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ORIGINAL ARTICLES.

OPERATION FOR THE CURE OF HERNIA VIEWED FROM A MEDICO-LEGAL STANDPOINT.

Read in the Section on Neurology and Medical Jurisprudence, at the
Forty-seventh Annual Meeting of the American Medical
Association at Atlanta, Georgia, May 5-8, 1896.

BY HENRY O. MARCY, M.D.

BOSTON, MASS.

The revision of the duties and obligations which the medical profession owe to their constituency must be made in every advancement of science. From this standpoint it is pertinent to inquire, if the demonstration of the easy and safe cure of hernia is not sufficiently ample to demand from our profession a revision of opinion, which only a brief period since would have been accepted as unquestionable? Few will deny that every sufferer from hernia, even in its less pronounced forms, is not alone incapacitated in a considerable degree for the discharge of certain duties incumbent upon a great variety of occupations, but also that there is a recognized life risk, incident to the individual. This has long been accepted in life insurance, examinations for the public service, etc. It is also conceded that, at the best, instrumental supports are disagreeable make-shifts, and that the usual history of the subject of hernia is an increased physical disability.

From the medico-legal standpoint, may it not be considered as an open question, whether this entire class of sufferers have not rights which should be respected, when such life interests are entrusted to the watchful supervision of their medical and surgical advisers. If this be true, does the surgeon discharge his full duty to the one seeking his advice, disabled in large degree from an irreducible or uncontrollable hernia, who offers *simply* the palliation of rest, condemning the patient to the wearisome watching for relief which only death can give? If such queries throw a new light upon the ever increasing burden of responsibility, which the advancement of science places upon him who would be its exponent, what becomes the plain duty of the physician, the rank and file of the profession, who are ever in close touch with this great army of invalids, and, as a consequence, must decide promptly the course to be taken in the constantly recurring cases of intestinal obstruction caused by strangulation?

I need not cite even recent experiences to show the still high death rate in all hospital practice, occurring from delayed operations for the relief of intestinal constriction, delays made fatal not by the gravity of the operation itself, but by the conditions which render operation necessary.

The early operation for the relief of these conditions is attended by a very minimum of danger, which, however, increases in geometric ratio with every

passing hour, and yet the average sufferer from acute intestinal obstruction from hernia, is liable to neglect at the hands of his medical adviser, and it is the object of this paper to emphasize this neglect as criminal before the law. There is but one duty for the physician. Immediately upon the recognition of the condition, relief must be afforded. Taxis is no longer warrantable as advised at an earlier period, since this alone often inflicts irretrievable damage upon the constricted intestine. An anesthetic should be at once administered and, if in the relaxed condition of the parts, gentle manipulation does not restore the displaced organ, the operation must be immediately performed.

It is not necessary to give examples of almost daily flagrant violation of this simple, surgical axiom. In my experience the series is long and includes many instances which have come under my observation as a consultant, where from a medico-legal standpoint, I unhesitatingly declare that the neglect of prompt surgical procedures was criminal.

Appealing to the fear of the individual is one of the most reprehensible ways of quickening his conscience, especially in our profession, the members of which are supposed to be actuated in the discharge of their duties to suffering humanity only by motives of the highest and most praiseworthy character. Courts of law are constantly dealing with questions of damage, arising from alleged incompetence, because of the improper restoration of fractures and dislocations, injuries from which a life risk may never be involved and on account of this surgeons are constantly thoughtful to guard against medico-legal complications, seeking consultation for self-protection much more than for the benefit to be derived by the patient. If this was recognized as a possible sequel to every case of the severer forms of hernia under supervision, it would be of great advantage to the patient, to the physician, and the profession at large.

The causes of hernia should be much more carefully studied and understood. A thorough anatomic knowledge of the parts involved, their functions, and pathologic changes must be acquired. Such knowledge is of the first importance in many medico-legal cases. Indeed, the general opinion is that hernia is produced by some violent strain, or accident, for which in the general mind the term rupture is a synonym, that is, a sudden giving away of the parts involved. A superficial study of the case might lead one often to arrive at this conclusion. This is so exceptional that it represents a very minute fraction of the total.

I was called as an expert in court where a town had been sued for large damages, the injury claimed to have been received by a man in middle life, who, as the consequence of a fall into a hole in the street, became ruptured. The hernia was of the indirect inguinal type, and doubtless was the result of a long

series of antecedent causes, probably commencing in a congenital non-closure of the canal. Yet the jury awarded the claim and damages, more from the general belief that such injuries must be the result of sudden violence, rather than from the testimony offered.

On the other hand instances are not wanting where injuries have been inflicted upon large scrotal hernias, even resulting in death, and here may arise a nice point at law, to determine if the individual is liable to recover under such circumstances, when modern surgical opinion teaches that such a man is in daily possible risk to his life from a condition which is amenable to cure by surgical interference of moderate danger.

In this phase of the subject there is also a very constant factor of a material type represented by a money equivalent. This has its exponent in the large number of soldiers of the late war borne upon the pension rolls, disabled because of hernia. Some time ago at a meeting of a large number of surgeons, it was desired that I should give a demonstration of my method of operating for the cure of hernia before the members in attendance. A proper case was selected by a local surgeon, the man having been for years under his observation partially disabled on account of a large scrotal hernia. The suffering was freely acknowledged, the desire for relief so great that preparations for the operation had been partially arranged. It was finally refused, the sufferer admitting that the hernia was worth to him as a pensioner of the United States government \$150 per year, and that he would rather endure the disability, than deprive himself of his assured income.

I have no hesitancy in declaring that it is the duty of the government to afford this large class of sufferers, free of expense, an opportunity to be cured of this troublesome and dangerous affliction, and in the event of their refusal to accept the same, order that the pensioner's name be stricken from the roll.

The statements made in this brief paper may seem radical to many, indeed to a degree revolutionary, but I offer them in the full conviction that they are the expression of a just surgical conservatism, and I believe the time is not distant when they will be accepted and amplified.

I look upon the verdict of this Section of the Association to which this contribution is offered as most important in establishing a new status of opinion upon a surgical subject which must be far reaching in results, involving not only large monetary interests but also pregnant with the salvation of many lives.

DISCUSSION.

DR. HUGHES—I think the suggestions are practical, new and destined to prove of great value to mankind. I think the surgical section ought to join in their recommendation, that the pensioners should be offered the opportunity to secure the advantage suggested in the paper. I would not say that they should be *compelled* to do that or throw up their pensions. I doubt if this can be done under the law. The Constitution of the United States provides that no man can be mutilated in any way. We used to have a law in the State of Missouri providing for the castration of men who committed rape. It stood on the statute books until some astute lawyer carried it to the supreme court, and it was declared unconstitutional.

DR. MOYER—I was glad to hear Dr. Marcy refer to the relation of accidents to hernia. More than ten cases have been sent to me for examination by attorneys, claiming that the rupture was caused by a fall or sudden injury. In nine of

those cases I gave the opinion that I did not believe that injury and accident caused hernia.

Regarding the doubtful case, the rupture was not at the usual site, but was at the linea alba, midway between the umbilicus and the pubes.

DR. HUGHES—I would like to ask Dr. Marcy whether he maintains in that paper that accidents are not frequent exciting causes.

DR. MARCY—I do not.

DR. MOYER—I think, however, that is the later and more general view of the matter.

DR. HUGHES—I have always been under the impression that it is a frequent cause. Anyone who is intimately familiar with the personnel of soldiers, and has had large numbers of them to treat—I had an average of 10,000 men under my care during the war in what was called a "straggler's camp"—has doubtless had considerable experience with hernia. Men were constantly coming to me to be examined whom I had in my own command, and whom I had examined personally as to whether they had abdominal or inguinal hernia, finding them apparently sound in that regard—these very men, would develop hernia from the time they were forced suddenly to jump out of cars, owing to a surprise or an attack. I never supposed that the sudden jar was the cause of the hernia, but was the exciting condition.

DR. BISHOP, of Pennsylvania—If Dr. Marcy's paper would convince people that the operation is comparatively a safe one, and that the danger by not having the operation is greater it would certainly be well. Trusses are as dangerous as patent medicines.

Constant tension—railroad men getting on and off trains; plasterers or painters working overhead, etc., has a tendency to precipitate this trouble. I have advised the use of suspensory bandages in such cases.

DR. MARCY—A careful anatomic study of the inguinal canal in the male exhibits one of the most beautiful of nature's provisions for protection and safety. The cord traverses the abdominal wall in an oblique direction, so pronounced that the intra-abdominal pressure causes a complete approximation of the walls of the canal, acting always, when in the normal condition, at or near a right angle to its axis. The transversalis fascia is extraordinarily strengthened and thickened so as to produce a firm, inelastic support posteriorly, while the internal ring is reinforced about the cord in a way to prevent a peritoneal depression about its upper border. The testicle finds its way out of the abdominal cavity at such a late period of the intra-uterine life that the developmental processes, which result in the normal closure of the canal just referred to, are often imperfect. When not complete there results a depression in the peritoneum above the cord, which affords a point of yielding to the intra-abdominal pressure, although it may never result in hernia. Often this condition remains unnoticed until in a later period of life, when the muscular tonicity of the abdominal wall is lessened, a yielding occurs, and by a slow process hernia develops. This I believe to be the common cause of inguinal hernia in the male. Any one who will take the trouble to examine postmortem will note that traction upon the cord in a very considerable percentage of adults demonstrates this condition more or less marked, although it has never advanced to a degree which allows the protrusion of any portion of the abdominal contents into or through the canal. Cloquet, of Paris, in the earlier part of this century, made careful dissections of 500 cases of hernia subjects, recording minutely the conditions found. He describes and figures a condition of normal anatomy under the name of the infundibular process of the peritoneum. I can not doubt but that which he describes as normal is pathologic, and results from imperfect closure of the canal in the early months of existence.

That muscular strain of itself in the normal individual is not the cause of hernia is evidenced by the extraordinary play of muscular activities in the gymnast, who in every conceivable way exercises an enormous strain upon the abdominal wall, yet so far as I have been enabled to learn the circus athletes and rough riders of the West are not more liable to hernia than are those of less active occupations.

USE OF THE STOMACH AND RECTAL TUBE IN CHILDREN.

Read in the Section on Diseases of Children, at the Forty-Seventh Annual Meeting of the American Medical Association at Atlanta, Ga., May 5-8, 1896.

BY W. JAY BELL, M.D.

Assistant to the Chair of Obstetrics and Clinical Gynecology, Southern Medical College; ex-Assistant Resident Physician of the New York Infant Asylum.
ATLANTA, GA.

I am fully aware that the stomach and rectal tube is not so generally used in the south as in the north and northeast. Having followed their use so closely during my service on the staff of the New York Infant Asylum and since my location in Atlanta, and having such pronounced beneficial results following their use, I am constrained to present a short paper on the subject before this body.

We may well deem our age the most practical in the world's history and we find theory quickly receding to give place to the tangible and practical.

The approaching warm season causes one who handles the little ones to stop and reflect for a time upon the too often fatal ileo-colitis and gastro-enteritis. There is nothing to be found infallible in medicine nor in means; yet we must accept all available means and apply them judiciously yet assiduously.

Often one will be called in to a little patient with a history that the child takes food well, even hungrily, but in a short time suddenly vomits the sour contents of the stomach, this result following each feeding. Now, all are familiar with ferments. A fermentative state often accrues in the stomach causing fermentation of the stomach's contents with irritation and consequent vomiting, yet the vomiting does not entirely free the stomach of ferment, there being a nucleus of fungus remaining which infects the next food taken and persistent vomiting is the expected consequence. Then what steps must we take to relieve this class of cases? The cause of persistent vomiting is retained ferment. Then the most practical step will be to remove this factor of irritation. It is in this class of cases that the most happy results are obtained from a thorough irrigation of the stomach.

Imperfect digestion is frequently found in the little patient, this may be due to want of digestive power or fermentative interference with digestion. An irrigation of the stomach two or two and one-half hours after feeding and giving a subsequent rest of at least one hour will be met with gratifying results. Athreptic or poorly nourished conditions are found due to a failure of the child to take nourishment; in these cases gavage is often necessary and will often be followed with happy results. In this the same tube may be used, being careful to cleanse.

It was our custom in the New York Infant Asylum to use a tube, which consists of a funnel of glass or hard rubber, with a piece of tubing two or three feet long; to the end of this is attached a small stomach tube or large catheter having a small piece of glass tube intervening for observation. This is a complete

tube for either feeding or irrigation. With tube, a pitcher of warm water and a slop jar or pan you are fully equipped. With the patient in the lap of an attendant or mother, having the face to the physician, the tube is moistened and with the left index finger as guide pass the tube steadily into the stomach; with funnel raised above the patient's head fill the stomach to full capacity and, lowering the funnel, syphon off the stomach contents, repeating this until all return is clear. After irrigation a rest of about one hour should be given the stomach before giving nourishment. Flax seed water for a few feedings is best.

Gavage is accomplished by passing the tube and pouring into the stomach the amount of nourishment desired, being careful to compress the tube and hold the mouth well open for a moment after the removal of the tube until irritation of throat passes off, which will prevent regurgitation. The stomach tube is useful in many other forms of gastric irritation, but I will not go further. It is, indeed, a most practical instrument to have on hand at all times and especially in cases of poisoning.

The rectal tube is far more generally used than the stomach tube. Dr. Seibert of New York, says that the first thing that he does when called in to a case of convulsions in a child is to draw out his fountain bag, call for a pitcher of hot water and proceeds to irrigate the colon at once. While the contents of the rectum and colon are not the sole cause of convulsions, yet such a vast majority of these cases are due to, or irritated by bowel contents that the step is a most wise one. The apparatus which I use and which is used in the New York Infant Asylum, consists of a fountain bag with a small stomach tube attached, and no better apparatus could be devised except that a return attachment may be used. The indications for the use of the rectal tube are so manifold that it would require too much time to do more than briefly refer to some of them. It is fully established that the rectal and colon contents are often most potent factors in hyperpyrexia. I have observed in a number of cases a marked fall of temperature from irrigation of the colon.

In ileo-colitis, gastro-enteritis, fermentative and catarrhal colitis, cholera infantum and other forms of fermentation and infected bowel contents, most gratifying results will often follow the use of the tube in high rectal and colon irrigation. Now, it is important that not only the rectum but also the colon should be irrigated. The tube should be passed as high up as the transverse colon which can be easily accomplished, with the child in dorsal position on slightly inclined board, table or bed, the tube is vaselined and passed with a slight rotary movement, bearing in mind the course of the rectum through the curve of the sacrum and upward over promontory to the left, and the tube will pass readily into the colon and up with ease to the transverse colon when the stream is turned on and continued until bowels are thoroughly irrigated.

Efforts to influence the fluid to pass up the colon by placing the child on left side and lowering the head and the trunk, is to me quite unsatisfactory and but slight cleansing effect can be obtained in this way, but with the tube well up into the colon, a far more satisfactory irrigation can be accomplished.

In persistent dysentery I have obtained good results from irrigation, after which inject flaxseed water with a small amount of tincture opium. In cases of gastro-enteritis I have seen splendid results