THREE SUCCESSFUL CASES OF OPERATION FOR THE RADICAL CURE OF HERNIA.

BY DR. J. O'BRIEN.

Case I.—Ali Muddi, a Mahomedan, age 30, an inhabitant of Calcutta, a moochi by trade, was admitted into the Medical College Hospital, on 26th January, 1885, for a reducible oblique inguinal hernia of the right side. The patient states that the hernia is of 8 or 9 years' standing. It began as a small tumor in the groin, and gradually descended into the scrotum. It is ordinarily about the size of an orange, but becomes much larger after meals. On such occasions, if not returned with the abdomen, it grows tense and painful. To obviate this inconvenience the patient is in the habit of reducing it before eating and of preventing its descent by means of a bandage roughly applied. As the tumor is getting rapidly larger, and causes trouble and anxiety, and interferes with his ordinary avocations, he requests that a radical cure may be effected.

On 30th January the operation for radical cure by excision of the sac was performed. Instead of the usual oblique incision over the track of the inguinal canal, a vertical incision about 3 inches in length was made over the external ring. The successive layers of fasciæ were divided on a director, and the sac exposed. This was carefully freed from its attachments to the cord and to the fascia of the scrotum, tied close to the external ring with a double catgut ligature, and afterwards excised.

The pillars of the ring and the conjoined tendor were then drawn together by two silver wire sutures. A counter opening was made in the bottom of the scrotum for the insertion of a drainage tube, the external wound was stitched with wire and horsehair and dressed anticeptically. The healing was rapid in this case. There was some local tenderness for a few days after the operation, but the amount of pyrexia was trifling. The temperature did not rise at any time above 100°. The silver wire sutures, which held together the pillars of the ring, were left in permanently to secure complete closure of the aperture, and the external wound allowed to heal over them. The drainage tube was removed at the end of 48 hours, and the wound in the scrotum healed rapidly. A few drops of pus gathered in the upper part of the incision on the abdomen, and delayed the closure of the wound: but the patient was practically well within 10 days of the operation. He was discharged apparently quite cured on 2nd March.

Case II.—The patient was a Hindu boy of 10 years. He was admitted into the Second Surgeon's Ward on 14th February, 1885. The hernia was a recent one of about a month's duration, and was brought on according to the boy's statement by violent exertion. He first noticed it as a small lump in the left groin. While it was still in the condition of a bubonocele, he had to undertake a march with his relations of some 50 miles. Owing to this exertion, the tumor increased rapidly in size. On admission, it was found to be an oblique inguinal hernia, which had descended partly into the scrotum. It was about the size of a small hen's egg, and was readily reducible.

An operation, exactly similar to that described in the previous case, was performed on 18th February. The sac was tied at the external ring, and completely excised. Healing was extremely rapid. There was practically no external inflammation, no local peritonitis, no fever. The temperature did not reach 100° at any time. The drainage tube was removed at the end of 48 hours, and the wound was completely healed and the hernia cured by the 12th day. The pillars of the ring were brought together, as in the first case, by silver-wire sutures, which were left permanently in position. The boy was discharged from hospital, to all appearances quite well, on 11th March. The cicatrix was firm, and there was not the slightest bulging in the groin to indicate that a hernia had even existed.

Case III.—This case, though quite as successful in its ultimate results as the other two, was exceedingly troublesome owing to the age of the child and the consequent difficulty of retaining the dressings in position and of preserving them from being constantly drenched with urine. Moreover, whenever the child cried, and this was often, a stress was put on the pillars of the ring and on the edges of the exterual wound, that was by no means desirable. In fact, my experience of this case leads me to think that this form of operation for the radical cure of hernia is not suitable to young children, and that it should be postponed until the patient arrives at an age when he is more amenable to advice and more under the control of reason.

The patient, a Hindu child of four years, was admitted into the Second Surgeon's Ward, on 20th February, for a reducible oblique inguinal hernia of left side. The history, briefly told, was, that a tumor in the groin was first noticed when he was four months old. Since then, it has gradually increased until it attained its present size. At first it used to disappear in the recumbent position, but now it remains out almost continually. Still the bowels are regular, and but little discomfort has been caused by the hernia. At the present time, the tumor is about the size of a small orange.

An operation, exactly similar to that described above, was performed, under chloroform, on 22nd February. The sac was dissected out and excised completely. The stump of the sac

was thick and completely filled the inguinal canal. Instead of sutures of silver-wire, catgut was employed for drawing together the pillars of the ring. The repair of the wound was slow owing to the difficulties detailed above, and a month elapsed before it was entirely healed. A sinus formed in the track leading from the abdominal incision to the opening made in the fundus of the scrotum for purposes of drainage, and gave rise to much trouble. Moreover, an eczematous condition of the skin was induced by the constant moisture of the dressings, and lastly recovery was hindered by a severe intercurrent attack of measles, which supervened with severe cough, towards the middle of March, and seriously undermined the strength of the child.

However, the wound healed at length, and the eczema disappeared under suitable treatment and a very close and firm cicatrix was left, which completely matted together the structures in front of the hernial aperture, and obliterated it. Towards the middle of April, the child left the hospital in good health, and apparently completely cured of the rupture.

I have published these cases for the purpose of showing how rapid the cure is after this operation in favorable cases, and how free from danger the operation itself when no complications exist. A much greater risk attends when the operation is undertaken after the reduction of a strangulated hernia; but on this subject I have touched in a former paper.

EDEN HOSPITAL, CALCUTTA.

A PIECE OF STICK INTRODUCED BY A WOMAN INTO THE INTERIOR OF HER UTERUS FOR THE CURE OF AMENORRHŒA—REMOVAL.

By James Clarke, M.D.,
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Rampiyari, Hindu, aged 25 years, was admitted to the Eden Hospital on the 7th October 1884, and gave the following history:—She was confined in March, and being anxious for the menses to appear, she consulted some of her friends, who told her to introduce into the womb a piece of stick from a certain tree, which they pointed out to her. She, accordingly, having procured the stick about 5 P. M. on the 5th, introduced it herself by putting one finger into the vagina, feeling for the opening of the womb, and with the other hand introduced the piece of stick, pushing it well up, and, in doing so, experienced a good deal of pain. The irritation of the foreign body gave rise to great pain over the lower part of the abdomen, and a discharge of mucus and blood from the vagina. An attempt to extract the foreign body was made outside, but failed, and, in consequence, she was sent to the hospital.

On admission, I found that there was great tenderness and pain on pressure over the uterine region, the vagina hot and tender; the os dilated, so as to admit the tip of finger beyond the base of the nail; no foreign body could be detected by the finger, because the os was not sufficiently dilated to allow the finger to reach high enough. The os was in its normal position, but the uterus was enlarged, retroflexed and tender.

An examination with the speculum showed the margins of the os lacerated in several places, red and inflamed, and a discharge of blood and mucus was seen issuing from the cervix. The uterine sound passed easily in a backward direction for 3½ inches, but gave no indication of the presence of a foreign body.

As it was impossible to introduce the finger further than a little beyond the base of the nail, and to be sure whether there was a foreign body in the uterine cavity or cervical canal higher up, I determined to dilate the cervix, and introduced two laminaria tents, put in a glycerine plug, and ordered an opium enema every three hours.

8th October.—The patient slept fairly well during the night, the glycerine plug and tents were removed, and the vagina washed out with a solution of Condy's fluid. The os was now dilated so as to admit the index finger, which, however, gave no indication of the presence of a foreign body. The uterus being retroflexed, it was impossible to steady it by pressure of the other hand over the abdomen, and being free to move, the parts receded before the examining finger.

In order to steady the uterus the anterior and posterior lips of the cervix were seized by vulsellum forceps, and drawn down, and the index finger now reached, and was just able to touch the end of a piece of stick, which was lying free in the cavity of the retroflexed uterus. The patient was now put under chloroform; the uterus steadied and drawn down with forceps, and the piece of stick extracted, after a good many trials, by a pair of long forceps.

The after-treatment consisted of opium enemata every three hours, hot vaginal douche, with glycerine plugs, and a mixture of sulpho-carbolate of soda and ext. ergot liq. every four hours. The woman recovered without a bad symptom, and left hospital on 16th October.

Remarks.—This case is interesting for the following reasons:—

1. The woman herself introduced the piece of stick into the interior of the uterus. The piece extracted measured 1¾ inches, but the probability was that it was originally much longer, and that it was broken when being introduced.

2. It was put in for the cure of amenorrhœa and not to cause abortion. My reasons for saying so are, that the woman had been confined six