ART. IX.—*Case of Strangulated Congenital Hernia in an Infant seventeen Days old, requiring Operation.* By W. FERGUSSON, Esq., Professor of Surgery in King's College, London.

[Read at the Royal Medico-Chirurgical Society of London, Jan. 12, 1847.]

ON the evening of Sunday, the 8th of November, 1846, I was asked by Mr. Davidson, of Charles-street, Manchester-square, to see an infant patient of his labouring under strangulated hernia. The child was seventeen days old, and had been perfectly well until the evening of the 6th, when it suddenly became fretful; and from that time up to the period when seen by Mr. Davidson, about half an hour before he called upon me, its sufferings seemed to increase. The symptoms of strangulated hernia were these:—a painful tumour in the region of the left inguinal canal; swelling and tenderness in the abdomen; no evacuations from the bowels since Friday evening; and frequent vomiting in the course of the last twelve hours. The skin over the tumour was red and œdematous, and the slightest manipulation evidently caused great pain.

Mr. Davidson had tried the taxis in the warm bath with no good effect; and on applying my own fingers, I at once felt assured that, while there was little chance of reducing the supposed hernia in this manner, there would be great additional suffering, and possibly risk of doing serious harm. The indications seemed sufficient to warrant an immediate operation with the knife; and, as the parents at once assented to a proposal of the kind, I lost no time in putting it into execution. The little patient was held on a table by his nurse, and the operation was effected thus:—An incision, about two inches in length, was made along the most prominent part of the tumour, passing obliquely from opposite the opening in the fascia transversalis to within half an inch of the lower part of the scrotum. When the skin and subjacent cellular tissue was divided, a firm membrane, of a dark-blue colour,

which I took to be the hernial sac, was discovered, and cautiously opened. About a tea-spoonful of turbid serous fluid escaped, and on enlarging the aperture a portion of small intestine was immediately exposed. The opening was now increased, to permit the finger to be pushed in the direction of the stricture, and the testicle, partially covered by the gut, was then observed at the lower end of the hernial sac. The point of a director was next cautiously passed under the front of the neck of the sac; and a probe-beaked bistoury was used to make a slight notch in this part. The bowel was easily pushed into the abdomen, and the wound was then stitched and dressed in the ordinary way. The patient soon after went to sleep: in the course of three hours there was a copious evacuation from the bowels, and all suffering seemed to have ceased. The greater portion of the wound healed by the first intention; a slight film of slough separated from the surface of the testicle. In the course of a fortnight there was a firm cicatrix, with no apparent tendency to further protrusion; and the child is now thriving and in excellent health.

The incision in the skin bled very freely, owing to the inflammation present; and the tightness of the stricture had so far impeded the circulation in the cord and testicle that the veins were greatly distended. The colour of these parts was purple. The testicle was somewhat swollen, and, in appearance, not unlike a small sloe.

As regards the anatomy of the parts, this case of congenital hernia differs little, if at all, from what is familiarly known among surgeons. The testicle had not passed completely into the scrotum, as may be often remarked in congenital hernia; the condition being probably the cause of the vaginal prolongation of the peritonæum not closing.

It is the prevailing opinion, I believe, that inguinal hernia in an infant is usually congenital. This is not always the case, however: I have an example of very large protrusion of intestine in a boy only two years of age, wherein the dis-

inction between the tunica vaginalis testis and the proper hernial sac is clearly displayed; the condition being similar to that met with in the adult, in whom the peritonæal prolongation has been long closed up. Though it is interesting, in a pathological point of view, to know the distinctions between congenital inguinal hernia and the common kind, I am not disposed to think it of such consequence that, in an instance where an operation is absolutely necessary, the surgeon should be positively clear in his diagnosis as to the sort of rupture he is about to deal with. The same style of operation is required in either instance; and in cutting on the front of the neck of the sac to relieve the stricture, I believe it is easiest, safest, and best to make the incision directly upwards.

I trust that I need not apologise to the profession for having occupied some space in bringing under notice a case which, though seemingly of such familiar occurrence, has, it appears to me, some points of interest; and the very early age of the patient causes it to differ from most, if not all, analogous cases with which the profession generally is acquainted. I have never myself seen the operation for strangulated hernia performed on any patient under the age of puberty, excepting in this instance, and few surgeons have had occasion to use the knife in infants thus affected. Mr. Adams of Dublin^(a), having operated successfully for strangulated congenital inguinal hernia on an infant eighteen months old, thought the case worthy of being recorded; and states, in his paper on the subject, that the only example of a successful proceeding of the kind which he has found recorded had happened to Mr. Long in St. Bartholomew's Hospital, in a child only fourteen months of age. Mr. Lawrence has referred to Mr. Long's case, as an instance wherein, at this early age, the hernia was not of the congenital sort, for the tunica vaginalis testis and hernial sac were quite distinct. Mr. Stanley, we are told by Mr. Lawrence, has ope-

(a) Dublin Journal of Med. Science, First Series, vol. ii.

rated successfully on an infant of seven months,—and here too the hernia was not congenital. Several other examples are referred to by Mr. Lawrence in his *Treatise on Ruptures*(a), where strangulated hernia had been present in very young subjects, some having died without operation, others having been operated on successfully, and one, a child of six months, having died of profuse diarrhœa in forty-eight hours afterwards. Mr. Curling has politely mentioned two cases to me: one occurred to Mr. Luke, in a child three months old; an operation was performed, the hernia was reduced without opening the sac, and the patient recovered. The other was an instance operated on with success by Mr. Hawkins, at St. George's Hospital, at the age of seven weeks. Mr. Laurence has given some particulars of a case which happened to Dupuytren: an operation was performed on an infant twenty days old, but the result is not mentioned. Among the various professional friends whom I have met recently, I have not found that any of them were acquainted with an instance of an operation having been performed at an age so early as that of the patient whose case I have here recorded. It is chiefly for the sake of eliciting more information on the subject that I give the case this publicity, and also to impart confidence to others who might hesitate to advise an operation on one so young.

ART. X.—*Observations on certain Dislocations of the Elbow-Joint; with Cases.* By M. H. STAPLETON, M.D., M.R.I.A.,
Surgeon to Jervis-street Hospital.

HIPPOCRATES has left us many interesting observations upon dislocations of the elbow, from which we learn that he was not only acquainted with accidental luxations of that joint, as regards both bones of the fore-arm, but likewise with the dislocations of the head of the radius alone. From his time to the