

dead, the safety of the mother required that she should be delivered in the manner least likely to render convalescence tedious. Ergot having been given, the woman was placed in the usual position. The parietal bone was perforated, followed by a marked collapse of the head. The crotchet was then introduced, and the child delivered. The placenta was easily withdrawn. The child weighed about ten pounds. The head was larger than the average, the bones firm and unyielding. Over the posterior part of the sagittal suture, there was a tumor as large as a good-sized hen's-egg.

11½, A.M.—Pains very feeble, but the uterus well contracted. Feels very much exhausted. Ordered whiskey. 6, P.M.—Pulse 88, weak. Had several hours' good sleep; has taken gruel and whiskey.

26th.—9, A.M.—A restless night. Abdomen much swollen and tympanitic; considerable tenderness on deep pressure over uterus; lochia scanty; external genitals much swollen; pulse 84.

27th.—A good night. Breasts full; abdomen as yesterday. Complains of after-pains. No dejection since delivery. Pulse 80. Ordered castor oil and turpentine.

28th.—A good night. Pulse 72. Had a free dejection. From this date my attendance discontinued.

RESULTS OF THE OPERATIONS FOR THE RADICAL CURE OF CONGENITAL HERNIA, REPORTED IN THIS JOURNAL JUNE 4, 1863.

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At the last meeting of the Society for Medical Improvement (Sept. 28th), Dr. Cheever exhibited to the members a boy, 12 years of age, who was operated on for congenital hernia by Wood's method, last April, and who was, to all appearance, cured. It may be remembered that of the three cases reported in the JOURNAL, one failed at the outset from ulceration of the sutures on the fifth day; the other two were progressing favorably two months after the operation. Dr. C. gave a brief abstract of their continued improvement since that time. The first case, operated on by Gerdy's method, was left, with the skin of the scrotum firmly invaginated, the testicle a little enlarged, and the inguinal canal filled with a dense deposit; there was no bulging at the internal ring. The boy had constantly played about since that time, and had *never worn any truss since the operation*. At the end of six months he was every way as well; there was not the slightest bubonocoele, and it seemed very improbable that the great thickening in the inguinal canal would ever give way again.

The second case, operated on by Wood's method, was allowed to sit up three weeks after the operation. The hernia remained up,

and there was some induration along the inguinal canal. After he had been up a fortnight, a slight protrusion was noticed at the internal ring. Examination by the finger revealed the external ring reduced in size about one half, with firm, sharp and defined edges, showing it to be the result of actual approximation of its walls. There was considerable thickening of the scrotal fascia and cellular tissue. He was advised to wear a truss with a weak spring and flat pad, for some weeks. Within a few days after putting on the truss he left it off for several days while moving about, and the hernia did not come down. It has never come down since. He wore the truss at first pretty continuously, then rarely, and for the last month not at all. Being an active boy, he disliked the truss, and shirked putting it on when he could. During the last few weeks he has done heavy work, assisting in putting in coal, &c., without truss, and with no feeling of weakness in the groin. He therefore considers himself well, and certainly seems so. When shown to the Society, the cicatrices of the operation were but faintly visible, the parts somewhat thickened, and not the slightest bubonocoele. It is now six months since the operation.

These cases were operated on with silver wire, and Dr. Wood now gives that the preference over silk or hempen sutures. The instrument used was not unlike an aneurism-needle, somewhat sharpened, and with the eye at the point.

Dr. C. also alluded to the excellent monograph on Hernia, recently published by Dr. Wood, in London.* This is profusely illustrated; and by this means the author makes clear—what is always so difficult to make out from descriptions—his method of operating for the cure of rupture. Dr. Wood gives the result of his operation in sixty cases. There was but one death, and that from pyæmia. There were 42 cures, or about 70 *per cent. of successful cases*. Some of these cases were in children, but many in adults. Some of the latter worked as sailors, coal-heavers, dock-laborers, &c., without trusses, one year after the operation. This method has also the advantage of rendering a truss more efficient, even if it does not cure the hernia by the operation itself. For it draws the walls of the canal together, instead of spreading them open by invaginated skin, or by plugs, as other methods of operating do. In his work Dr. Wood has introduced many modifications of his operation, according to circumstances. But the essential principle is the same, viz.: *to close the inguinal canal by approximation and inflammatory adhesion of its walls, both the rings being also drawn together*; and this certainly seems the most reasonable method of attempting a radical cure.

* "On Rupture, Inguinal, Crural and Umbilical; the Anatomy, Pathology, Cause and Prevention; with new Methods of effecting a Radical and Permanent Cure. By John Wood, F.R.C.S., &c. London. 1863."