

returned, the wound closed with a couple of sutures, and the child put to bed.

He took the breast about an hour after the operation, but vomited the milk occasionally, which latter was, when rejected, slightly tinged with yellow. The bowels acted between four and five o'clock in the afternoon, (the child had been operated upon at one o'clock,) and again during the night. The patient slept at intervals, but was rather restless. On the next day, the parts were somewhat swollen and inflamed; the sutures were removed, and a poultice applied. The boy seemed uneasy during the day, and vomited the milk twice; the latter, however, was not tinged yellow as before. The bowels acted three times in the course of the day. On the third morning, the child was reported to have passed a quiet night; he looked better, and took the breast well; the sickness had quite stopped, and the bowels were freely open.

This patient went on favourably for the fourth and fifth day, but on the sixth he again became restless, and the bowels remained confined. Towards evening they were slightly relieved, and on the following morning a teaspoonful of castor-oil was administered, which acted freely. From this time, the little patient never had an unfavourable symptom, and was discharged ten days after admission, with the wound just closed.

A feature worthy of remark in the preceding case is the caution with which the taxis was employed. It is very likely that the issue would not have been so favourable had efforts at reduction been long persevered in. In fact, it is sometimes hardly fair to lay failures at the door of the operator, when cases are sent to him in which dangerous inflammation has already been excited by rough handling. Early operations are especially called for in very young subjects, and in illustration of this position we beg to refer to the following cases:—

UNIVERSITY COLLEGE HOSPITAL.

Strangulated Hernia in a Child five months old; Operation; Recovery.

(Under the care of Mr. ERICHSEN.)

THE following particulars were obtained from the notes of Mr. Turle, Mr. Erichsen's house-surgeon.

Arthur C—, aged five months and a half, was admitted April 12, 1852, under the care of Mr. Erichsen. It appears that when the boy was three weeks old, a hernial tumour appeared in the right groin; it could be easily reduced, and would only come down occasionally—viz., about once a week. The tumour then used to remain apparent for several hours, and afterwards ascend spontaneously into the abdominal cavity. When the child was four months old, a truss was applied, but the apparatus proved ineffectual, as the tumour appeared again on the following day by the side of the pad. The truss seemed also to cause considerable pain, and the mother therefore brought the child to the hospital.

The little patient was found, on examination, to be affected with oblique inguinal hernia of the right side; the intestine had descended into the scrotum, and was greatly distended. There were, however, no symptoms of strangulation at the time; some attempts were made to reduce the tumour, but these having failed, the mother was desired to leave off the truss and to bring the child immediately she perceived any unpleasant symptoms.

Six weeks after this (April 12, 1852) the mother applied to Mr. Erichsen again, as alarming signs of strangulation had manifested themselves. The tumour, which had remained unreduced, was now large and tense, its neck appearing to be tightly constricted by the external abdominal ring. In following the intestine down into the scrotum it was remarked that the latter was not only distended by displaced intestine, but likewise by fluid secreted in the cavity of the tunica vaginalis, so that the child was suffering both from strangulated inguinal hernia and hydrocele. Constipation and vomiting had been existing for some time, the surface was cold, the face pale and drawn, and the patient evidently in a very precarious state.

The mother, having been told of the dangerous condition of her child, readily consented to the performance of the operation, and Mr. Erichsen proceeded as soon as the child was narcotized by chloroform. The integuments were divided over the neck of the tumour, and the several layers of cellular tissue and fasciæ having carefully been slit open, the sac was fairly exposed. The constriction was now found to be exerted by the external abdominal ring, and a few transverse fibres of the cremaster muscle; a curved director was passed beneath these parts, the strangulating structures were

divided by an incision directly upwards, and the protruded intestine returned with facility without the peritonæal sac having been opened. The edges of the wound were approximated with sutures, and the whole secured by a compress and a double-headed roller.

Three hours after the operation a copious liquid motion was passed, the child being perfectly quiet and composed. On the following day he was in a very satisfactory state, and the wound looked very healthy. From this time the little patient progressed most favourably; he had no bad symptoms whatever, became cheerful, and improved much in appearance. The bowels were open daily, and the child left the hospital, the wound being quite cicatrized, eighteen days after admission.

It will be perceived that the taxis was not tried at all in this case when the symptoms were fully established; and that this cautious conduct has a marked and beneficial influence on the issue, is clearly seen by the success here obtained. We cannot help noticing, in reviewing this case, the baneful effects of the common spring truss in infants; nor can it be otherwise, for it is next to impossible that the pad should exactly compress the ring with infants at the breast. It is equally difficult to regulate the spring in such a manner as to prevent the truss from slipping, without using an amount of pressure which must of necessity be hurtful to the child. Nothing will answer in such cases but elastic belts, which yield without becoming displaced when the infant cries; the belt being supplied with an air-pad, as suggested by M. Bourjeaud, which shall be gently lodged upon the ring, and be made softer or harder by means of the stop-cock, as occasion may require.

Mr. Erichsen has operated in private practice upon extremely young children with varied success; we shall just allude to two of the cases, as we are anxious to accumulate facts bearing upon operations for strangulated hernia in infants.

Strangulated Congenital Hernia in a Child ten weeks old; Operation; Death.

(Under the care of Mr. ERICHSEN.)

Mr. Erichsen was requested by Mr. Tweed, on the 11th October, 1850, to see a child ten weeks old, who was suffering from strangulated hernia. The child had passed no flatus nor fæces for three days, and during the last two had been constantly vomiting thin, yellow matter. The ordinary domestic remedies having been tried in vain to open the bowels, Mr. Tweed was called in, who detected the hernia.

On examination, fæces were found in both tunicae vaginales. On the right side, the canal and rings were occupied by a very tense inguinal hernia, which descended into the upper part of the scrotum above the hydrocele. Mr. Erichsen at once proceeded to operate upon this hernia, after having ineffectually tried the taxis a little time. The incisions having been made in the usual direction, the structures, which were very thin, were carefully dissected, the tensely-stretched external abdominal ring divided on a director, and the sac opened, exposing a knuckle of chocolate-coloured intestine. The stricture, which appeared to be in the neck of the sac, was then divided upwards, and it was so excessively tight that Mr. Erichsen found some difficulty in getting his finger-nail underneath it. The intestine was then returned, and a few stitches having been put into the wound, a pad and bandage were applied.

When the sac was opened, the hernia being a congenital one, the spermatic cord and testis were of course exposed. These were deeply congested, the latter especially being of a dark purple colour, and looking like a sloe. A small quantity of calomel was given to the child every third hour, and chamomile fomentations were applied to the abdomen; but he died on the fourth day after the operation, without the bowels having acted.

On examination of the body, it was found that the portion of intestine that had been constricted was gangrenous, never having recovered itself so as to carry on peristaltic action. There were traces of general peritonitis.

Strangulated Congenital Hernia in a Child ten weeks old; Operation; Recovery.

(Under the care of Mr. ERICHSEN.)

On the 12th of January, 1851, Mr. Erichsen was requested by Mr. Greenhalgh to see a child nine weeks old, in whom an inguinal hernia had descended for the first time, on the preceding day, during an effort at vomiting. Since that time there had been constant sickness and constipation.

On examination a very tense congenital inguinal hernia