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HERNIA CASES TREATED AT THE BOSTON CITY HOSPITAL,

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CASE I.—*Congenital Inguinal Hernia; Operation for a Radical Cure.*—Michael S., æt. 7. Three weeks after birth, mother noticed a swelling in right inguinal region. Whenever the child exercised, the rupture descended into the scrotum, producing severe abdominal pain, and rendering the patient helpless. A truss had been worn without benefitting the hernia, as regards a cure. A younger brother is also suffering from hernia of the same side. Parents are not ruptured, and are robust, laboring people. On Sept. 16th, the child was admitted to the City Hospital for an operation. The bowels were thoroughly cleared with castor oil.

Sept. 17th.—It was thought best to operate by the simplest form of Wood's operation, because the ring was small and the hernial sac did not project far. The patient having been etherized, a vertical incision was made in the scrotum from over the external ring down to the testicle, and the skin dissected up on either side. The little finger of the right hand invaginating the scrotal fascia into the ring, and the cord being beneath it, the hernia needle was passed up above the finger, and made to pierce the inner pillar and conjoined tendon, and brought out through the skin, which was drawn inward by an assistant. One end of a piece of copper wire (No. 20), silvered, was now hooked on, withdrawn through the wound in the scrotum, and the needle unthreaded. Next, the needle was passed up outside the finger, curved under the outer pillar, passed through it, and made to emerge at the same puncture in the skin of the abdomen. The other end of the wire was now hooked on and withdrawn. The loop above and the two ends below were now firmly twisted, thus approximating the pillars together. The end of the wire was now passed through the loop, over a roller, and firmly clamped. A spica bandage was then applied over all. The patient was put to bed, with the knees raised by a pillow.

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The next day there was very little fever; a slight redness over the scrotum. On the third day, the bowels moved spontaneously; the wound had begun to suppurate. On the fourth day there was a little tenderness over the abdomen. The right testicle was red and painful. Very little suppuration. Testicle supported. Water dressing. On the fifth day the roller was removed, because the wires were beginning to cut through the skin. The ends were left loose, but not untwisted. Testicle continues a little swollen. On the seventh day the tenderness over the abdomen had disappeared. Patient jumped out of bed in the night, on an alarm of fire.

On the fourteenth day the wires were removed. There is a large, firm cylinder of induration filling the inguinal canal from end to end, and tapering off as it reaches the internal ring. Testicle well. No pain or tenderness.

Oct. 7th, three weeks after operation, wounds entirely healed. May have his clothes, and walk about the room. No truss applied. Hernia does not come down. The patient was discharged from the hospital, but returned to report himself, seven weeks after the operation. No external ring could be felt. The hernia had not come down, and the canal remained filled with lymph. He will continue to remain under occasional observation.

CASE II.—*Inguinal Hernia of two and a half Years' duration; Operation for a Radical Cure.*—John F., æt. 9. Two years and a half since, as a consequence of a fall, he complained of pain in the right inguinal region, and the mother noticed a swelling there. A truss was applied and continued until worn out, without curing the rupture. Now, Oct. 3d, the right external ring will admit the little finger with ease, and the hernia descends on motion or coughing. Parents desire an operation.

Oct. 5th.—He was operated on precisely as the former case, and it is needless to repeat the various steps of the operation here. On the second day he had a natural operation from the bowels, and no tenderness over the abdomen. On the third day suppuration began, and there was slight redness over the inguinal region. On the ninth day the roller was removed. The wound was suppurating freely, The inguinal canal filled with hardened tissue. Constitutional state good. On the fourteenth day the wires were removed. Through some inadvertence he was left in bed somewhat longer than necessary after the wounds were healed, but on the twenty-sixth day got up and walked about, without a truss, and with no appearance of the rupture. The canal was apparently firmly blocked, and the ring effaced. He was last seen four weeks after the operation, well, and without any truss being applied. He will report occasionally.

Although it is too early to determine positively the final success of these operations, as in the case of those reported last summer in this JOURNAL, when from four to six months had elapsed, yet these two cases seem to prove—

1st, That Wood's operation for the radical cure of hernia is a safe one to perform on young children.

2d. That it gives in them great promise of success, because the tendency of Nature is probably to close the rings, as the child grows; yet that Nature unaided almost never does succeed, and when aided by a truss only occasionally does so. This operation therefore affords in children a safe and ready means of favoring a natural cure—if nothing more—far superior to a truss, which latter is not only uncertain, but often difficult to be fitted and worn by a young person, without excoriation, and without the rupture slipping down past the pad, when it does more harm than good. Whether or not the operation stands the test of time when done on adults—and we see no reason to doubt Mr. Wood's statistics—we can certainly advise it as easy, safe and effective in children.

CASE III.—*Strangulated Femoral Hernia; Operation; Recovery.*—Mrs. Bridget C., æt. 42, has had hernia for five years, at first causing no inconvenience, but latterly subject to occasional strangulation, as often as once a month, but from which she generally recovered in a couple of hours. Hernia always remains down, she says. Yesterday P.M. was suddenly seized with vomiting and pain, which has continued. No dejection since the strangulation, but previously a diarrhoea.

Aug. 31st.—She was brought to the Hospital about 6, P.M., in a very feeble condition, the hernia having been strangulated twenty-four hours. Pulse weak; skin cool and clammy; retching, and constant dragging pains in abdomen, and a countenance indicative of great distress. On examination, an oblong, elastic tumor, as large as a hen's egg, was found in the left groin, below Poupart's ligament, and was diagnosed as a femoral hernia. Having been etherized, an attempt was made to reduce by taxis, without avail, and similar attempts had been made before admission. Her pulse fell off, and it became necessary to give brandy and ammonia. After she had rallied, she was again put under ether, and the operation commenced by a straight incision through the skin, from just below the spine of the pubes, downwards and outwards. The coverings were very thin, and the sac was soon exposed. A hernia knife was now passed on the finger down to the crural canal, and Gimbernat's ligament divided upwards and inwards. The finger now freely passed beneath the crural arch into the cavity of the pelvis; but the hernia did not yield. The intestine could be felt above Poupart's ligament, evidently continuous with that in the sac, but encircled by a rigid band. This was evidently the falciform border of the saphenous opening in the fascia lata, and the seat of the stricture. A director was insinuated between this and the sac, and the stricture divided. Immediately the vermicular motion of the strangulated bowel began to return; the sac collapsed, and was easily replaced within the abdomen, without having been opened. A graduated compress, wet with cold water, and spica

bandage were applied, and one grain of opium given; to be repeated in four hours, if needed. Beef-tea, and stimulants if required.

Sept. 1st.—Has had three dejections. Slept well. No pain in bowels; a little soreness on pressure. Pulse quiet. Tongue clean. Aspect much improved. Continue cold-water dressings. Gruel and tea, and a moderate amount of beef-tea.

2d.—Comfortable night. One dejection, with some pain. A little tenderness over abdomen. Pulse 80. Tongue clean.

3d, 4th, 5th.—Continues to improve. Wound granulating.

Not an unpleasant symptom supervened. As soon as the cicatrix of the incision would bear a truss, one was applied, and she was discharged, well.

CASE IV.—*Strangulated Femoral Hernia; Operation; Death*.—Mrs. Susan H., æt. 40. One year ago violently strained herself, and produced rupture on the left side. It was readily reduced by a physician. Since then it has come down occasionally, and been returned. [As she has never worn a truss, and the sac was incarcerated, the latter has probably been down all the time.] The patient was first seen, in consultation, at 2, P.M., Nov. 11, and was found to have had the hernia down since 5, A.M. Repeated and forcible attempts at reduction by taxis had been made. There had been vomiting and colicky pains all day. After a moderate renewal of the taxis without avail, it was advised that she be removed to the Hospital and etherized. She was carried there about 5, P.M. The countenance was anxious, flushed and excited, the pulse quick; vomiting and pains continue. A tumor, as large as a hen's egg below, and above rolled out over the *fascia lata* and Poupart's ligament, occupied the left femoral region. It was firmly fixed, with very thin walls, prominent and somewhat livid. Drs. Stedman and Buckingham saw her in consultation, and concurred with me in thinking that the tumor would not bear much more taxis, and that an operation was imperative. The patient having been etherized, gentle efforts at reduction were made in vain. A long incision was made over the tumor, the superficial layers dissected through, and attempts made at reduction without opening the sac. But although both the crural ring and the *fascia lata* were freely incised, the sac could not be reduced, and it was found to be adherent to the sides of the crural canal. The sac was now freely slit open, when considerable serum was found, and a knuckle of small intestine, which for the space of an inch and a half was quite dark colored, not absolutely black, but a very dark brown. Even now no vermicular motion was set up, and it was only by drawing down the bowel above, and tucking it up from beneath with the finger of the other hand, that it eventually could be returned within the abdomen. The sac could not be replaced. A graduated compress and water-dressing were applied, and one third of a grain of morphia given, to be repeated if required.

Nov. 12th.—She looked pretty well. Slept a little. Pulse 112. Tongue moist. Some vomiting continues. Has had no motion from the bowels, but some tenesmus. Complains of thirst. Urine drawn off. Small amount of beef-tea ordered. Citric acid drink and half grain pills of solid opium.

13th.—Not so well. Tenesmus has continued, until finally checked by laudanum and starch injections. Vomiting. Distress. Pulse 120. A moderate tympanites; but little pain or tenderness over bowels. Opiate treatment continued.

14th.—Looks worse. Pulse more feeble. Profuse sweats. Abdomen pretty well distended, and more tender. Tenesmus. Vomiting of a dark fluid. Countenance anxious. A red blush extending from site of operation for several inches upwards and outwards.

15th.—Fourth day since operation. Symptoms all worse. Sinking. Pulse 150, and fluttering. Vomiting and tenesmus continue. Died at 3.30, P.M.

These two cases present certain points of contrast not without interest. Neither had worn a truss. Yet in the patient with hernia five years, the sac was free, while in her who had been ruptured but one year it was incarcerated. The patient who died was a much stronger and more healthy woman than the one who recovered, and her strangulation had existed only twelve hours, while in the other it had lasted for twenty-four hours; yet in the latter the rupture, returned without opening the sac, had done perfectly well, showing that the intestine speedily recovered its circulation, while in the former the bowel was found dark, congested, almost mortified within the sac. In this patient attempts at reduction by taxis had been made more forcibly, and longer continued than in the other. Are we not, then, justified in concluding:—

1st. That very moderate and gentle taxis under ether will do all that can be done towards reduction; and that taxis may do more harm, if long continued, than strangulation for an equal time.

2d. That the operation is far less dangerous than prolonged taxis, particularly if the rupture can be returned without opening the sac.

3d. That we cannot form any judgment as to whether the sac is *incarcerated and irreducible*, either from the statements of the patient, the length of time the rupture has existed—provided no truss has been worn—or the appearance of the hernia itself.

But that we should operate early; avoid opening the sac if we can, but not hesitate to do so if the whole sac cannot be readily and gently reduced after the stricture is divided; bearing in mind that simulated reduction where the whole mass may be pushed into the areolar tissue, external to the abdomen.

Much of this is but truism, we are aware. Yet it would seem that there are certain cardinal rules of treatment in such an emergency as strangulated hernia, which cannot be too often reiterated.

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