

Hospital Practice and Clinical Memoranda.

MASSACHUSETTS GENERAL HOSPITAL.

SERVICE OF DR. H. J. BIGELOW.

CASE REPORTED BY DR. WILLIAM D. HODGES.

Radical Cure, without Operation, of a Large and Inflamed Umbilical Hernia, of Seven Years' Duration, and Irreducible for Two Months before Admission to the Hospital. The Hernia was slowly reduced by Compression with Adhesive Straps, and the Cavity of the Inverted Integuments Obliterated by Blistering during a Period of Six Months.

Mrs. B., Irish; thirty-two years of age; strong and healthy; weighs two hundred and thirty pounds. Seven years ago, after a third confinement, she discovered a slight swelling at the umbilicus, which increased in size until it became necessary to wear a binder to keep the protrusion in place. During warm weather the patient was in the habit of throwing off this binder, and there followed a constant increase in the size of the swelling. Two weeks before her admission to the hospital the tumor became painful, and its under side was ulcerated from chafing.

November 4, 1880. On admission the tumor was of the size of a child's head, and its whole mass was red and inflamed. Manipulation caused nausea. There had been vomiting for five days before entrance, and no movement of the bowels for three days. After etherization only a small portion of the tumor could be reduced by Dr. Bigelow. The remaining part, which hung down toward the pubes, was then supported by charpie placed beneath it, and compressed and held in position by adhesive plaster. A poultice was applied over all. Temperature 102° F.

November 8th. The hernia was again in part reduced by Dr. Bigelow, causing a slight amount of pain, and the strapping with adhesive plaster was renewed. The tumor was now about the size of a large apple. The bowels spontaneously moved at this time, seven days after the first symptoms of strangulation. Temperature normal.

November 14th. Pressure was applied upon the mass of skin and its contents by means of a large cork with a convex surface held firmly in place by adhesive plaster and a swathe.

November 21st. The integument of the sac was puckered. It was of a dark color, but there was no tenderness or lack of sensation. The discoloration was probably due to ecchymosis from tight strapping. Examination revealed two distinct rings: a large one in the place of the umbilicus, at its side a smaller one which appeared to be directed toward the larger ring.

November 29th. (Twenty-five days after entrance.) The sac has become invaginated, and the depression which occupies its place will hold an ounce and a half of water. The larger ring readily admits the forefinger. There is some tenderness.

December 2. Tincture of Cantharides was injected into the cavity formed by the invagination of the sac, in order to blister the surface and cause its adhesion.

December 18th. Liquor ammoniæ (fort.) was injected and allowed to remain for several minutes.

December 26th. Tincture of iodine (one part to eight of water) was injected.

January 3d. The sac has lost its former tendency to protrude when the pad is removed.

January 21st. Considerable suppuration from the invaginated surfaces, and much pain.

February 8th. Liquor ammoniæ (fort.) again injected. The invaginated surfaces of integument appear to be growing together.

March 1st. (One hundred and sixteen days after entrance.) Granulations are seen at the neck of the inverted sac.

March 19th. Liquor ammoniæ (fort.) injected.

April 13th. Interior of the inversion touched with nitrate of silver. A sinus still admits a probe or port-caustic.

May 15th. A large, tight-fitting truss was applied over the ring.

May 25th. (Two hundred and two days after entrance.) The patient sits up for a short time. There is no tendency in the hernia to protrusion. The cavity formed by the invagination of the sac is entirely obliterated.

June 1st. The patient walks about the ward.

June 6th. (Two hundred and fourteen days after entrance.) Discharged well, although directed to wear the truss at present as a matter of precaution. The obliterated sac has evidently formed a pad upon the inside of the abdominal wall which occludes the umbilical ring.

Reports of Societies.

NEW YORK SURGICAL SOCIETY.

STATED meeting, NOVEMBER 8, 1881. DR. SANDS, president, in the chair.

A MODIFICATION OF LISTER'S ANTISEPTIC DRESSING.

DR. JAMES L. LITTLE read a paper on the above subject, first directing attention to a paper which he published in the American Clinical Lectures for 1878, Vol. III., No. 11, on Lister's antiseptic method of treating surgical injuries. He there called the attention of the profession to a modification of this procedure which he had been using in the treatment of simple wounds, especially those of the hands and fingers. He had since continued its use, and had found the results in a large number of cases so satisfactory that he had deemed it of sufficient interest and importance to justify his calling attention to it again in a short paper. Although having full confidence in Mr. Lister's antiseptic method he, like many others, had long recognized a great difficulty that was encountered by the general practitioner in attempting to carry out the minute details of the dressing, and he had for a long time hoped that a more simple method, equally efficacious, might be devised. Dr. Markoe's "through drainage" was a decided step in that direction, antiseptic in character, simple, and successful in results. It was, however, appropriate only where drainage was necessary, and simple and efficient as it was it required a certain degree of attention which, while easy for a hospital surgeon, was not sufficiently so to guarantee its extended use by the general practitioner. Dr. Little then directed attention to the difficulty in procuring good antiseptic gauze to be used in Mr. Lister's dressing, and also directed attention to observations made by Dr. R. F. Weir to the effect that even when the gauze was well wrapped up in rubber cloth it