STRANGULATED INGUINAL HERNIA. HERNIOTOMY. CONTENTS OF SAC FOUND TO BE CANCEROUS. RELIEF OF SYMPTOMS.¹

BY S. J. MIXTER, M.D.

MR. Y., a patient of Dr. Norton, of Walpole, a farmer, fifty-five years of age, had had an inguinal hernia for a great many years and was able to keep it in place by means of a truss, and, when it did come down, could easily reduce it himself.

Forty-eight hours before I saw him his hernia came down suddenly while he was lifting. He could not reduce it, and after keeping quiet for twenty-four hours, sent for a physician. Attempts at reduction, both without and with ether, proving unavailing, the foot of the bed was raised and ice bags placed on the hernia. I saw him the next day. He was then suffering severe pain in the tumor; there was considerable pain and tenderness of the abdomen with some distension. There had been no movement of the bowels since the descent of the hernia, and there was constant nausea and occasional slight vomiting. The right scrotum and inguinal regions were red, swollen and tender. The patient was etherized and attempts at reduction being unsuccessful, it was decided to perform herniotomy. The symptoms were not particularly urgent, but had been growing steadily worse for twenty-four hours, under the best conditions for their relief.

The tumor was not resonant in any part. On opening the sac no fluid escaped, and a mass was found filling it which resembled neither omentum nor bowel, but which seemed more like a much-thickened sac, within the first. It was entirely irreducible and somewhat congested. On cutting into this mass a small cavity was opened and a small amount of jelly escaped. On introducing the finger more jelly and a large number of small grape-like masses were found to fill this and adjacent cavities. The tumor being adherent, was separated as far as the much enlarged ring, but after enlarging the ring and passing the finger round the neck of the tumor, it could not be reduced and was ligatured and removed as high as possible, the removed mass resembling in size and shape a large pear. The finger passed through the ring could feel a large mass passing backwards and upwards into the abdominal cavity and apparently firmly fixed. Symptoms of strangulation were entirely removed by the operation and the patient did well for about ten days, only a slight amount of pus escaping along the drainage-tube tract, when distention of the abdomen and a high temperature appeared and the patient died. The probable cause of death was peritonitis, perhaps caused by sloughing of the pedicle of the tumor left in the ring, its structure being such that a necrosis might easily take place in the mass.

The tumor was examined microscopically by Dr. W. F. Whitney, who pronounced it colloid cancer.

— M. Pasteur's recent proposition to extirpate the rabbits which infest New South Wales by the introduction of the chicken-cholera microbe, is strongly opposed by a government official who asserts that the proposition involves greater danger than the pest it seeks to remove.

¹ Read at the meeting of the Surgical Section of the Suffolk District Medical Society, February 1, 1888.

THE REIMPLANTATION OF A TREPHINE BUTTON OF BONE.¹BY HERBERT L. BURRELL, M.D.,
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It would seem that the credit of introducing the important step of replacing a trephine button of bone in the skull belongs to William MacEwen,² and its full significance has perhaps not been fully appreciated, for if it is possible to replace bone that has been completely divided from all its attachments, especially from its periosteal covering which has always been considered to be so important for its life and growth and to feel assured that it will live, places upon a definite practical, working basis bone-grafting which may well become one of the great possibilities of surgery.

MacEwen in 1885, stated that he had reimplanted the fragments of divided trephine buttons, in eleven cases, only twice did the replacement fail, and in these two cases the majority of the fragment lived.

The able paper of MacEwen upon "Osteogenic Factors in the Development and Growth of Bone,"³ which has recently appeared, is evidently the result of mature thought upon the subject of bone-growth, and accepting for the time MacEwen's experiments and many of his conclusions, we are lead to conclude that the periosteum is no longer the principal seat of bone-growth but to deem it simply an investing membrane which supplies a comparatively small amount of nutriment to the bone. The medulla is also shown to have but little to do with the growth of bone, in fact, the osteoblastic cells are believed by MacEwen to be capable of reproducing themselves. These statements at first are somewhat startling but we are beginning to receive accounts of successful efforts at bone-grafting, and this specimen which I have been fortunate enough to secure, has seemed to me of enough importance to place upon record. The trephining was an exploratory one done on a boy aged thirteen, to determine the presence or the absence of a depressed inner tablet of the skull that might have accounted for a group of existing cerebral symptoms. Operation: the child was etherized and the localization lines were drawn by Dr. W. N. Bullard; a large semilunar incision was made with the base downward, including the cicatrix; a second incision was made through the periosteum, and this was completely and freely elevated from the bone, which was then removed with a large trephine; no fracture was detected, and no abnormal appearance of the dura mater was found; an exploratory puncture with a trocar was made into the cerebral substance in the direction of the median portion of the ascending frontal convolution, entering perhaps four inches — no result. The bone which had been carefully preserved in an antiseptic solution was then carefully replaced in the skull, the periosteal flap was secured in position by a fine continuous catgut suture, and the overlying structure were similarly dealt with. Drainage being secured in the scalp by a dozen or more strands of catgut; an antiseptic dressing was applied and the recovery from a surgical standpoint was uneventful. When the dressing was first removed at the end of two weeks, the wound was found completely united; for a short time after this a dressing was kept on the boy's head as a protection against any injury to the recently

¹ Read before the Surgical Section of the Suffolk District Medical Society, Feb. 1, 1888.

² *Lancet*, May 16 and 23, 1885.

³ *Annals of Surgery*, Oct. and Nov., 1887.