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Abstract of a Clinical Lecture
Delivered at the Harlem Hospital, New York.

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THE first case presented for operation was one of strangulated inguinal hernia. The patient, a strong man of twenty-four years, gave a history of having noticed a swelling, in the left side since he was six or seven years old. He had worn a truss almost continuously until two years ago, when he found that after having left it off the hernia did not reappear.

The features in the clinical history to which Dr. Manley particularly directed attention were, first, the origin of the trouble. The patient thought that the hernia had not appeared before he was seven years old; but Dr. Manley was convinced that while the protrusion may not have been large enough to attract notice until that age, the lesion was congenital, as are the vast majority of all herniæ.

Secondly, the patient, supposing himself cured, had discarded the truss for two years; and it was only after a severe strain that he found his rupture had returned. For the first time he found that after patient and persevering efforts he could not reduce the hernia.

It descended at about three o'clock in the afternoon.

Two hours later a local practitioner was summoned, but failed to reduce it. Constitutional symptoms having developed, the patient was advised to seek admission to hospital.

The great pain at the seat of the protrusion, which was very large, and the constant vomiting and great exhaustion, all pointed to strangulation.

The operator said he approached the case with two objects in view. The first and most important was to relieve the obstruction by dividing the constricting band wherever it might be located; then to complete the operation with the object of a radical cure of the hernia.

Here he referred to the defective structural development; the deranged and confused anatomical position of the parts; which should be considered before deciding on the precise surgical measures which might prove most efficient in obtaining a cure.

Important questions were:

Did the fœtal type still persist?

Was there an undescended testicle or one lying somewhere in the inguinal canal, or, further, if the testicle had descended, was it adherent to the floating viscera of the abdomen, carrying a portion of them to the base of the scrotum?

Was the fault due to an excessive amount of omentum or an abnormally long mesenteric ligament?

The operation was begun by the long, free incision. On reaching the deeper structures it was at once manifest that the case was one of the congenital variety. There was no true sac. The immense mass of extruded omentum lay in apposition to the tunica albuginea of the testicle, but was not adherent to it.

On finding this condition Dr. Manley stated that he would be unable to do the classic operation of McBurney, which he had hitherto performed with most

gratifying results in strangulated hernia. He would do a modified Macewen operation, or what might, perhaps, be designated a "McBurney-Macewen operation." He would ligate the sac off without sacrificing the testicle, and fill in and obliterate the greatly enlarged space between the pillars of the ring.

In order to do this, after ligating and cutting away the superfluous omentum, the remaining stump was fixed in the canal with the quilted suture, after the plan of Macewen, while the remainder of the operation was completed after the McBurney method—the cutaneous margins of the wound sewed down to the peritoneum—and the whole treated by the open method.

The second case for operation was a boy of seven, who had had his hernia since birth. His father had taken him to travelling charlatans during the first few years of his life, but lately had consulted several well-known surgeons. There was a great difference of opinion as to what the swelling really was, and as to the plan of treatment; some maintaining that it was a hydrocele or an encysted spermatocele, etc.; some recommended operation and others advised against it.

There were a few points unmistakably clear in connection with this case. The first was, that there was a protrusion that increased in size with the boy's growth, and that could not be reduced. Again, its growth was rapid, and it became so prominent, under the trowsers, that it attracted notice, and hence brought down on the lad the jeers and banter of other boys, so that the little fellow himself was anxious to get rid of it.

Thorough antisepsis being observed, the operation was commenced with the usual long, free incision over the line of the spermatic cord, from the internal ring downward. Here, as in the preceding case, there was no sac, but after freely opening the tunica vaginalis, which in-

vested the protruded mass, it could not be replaced in the abdomen with ordinary taxis. The enlargement consisted of nearly twelve inches of intestine. It was found, on careful examination, that the reason the gut failed to return was not resistance from above, but because on its mesenteric border the vas deferens, the epididymis, and testicle were in one confused mass, all bound rigidly to the intestine by organized fibrous tissue, which had to be divided with the scissors.

After having thoroughly freed the bowel, the atrophied testicle was removed high up, when the gut itself was returned and the peritoneal cavity closed, by ligating off the fascia propria on a line with the internal ring. The wound was treated by the open method.

Dr. Manley next exhibited a man, seventy-three years of age, on whom he had operated successfully three months previously.

The man had a large incarcerated hernia on each side, which, he said, had annoyed him for more than forty years. At first they were reducible, but owing to badly fitting trusses a localized peritonitis had developed, which ended in the firm adhesion of the sac to its contents; and had, in this instance, as is usually the case in all after a sufficient time, produced what is known as incarcerated hernia.

Dr. Manley asked that the great difference in age be noticed in these two cases, and said that neither extreme constituted an obstacle to operative measures, if the patient was in sound health. On the other hand, in congenital hernia he would advise the operation at the earliest possible date; preferably before the infant was a month old.

NOTE.—The two cases operated upon made excellent recoveries, and were dismissed from the hospital, cured, six weeks later.