

BROWN (G.S.)

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hernia &*

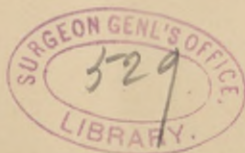


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**A CASE OF INCARCERATED HERNIA AND ITS
REDUCTION BY MEANS OF RECTAL TAXIS.**

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ON February 21st I was called to see a white child, C. M., two months old, who, while crying and straining at stool, suffered a right inguinal rupture. I saw him thirty minutes after the accident occurred and discovered a cylindrical-shaped tumor, three inches long and of a nearly uniform diameter of about one inch, distending the right scrotum and extending up to the internal ring. The end of the tumor occupying the bottom of the scrotum was easily made out to be a portion of bowel distended with gas. This composed about one-third of the total length of the tumor. The remaining two-thirds, or two inches, was a solid non-compressible mass. It was traced to and found to be firmly wedged in the inguinal ring. Under profound anesthesia from chloroform and with the child held vertically by the feet to secure the additional aid of gravity I began an attempt to reduce it by taxis. It was a surprise to me to find how very tightly this solid portion of the hernia was wedged into the inguinal opening. It conveyed a sensation to the hand similar to that of a corn-cob stopper in a jug (to use a readily understood simile), one that had been forced into the jug with an effort and time allowed for the inner end to absorb fluid and swell to the size of the large end outside. Upon introducing my finger into the rectum, after half-an-hour of futile effort at taxis in



the ordinary way, I was even more forcibly struck with the exactness of the foregoing comparison. The tumor could be moved about between my finger in the rectum and my external hand in any direction except vertically through the ring. Just here it seemed to me that I had discovered something valuable, as I found I had absolute knowledge and control of the entire hernial mass. By making steady pressure on the mass from without, while with the finger in the bowel I pushed from side to side in every direction the portion of the mass presenting through the abdominal opening of the inguinal canal, I was finally rewarded by feeling the mass move back through the opening slowly and tightly all the way, and at last drop back into the abdomen. This portion, clearly omentum, had followed the loop of bowel through the ring and caused immediate and complete strangulation. The loop of bowel, now that the wedging epiplocele was put out of the way, retreated rapidly under gentle taxis and disappeared with the characteristic flop. The process of reduction is exactly illustrated by inverting a bottle of champagne which is a little stale. The force of the contained carbonic acid will represent the steady pressure maintained by my outside hand, while the to-and-fro motion of the thumb on the cork, to aid its expulsion, will represent the action of my finger in the rectum on the interior portion of the tumor. This finger in the rectum gave exact knowledge of when and how much, first the epiplocele and, then, the bowel moved, and just when they successively passed back through the internal ring. The tip of the finger could then be introduced into the internal opening. Another useful aid it gave was that on lessening the pressure from without I could push it up alongside the tumor and dilate the internal ring.

On a somewhat superficial search I can find no mention of this method of rectal taxis in the reduction of hernia. If it has before been employed, I would be

grateful for information on the subject. At any rate, I wish to emphasize my conviction as to the value of it. Taxis in this case in the ordinary way, with the child inverted and profoundly anesthetized, had completely failed. The finger in the rectum, introduced for examining purposes, rendered the reduction possible and saved a cutting-operation, which was then being prepared for.

I would suggest finally that a recently incarcerated inguinal hernia in an adult might be reduced in a similar manner. A surgeon with a small hand might introduce it entire into the rectum and give material aid to the efforts at taxis without, by traction with finger and thumb on that part of the tumor just within the internal ring. I say this might be possible, and when such a case presents itself I shall certainly try it.

I would add that the child had no further symptom of any injury, being apparently as well as ever the next morning.

