

the patient brings the vision of the right eye gradually up to normal (a fact which alone establishes the functional nature of the anæsthesia). The optic disks are normal. No abnormality is found in the organs of reproduction.

On three different occasions within the first month of treatment at the hospital the patient presented herself with a history that no urine had been passed for two days. The catheter was passed each time, once with no result, once drawing about an ounce of rather high-colored urine, once drawing sixteen to twenty ounces of pale, clear urine of 1006 specific gravity. The patient complained each time of distressing desire to micturate but inability to do so. On another occasion the catheter, though urgently requested by the patient, was refused, external examination showing no marked distention of the bladder. The refusal was reported to have been followed by persistent vomiting, and the patient was from this time allowed catheterization whenever desired, the operation being, however, always performed by a female nurse. The difficulty persisting, the patient was taught to pass the catheter herself, which she does still several times a week.

On one visit a fairly strong faradic current was applied with one electrode in the bladder and the other on the hand. This brought on a state of tonic rigidity lasting an hour, and was therefore given up, although the patient reported a decided relief of bladder symptoms for some days after.

The convulsion produced by this operation has been many times repeated at the hospital, and is said to be of frequent occurrence at home, being brought on sometimes by mental or physical shock, but generally occurring spontaneously. At the hospital the convulsions have followed catheterization (whether performed by a doctor or by a female nurse), as well as the application of electricity, and have also come on with no apparent stimulus, mental or physical. In these attacks the patient grows gradually rigid, sometimes inclining to the right until extreme pleurothotonos is reached, and again passing in the same way into equally extreme opisthotonos. At times the patient passes gradually from one of these positions to the other. No clonic spasms or emotional attitudes appear. There is no sign of consciousness, and between the attacks the patient says that she knows nothing about them excepting that she feels their approach, and that she is very lame and sore afterwards, especially on the right side. The duration of the rigidity varies from half an hour to several hours. The inhalation of ether has only a temporary effect. The subcutaneous injection of apomorphia (one twentieth of a grain) produced on one occasion relaxation of the spasm with nausea and retching; on a second trial the same dose proved inefficacious. Pressure over the ovarian region on the right side during the convulsions is generally followed by relaxation of the spasm.

On two occasions the patient has presented herself with oedematous swelling of the right ankle and wrist, without redness, sensitiveness, or special discomfort on motion. No evidence of cardiac or renal trouble was found, and the swelling passed off each time in a few days without treatment.

About five months after her first appearance she suddenly lost the use of the right arm completely, and the paralysis has persisted up to the present time.

The patient being encouraged to attempt rhythmic movements of both wrists, concentrating the will upon

the right while restraining the excursion of the left, gradually regains mobility of the paralyzed member, another demonstration, hardly needed, of the functional character of the paralysis.

The patient's general condition has gradually improved, the pains are now less severe without morphia than they formerly were with it, although the drug was not given up without a hard struggle. The bladder symptoms are less distressing, the patient looks brighter and feels better. The hemianæsthesia persists. The convulsive attacks are much less frequent.

## DOUBLE INGUINAL HERNIA IN A MALE INFANT THIRTY-EIGHT DAYS OLD — STRANGULATION ON THE LEFT SIDE — HERNIOTOMY.<sup>1</sup>

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THE subject of my remarks, a male infant, was born on September 2d of the present year, at the beginning of the ninth month of utero-gestation. During six weeks preceding labor the mother was confined to her bed or room on account of hæmorrhages, due to partial placenta prævia. The infant was feeble and bore evidence of premature birth by its general debility, rather than by any specific sign of incomplete development. I estimated its weight at about five pounds. Within two days the child became jaundiced, but his condition otherwise, as well as that of the mother, was sufficiently favorable for me to cease paying regular visits after the tenth day.

On the morning of October 11th the father called and requested me to see the child, because it had been unusually restless during the night, and because the mother had noticed a swelling in the groin the previous evening.

Thinking that this swelling, as described to me by the father, might be a rupture, I visited the child without delay, and on rapid inspection found a deeply jaundiced little patient, not markedly increased in size since birth, with a tumor in each inguinal region, so that the pubic region resembled a mons veneris, with the adipose tissue well developed. As this, however, was not likely to be the case in so poorly nourished an infant, I continued my examination by manual palpation, and felt on each side a firm swelling, which reached up to the respective external inguinal ring, and extended obliquely downwards and inwards into the scrotum to the extent of more than two inches. The tumors were hard, and only slightly elastic, but in neither one could I locate the testicle or separate it from the rest of the tumor.

It will appear that the diagnosis must have been easily arrived at, because there are but few pathological conditions likely to be found in an infant that would resemble this, other than hernia, or perhaps hydrocele. Yet, fearing to exert pressure upon such tender structures in order to satisfactorily outline the testicles, I entertained some doubt whether I was really dealing with a case of double inguinal hernia, for which there existed the speculative causes of congenital debility, a patulous canal, and above these an impediment to the easy evacuation of the bladder in the existence of phymosis.

<sup>1</sup> Read before the Philadelphia County Medical Society, November 19, 1884.

I informed the parents that I believed the child to be suffering with a double hernia, and that I would make an attempt to reduce it.

The amount of manipulation which I considered to be safe not having lessened the size of either tumor, and there being no urgent symptoms, I left with the promise to return towards evening of the same day, with instructions to the mother to note carefully whether the child urinated or had a fecal evacuation. At my evening visit I learned that the child had had no passage since the preceding day, that it passed but a small amount of urine, and was disinclined to nurse. I now renewed my attempts at reduction, and succeeded in returning the protrusion on the right side into the abdominal cavity, the testicle remaining in the scrotum. Only at this juncture did I become positive of my diagnosis. My exertions to reduce the tumor on the left side proved unavailing. In order to ascertain whether I could induce an evacuation of the bowels without endangering the child's condition I inserted a small cone of soap into the rectum. This met with prompt response from that organ, and together with the soap a small amount of inspissated mucus, intermixed with or, rather, discolored by fecal matter, was expelled. This convinced me that a constriction existed somewhere in the intestinal tract. Placing a small compress over the right external inguinal ring, and securing it by a bandage, in order, if possible, to prevent a recurrence of hernia on that side by straining in the act of micturition, I left my patient.

In the morning and again towards evening of the following day attempts made at taxis were unsuccessful. Constipation, scanty urination, and refusal to take the breast continued until the third day, when I consulted with Dr. John B. Roberts, who concurred in the diagnosis of strangulated hernia.

After some manipulation, which somewhat reduced the tumor in size and seemed to relieve the symptoms, it was agreed to postpone operative procedure until more urgently required. Towards evening of the same day the vomiting which had existed before became more pronounced, and the copiously-emitted substance in its consistency, color, and odor resembled fecal matter.

About noon of October 14th, and therefore the fifth day after the symptoms of hernia were first noticed, and when the child was just six weeks old, an anæsthetic (ether) was administered, and the last, but unsuccessful, attempt at reduction having been made, I proceeded, with the material aid of Drs. Roberts, O'Hara, and other gentlemen, to perform herniotomy.

Making an extensive incision through the tegumentary structures and subsequently dividing two additional layers of investment to the hernia, a sac was reached, which was hard to the touch, and distended by fluid contents. A puncture of this sac and evacuation of its sero-sanguinolent contents by means of a hypodermic syringe caused its partial collapse, and a trial was made to return the protrusion into the abdominal cavity. This attempt proving ineffectual the hernial sac was incised. This laid open to view a coil of small intestine of a purplish-red hue, and below it the testicle and the epididymis. This last peritoneal investment was the tunica vaginalis testis, and consequently formed the true hernial sac.

Even now an obstacle to the return of the intestine presented itself at the constricted neck of the sac. The tender age of the patient and the delicate and small

structures involved necessitated the employment of the ophthalmic surgeon's canaliculus knife, in place of a Cooper's hernia bistoury, whilst a small grooved director served the purpose of a hernia director until an incision enlarged the opening to a sufficient extent to permit of the insertion of Levis's hernia director. The hernia was of the oblique variety, and after extensive enlargement of the external inguinal ring over Levis's director the intestine was returned into the abdominal cavity.

The interrupted wire suture was now employed; the first and second stitches penetrating all structures from without into the abdominal cavity, approximated the edges of the external abdominal ring. A strip of rubber tubing was inserted, to favor drainage. The loss of blood was insignificant in amount. Antiseptic precautions were observed, by using a solution of corrosive sublimate for the hands, sponges, and towels, whilst the instruments were kept immersed in carbolic water. An existing phymosis, which was regarded a factor in the production of the hernia, was corrected at the same time.

A few hours after the operation the child had a normal passage; the urine which was voided contained a dark-green sediment, which remained as stains on the napkin. The child took the breast readily, and appeared in no way to be disturbed by the operation. Primary union took place throughout the extent of the wound, and the drainage-tube was removed on the third day, after which the small orifice thus left also closed. No symptoms of peritonitis, or inflammation elsewhere, appeared; the pulse was better than before the herniotomy; the excretions continued regular, and everything gave promise of a favorable result except that the babe did not gain strength, and the jaundice became rather more pronounced. On the fifth day after the operation the child died, and I have good reason to believe the cause of death lay elsewhere than in the hernia.

Not the rarity of the affection induces me to present this case to your attention, but rather my belief in the propriety of performing the operation even in so young an infant. I am not conversant with the literature of the subject, and do not know whether a few or many cases are recorded, but my observations of this one case causes me to make the deduction that the operation should be performed unhesitatingly whenever indications for it exist; and I believe that the more rapid reparative process existing in infancy gives an even more favorable prognosis than the same operation performed on the adult.

## Reports of Societies.

### PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

C. M. GREEN, M. D., SECRETARY.

OCTOBER 25, 1884. The President, DR. JAMES C. WHITE, in the chair.

DR. AMORY read a paper on

THE MANUFACTURE OF OIL OF CADE,

and in this paper mentioned the fact that Dioscorides used this medicinal agent in his time. Since then its periods of use have been inconstant, until Hebra re-