

THE TREATMENT OF HERNIA.*

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At the last meeting of this Society, I had the honor to present some new methods in the treatment of hernia (a full account of which will be found in the Society's Proceedings), and the interest then evinced has induced me to make a few additional remarks on this important subject. During the past year much has been written about it, but little real progress has been made. Quite recently, two special works on Hernia have been published in this country, but they contain nothing original, much that is harmful, and their only tendency will be to still further complicate a subject already sufficiently misunderstood.

Of the two divisions under which the treatment of hernia is generally spoken, viz.: the "palliative," or mechanical, and the "radical," or surgical, the "palliative" is, for many reasons, the more important; and yet, so far as the profession is concerned, it practically does not exist. To some of you, this statement may seem extreme, but a somewhat extensive experience in this special branch of practice compels me to re-iterate it. Few practitioners take any personal part in the mechanical treatment of hernia; fewer still take the trouble to master its principles, while surgeons affect to regard it as unworthy of their attention. Other branches of medicine have been advancing steadily, especially of late years, but the palliative treatment for hernia has remained virtually stationary for centuries. Celsus, who practised it in the first century, tells us that, in his time, a girdle of some firm material was used, with a pad to retain the rupture. In 1306, the girdle was first made of iron, and in 1628 steel commenced to be used, but, with the exception of a difference in the materials employed, the principle has remained the same.

Our teachers and text-books keep on repeating one another without change, recommending instruments which they have probably never tried and promising results which cannot be attained by the methods now in use. Disappointment inevitably follows, but no real effort has been made towards

improvement, and the palliative treatment of hernia has expired from "dry rot."

In regard to the radical or surgical treatment of hernia, the tendency is all the other way. Here, as elsewhere, there is too great a readiness to appeal to the knife, and the multiplicity of so-called "radical cures" is absolutely confusing, while the results are not at all commensurate with the risks incurred. The craze for the so-called "open method" is at present so excessive that there is often little left of the original structures involved, and the permanent injury inflicted on the patient is entirely overlooked. The *fin de siècle* surgeon no longer "repairs," he "re-constructs"!

As the result of this attitude of the profession towards the ruptured, the treatment of hernia has always been a fruitful field for impostors; and charlatanry was never more rampant than now. The Heaton injection method has been resurrected, and, though its inefficiency was proven many years ago, it is now flaunted in almost every town throughout the country as an unailing cure for every form and variety of hernia. The most humiliating feature in this revival of a dead issue is the fact that these quacks are aided and abetted in their nefarious methods by reputable members of the profession, who not only send them patients but certify as to the successful results of their treatment. These gentlemen fail to see the unenviable position in which they place themselves and the great injustice and injury they inflict upon their patients and their profession.

One valuable lesson we can all learn from these charlatans is the absolute necessity for constant personal supervision in the management of the palliative treatment of rupture cases. We must not only give them our personal attention but we must be persistent in our efforts if we wish to succeed. Just as soon as we begin to do so, we will realize the imperfections of the trusses now in use and appreciate the causes of our failing to obtain cures. Indeed, the unsatisfactory results obtainable by the present faulty instruments are largely responsible for the indifference and neglect bestowed upon these cases.

Notwithstanding this, the extraordinary claim was made here last year that good trusses were so plentiful that, in any small town, instruments could be found suitable for any case. Such a

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