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REPORT ON THE PERMANENT CURE OF REDUCIBLE HERNIA.

[Concluded from page 104.]

THE operation of closing the external ring by means of sutures is, we believe, quite a recent one. It is proposed by Thomas Wood, M.D., of Cincinnati, who states that he has performed it in three cases with success. His paper on the subject may be found in the last volume of the Transactions of this Association. It is certainly entitled to great consideration, not only from the importance of the subject, but from the candid manner in which he has treated it.

He says that his "experience is too limited to warrant him in saying much in its favor, but he cannot refrain from expressing the opinion that it offers to the ruptured patient a better prospect of a 'radical cure' than any operation before proposed."

He thinks that all the preceding operations have failed, because, from the nature of the texture concerned in them, the adhesions have not been sufficiently strong to prevent the descent of the hernia, and he founds his expectations of success from his method on the following considerations:—"Tendons," he says, "when wounded, will unite again by a formation similar to their original structure."

"Tendon is a permanent, unyielding tissue, seldom ruptured by the strongest exertions of the body.

"If we can close the external ring by a tendinous growth, we may effect a 'radical cure of hernia.'"

We do not deem it necessary to go into the details of the operation; for these, we refer to the author's paper. But we would remark that it is by no means certain that tendons, when wounded, are united by a similar substance. Much light has been thrown on this point within the last few years by the numerous cases in which tenotomy has been performed, and the Committee think that they are justified in saying, that it has been ascertained that the divided edges of tendons are united by a substance less resisting, more elastic, and not so firm as the original texture of the tendon.

But although this operation may not be found on further trial to be more successful than that of the scarification of the ring, yet, as it proposes to accomplish what has never been effected in any other way, viz., the con-

traction of the tendinous opening, it certainly, on this account, if no other, merits the careful consideration of the profession.

An operation similar to that of Dr. Pancoast, if not precisely the same, has been performed to a considerable extent in the neighborhood in which your Committee reside. Many persons, it is said, have been cured by it; but we have not met with any one of them who has felt that the truss could be safely laid aside. In one instance which has come to our knowledge, an individual submitted to the operation and thought himself cured. In a few months after, he gave up his truss, supposing that compression was no longer required, but in eighteen months from that time the hernia returned.

It is not pretended, however, that a cure may never be effected by this method, when all the circumstances of the case are favorable. It may happen, sometimes, when the hernia is small and recent, and when the patient is in good health and young, or has not passed the middle age of life; and it may, too, be of great advantage in some cases in which the hernia could not be kept up by the truss alone, as this operation would be likely to cause an abundant effusion of fibrine in and about the neck of the sac.

Two of your Committee have had some personal knowledge of it; the results of their observation and experience will be found at the end of this report. [See "Transactions," vol. v.]

It is an unquestioned fact that reducible hernia is often cured in young subjects. It may be accomplished in them by various means; but it should not be thence inferred that the same course would uniformly produce like effects in adults.

It may be remarked that, in children, any method which can prevent the protrusion of the hernia for a year or more will, in all probability, produce a permanent cure. If the aperture through which the contents of the sac must pass can in any way be prevented from enlarging, while the viscera of the abdomen are increasing in size, it is obvious that a great length of time would not be required to render an escape of any of the abdominal organs difficult, if not altogether impracticable. We see familiar examples of this daily in umbilical hernia, which is brought on so often in infancy by hooping cough and various other causes. *Compression*, it is well known, will, in all such cases, if carefully practised, in a comparatively short period produce a radical cure; and it is a valuable agent in the management of reducible hernia at every period of life. It has been used from the time of Celsus to the present, and it has not unfrequently succeeded in producing the desired result. It is usually applied at the present day by means of trusses. Great improvement has of late years been made in their construction. It cannot be doubted that an instrument of this kind, when nicely adjusted, so as to cause no pain or inconvenience, and at the same time to compress the neck of the sac, may, if used for a considerable length of time, prevent in many cases the subsequent protrusion of the hernia.

It is well known that pressure upon a serous membrane, when carried to a certain extent, will cause an effusion of fibrine on its inner surface, and it was from a knowledge of this fact that, in former times, the me-

thod of treating aneurism by compression was adopted. This mode often succeeded in producing a radical cure, by closing the artery leading to the aneurismal sac. The practice has been revived with great confidence within the last few years, and the results hitherto have been equal to the expectations of its advocates.

In the treatment of hernia in this way, it is of the utmost importance that protrusion should not be allowed to take place at any time ; " for if the hernia once descends during the wearing of the truss," as Sir Astley Cooper well remarks, " the cure must be considered as re-commencing from that moment." The truss, therefore, should be worn by night as well as by day.

It is important, also, that while the pressure is sufficient to prevent the descent of any of the abdominal contents, it should not be enough to cause any considerable degree of inflammation. This would not only require the truss to be laid aside altogether, but it would also stop entirely the effusion of fibrine. In inguinal hernia the pad should be so placed as to compress the inguinal canal ; and at the same time great care should be taken to avoid pressing the spermatic cord against the pubis.

A radical cure will not be effected in this way, unless the compression is continued for a length of time. It cannot be reasonably looked for in an adult in less than two years from the time the truss is first worn ; and it can hardly be expected at all in persons after the middle age of life, who are afflicted with a direct inguinal hernia of long standing. At the same time, more benefit is derived from compression in such cases than from anything else, and persons in this situation are not safe without it.

The Committee beg leave to offer the following opinions as the result at which they have arrived after a careful examination of the subject committed to them.

I. That there is no surgical operation at present known which can be relied on with confidence, to produce in all instances, or even in a large proportion of cases, a radical cure of reducible hernia.

II. That they regard the operation of injection by the sub-cutaneous method as the safest and best. This will probably in some cases produce a permanent cure, and in many others will afford great relief.

III. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greatest number of cases.

All of which is respectfully submitted, by

GEO. HAYWARD,	} Committee.
J. MASON WARREN,	
S. PARKMAN,	

ULCER OF THE STOMACH.

[THE report in last week's Journal, by Dr. Moore, of the case of the late Dr. J. C. Colby, of New Hampshire, whose death was caused by an ulcer of the stomach, renders the insertion of the following remarks on this affection, with the details of a case in hospital practice, appro-