of the tongue, had been removed by Mr. Gant on two previous occasions with the knife, but without any permanently good effect, the ulcer having reappeared each time in the course of a few months. Yet the submaxillary glands still remained unaffected. Accordingly it became necessary, and under the circumstances it seemed justifiable, to excise the entire organ.

The leading features of the operation were these:—(1) An