

found, and when it was returned the opening readily admitted the finger. Mr. Barwell's proposal of an operation was accepted. Chloroform was administered, and the following performed:—

The hernia having been returned, and a careful examination showing that absolutely no abdominal protrusion remained, an assistant held his finger over the opening. The skin of the navel and surrounding part being pinched into a transverse fold, a bistoury was thrust through, so as to make a longitudinal incision over or even into the sac, which was then freely opened, the tough remains of the umbilical vein turned upwards, and the ring exposed. There was now some little difficulty in keeping the bowel back, and yet allowing sufficient room for the further steps; but the spoon end of an ordinary grooved director was passed through the navel, and then held against the inner part of the opening—i. e., against the inside of the belly, stopping the hole internally instead of externally. Three silver sutures were then placed across the gap, the precaution being taken to seize each edge with forceps, and turn it forward, so as absolutely to see the point of the needle safely beyond all chance of wounding the bowel. When the sutures were all placed, but not fastened, the director was withdrawn, the wires were twisted, and the opening was seen to be satisfactorily closed. The external wound was also secured with silver sutures.

Feb. 16th.—The child has been seen since the operation, and everything is progressing favourably; is less fretful, and feeds better.

March 2nd.—The external wound has healed soundly. The wires appear to cause no irritation, there being beneath the skin of the navel a hard but small fibrinous thickening, which covered them. The woman was going in two days to take the child with her to Australia.

Jane D—brought to Mr. Barwell a girl, aged six months, with a rather large umbilical hernia, on Nov. 18th, 1860. The child was thin, fretful, and fed badly. The mother said it always appeared to have bellyache, drawing up the legs, and screaming, and at those times the rupture was largest, so that she thought its size produced the pain. An operation was proposed and accepted. Chloroform was not administered. The same steps were taken to expose the opening in the linea alba, which, however, being smaller than in the last case, required a different manœuvre to be properly sewn. The operator pressed the tip of his finger into the opening, and on passing the needle across it took care that its point should absolutely glide along his finger from side to side, and be thus safely guarded from puncturing the bowel. In this case two sutures only were required.

Nov. 30th.—The child has been brought backward and forward once or twice. The external wound has all healed except a little part in its centre, which suppurates. On looking into this a gleam of silver can be seen. A pair of forceps were introduced, and the wire untwisted and brought out; the other could not be found.

June 30th, 1861.—The mother brought the child to show the condition she was in. She is now a fine girl, and there is no trace of hernia, and very little of any operation wound.

Barbara E—, aged eight years, was brought to the hospital by her mother on the 3rd of April, for "starting of the navel," which increased in size. The hernia was found as large as a hen's egg. The child had worn a bandage, but without much apparent benefit. The operation being proposed, was accepted. Chloroform was administered, and the same method of operating employed as in the last case. Three sutures were used.

April 8th.—There has not been a bad symptom.

Mr. Barwell took the wire sutures out of the skin-wound; a part below had not healed. At the bottom of that opening it could be seen that one of the sutures in the linea alba produced the irritation that kept the wound open. A pair of forceps were passed in, and the wire untwisted and withdrawn.

22nd.—The wound has healed.

May 13th.—The child was brought back to-day on account of a little discharge from the upper part of the old wound. The union of the skin, which had looked quite firm, had given way. On clearing it of pus, the glitter of silver could be seen; forceps were introduced, and the two wires, which were lying loose, withdrawn.

22nd.—The wound has healed; the opening in the abdomen is perfectly closed by a firm junction. Of course no vestige of protrusion remains.

In addition to the preceding cases, Mr. Barwell has had two others since his first operation early in 1859, but they are all similar, there having been, in neither instance, any inflamma-

tory symptom. His oldest case is that last narrated, and he says the operation was easier than in the younger subjects. There is, therefore, certainly no reason why it should not be performed on adults, where the additional size and room would render the manipulation easier, without adding to the very slight chances of danger.

UNIVERSITY COLLEGE HOSPITAL.

DISEASES OF THE RECTUM.

(Under the care of Mr. HENRY THOMPSON.)

LAST month we observed a very complete series of cases of rectal disease and malformation, under the care of the above gentleman, which gave an interesting *coup d'œil* of almost all the affections that could be regarded as surgically interesting in connexion with the rectum. They were all presented at one operating day (Sept. 12th), and in the following order:—

A CASE OF EXTERNAL AND INTERNAL PILES, WITH A LARGE ULCER OF THE ANUS POSTERIORLY.

The patient was a woman, about forty-five years of age, who had suffered many years. The usual symptoms of ulcer had been long present—namely, severe and continuous pain in the sacral and lumbar regions for three or four hours after stool. Mr. Thompson remarked that this was the usual situation of the ulcer in ordinary cases where it was associated with piles, and had no specific character; but that there was another form of this disease, in which similar symptoms occurred, where the ulcer was situated at the anterior margin of the anus nearest to the vulva. This form most generally occurred in prostitutes, amongst whom it was common, and it was syphilitic in its character. The same treatment also was usually necessary where the sore had continued for some time, and was neither of a primary character nor amenable to constitutional treatment. In cases of soft or non-infecting chancre of the vulva, it was by no means uncommon for the anal sore to be produced through contagion from the chancrous discharge. No benefit, but the contrary, was obtained from incising such an ulcer at the outset; but after the healing of the other sores, if this still remained unaltered, the incision should be resorted to.

The piles in this case were ligatured and excised, and the ulcer divided by a slight incision through its base. The patient has since left the hospital for the country, and is at present weak, although greatly relieved.

CASE OF STRICTURE OF THE RECTUM IN A YOUNG WOMAN.

About two inches above the anus a very firm rigid stricture, barely admitting the tip of the finger, was encountered on making examination. The patient had been submitted to a six months' course of bougies, during which time a moderate degree of dilatation had been made, but with scarcely any benefit to the symptoms, and no improvement in the size or form of the motions, which were extremely small. There was no sign whatever of malignant disease; the stricture was evidently a firm fibrous contraction of the bowel, the cause of which did not appear on investigating her history.

Mr. Thompson introduced his forefinger, and, lying flat upon it, a narrow probe-pointed bistoury. Insinuating this within the stricture, he turned the blade against the morbid tissue, with the effect of enabling the end of the finger to pass through the stricture. It was now apparent that the tissue was denser and firmer at the back and on one side than elsewhere, and on these aspects therefore the edge was again turned three or four times. A full-sized bougie now passed with tolerable ease, and a little, but not much, bleeding followed.

The bougie was introduced daily for some time, and she left the hospital in about three weeks, passing her motions of fair size and with greater ease than for years before. Ordered to attend twice a week for the passing of the bougie.

CONGENITAL DEFICIENCY OF THE ANUS.

The patient was a child three months old; the fæces had passed entirely through the vagina. There was the trace of a channel in the situation of the anus, but a probe could not be passed by it. An opening was first established in the natural course, and then, after reviving the edges of the unnatural orifice in the vagina, these were closed by the silver-wire suture. A bougie larger than any urethral size was passed into the bowel, and ordered to be repassed every night and morning for a few days. After a week a larger instrument was introduced once a day, and all the fæces now passed by the proper channel.

CASE OF INTERNAL PILES IN A MALE SUBJECT.

The tumours, which had been previously protruded below the sphincter and remained there, were isolated by three ligatures in the usual manner, and a few external piles were removed by the scissors. The patient left the hospital cured in about a fortnight.

A CASE OF PROLAPSUS OF THE BOWEL IN A MIDDLE-AGED MAN.

The lower end of the bowel presented itself externally to the anus as a large ring-like mass, forming one entire portion, and not separable into independent tumours like the preceding case. It had existed many years, and had been gradually increasing in size, entailing severe suffering on the subject of it. The mass was divided into three or four separate segments by stout whipcord ligatures, and a fold or two of the external skin was removed by scissors from the external margin of the anus. The case has since progressed extremely well; the ligatured parts have separated, and no protrusion occurs at stool or otherwise.

There were also two cases of fistula in ano, to complete the series; but, from some reason connected with the condition of the patients, the operations were not performed until the following week.

ROYAL FREE HOSPITAL.

CASES OF SUPERNUMERARY THUMB, IMPERFORATE VAGINA, AND IMPERFECT DEVELOPMENT OF THE EAR, IN CHILDREN.

(Under the care of Mr. THOS. WAKLEY.)

AMONGST the out-patients at this hospital, three children were brought by their mothers, on the same day, who were affected with congenital deformities. These were, as we learn from Mr. J. D. Hill, the house-surgeon, a supernumerary thumb in a female infant, six weeks old, situated on the right hand, and growing from the metacarpal bone of the true thumb. The extra thumb, although rudimentary to some extent, possessed three joints, and was removed with success. Formerly, a double thumb was considered a rarity, but the experience of our hospitals proves it to be by no means unfrequent.

Another infant of the same age and sex was the subject of an imperforate vagina. The membrane which closed the passage extended quite to the urethra, which possessed a very small orifice, so small, indeed, that it caused difficulty of micturition, and it was for the relief of this inconvenience that application was made. The hymeneal membrane—for so it must be considered—which closed the vagina, was laid open by a crucial incision, which at once relieved the tension in the urethral orifice, but the latter was enlarged by an incision as well. The membrane was nearly three-eighths of an inch thick. The ultimate result of the operation was successful, so far as micturition is concerned.

The deformity in the third child, a female infant, seven weeks old, consisted of an arrest of development of the left external ear, to the extent of about one-half. The concha projected forwards and downwards, and had not the natural shape. There was a deficiency in its lower part. False positions, clefts, and partial auricles are noticed by Mr. Harvey in his practical work on "The Ear in Health and Disease." He mentions that the helix and lobe are often wanting, and that the concha has been found convex, instead of being concave.

There is a curious fact, however, in connexion with the external ear, which cannot be overlooked, and it is, that whether the auricle is wholly or partially wanting, hearing is said to be perfect. Notwithstanding this, no physiologist will deny that the auricle performs very important functions as an auxiliary to hearing.

ST. MARY'S HOSPITAL.

STRANGULATED FEMORAL HERNIA; OPERATION WITHOUT OPENING THE SAC; PERSISTENCE OF SYMPTOMS; SECOND EXPLORATORY OPERATION; RECOVERY.

(Under the care of Mr. LANE.)

E. L—, aged thirty-nine, was admitted on the 5th of October, with a strangulated femoral hernia on the left side. She had had a rupture for thirteen years, and had worn a

truss. The strangulation had commenced the day previous to her admission. The vomiting was severe and had become stercoraceous, and the other usual symptoms were well marked. The swelling was about the size of the fist.

All attempts at reduction having failed, Mr. Lane made a T incision over the tumour, and exposed the hernial sac, which was very loosely connected with the surrounding parts, and bulged forwards through the wound. He then divided the stricture without opening the sac, and attempted to return the intestine. Not succeeding in this, a small puncture was made into the sac, and a considerable quantity of bloody serum escaped, after which the protruded intestine was readily reduced, and also a portion of omentum, without any further opening into the sac. The omentum at one point was adherent to the fundus of the sac, and as it passed back the sac was inverted and drawn upwards with it into the abdominal cavity. This recession of the sac took place the more readily in consequence of the unusually loose connexion of its fundus with the surrounding parts. The wound was then closed in the usual way.

During the following two days no relief of the symptoms occurred, but the sickness, constipation, and all the other signs of strangulation continued unabated. It was thought necessary, therefore, on the third day to perform a second exploratory operation. This consisted in opening the wound, in introducing the finger through the femoral ring, and in drawing down the sac, which was not accomplished without some difficulty. The sac was then opened, but no intestine was found in it. The adherent piece of omentum was cut away below a ligature previously applied about an inch above its point of attachment. From this moment she began to improve, the vomiting immediately ceased, and the bowels acted during the night. At the date of this report (twelve days after the second operation) she was progressing rapidly towards recovery.

This case, it will be observed, is not an instance of reduction *en masse* of the sac and its contents, but the sac was emptied of its contents before it receded into the abdomen. The neck of the sac was not separated from the femoral ring, but the body of the sac was inverted through the neck into the abdomen. The neck of the sac was not incised, or otherwise interfered with, either in the first or second operation, except so far as was necessary in dividing the stricture external to it. It is not easy to understand why the symptoms of strangulation should have continued after the first operation; and the cause of their disappearance immediately after the second operation is also by no means evident. It is, however, not improbable that the inverted sac, with omentum attached to its fundus, in some way incommode the convolution of intestine which had previously occupied the cavity of the sac, and whose contiguous surfaces had probably become adherent to each other.

STRANGULATED FEMORAL HERNIA; OPERATION; RECOVERY.

(Under the care of Mr. JAMES LANE.)

A. F—, aged fifty, was admitted on the same evening as the patient whose case has just been related, and in a very similar condition. She had had a swelling in the right groin for twelve years, but had never worn a truss. Symptoms of acute strangulation had existed for twenty-four hours previous to her admission. Reduction having been found impossible, the operation was performed by Mr. Jas. Lane at eleven p.m. of Oct. 7th. An incision was made over the tumour towards its inner side, with the view of dividing the stricture external to the sac; but from the dark colour of the intestine, as seen through the sac and its covering after the incision had been made in the skin, it was thought better to open the sac at once, and to examine its contents. These were found to be, a piece of small intestine about six inches long, and a portion of omentum, the lower end of which, as in the former case, was adherent to the sac. The intestine was of a very dark purple colour, and appeared to have suffered considerably from the constriction, but was nevertheless sufficiently sound to warrant its return into the abdomen. The stricture, which was very tight, was divided from within in the usual direction; the intestine was returned, and, as far as practicable, the omentum also, but that portion of it which was adherent to the sac was not interfered with. The wound was closed with three interrupted sutures.

The vomiting ceased from the time of the operation, and the abdominal pain and other symptoms gradually subsided. The bowels were kept quiet by opium until the third day, when a mild aperient was given, and a copious evacuation was obtained.