UMBILICAL HERNIA AND ITS OPERATIVE TREATMENT, WITH SPECIAL REFERENCE TO THE MAYO OPERATION*

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THE radical cure of umbilical hernia up to ten years ago was a very unsatisfactory surgical procedure, not only because it was attended by a very high mortality, but because it so frequently failed; the united muscles and fascia separated in a short time from the great intra-abdominal pressure to which they were subjected, and the hernial protrusion recurred. The operation was also attended by such great physical difficulties that most surgeons abandoned radical interference, except in a few selected cases, unless some acute complication arose—such as obstruction and strangulation of the contained gut or suppuration of the sac contents—and when the operation was performed simply to meet these dangerous conditions, and not with the hope of radically and permanently closing the breach in the abdominal wall. These herniæ are often very large and contain not only the omentum and small bowels, but even the ascending and transverse colon, as well as a large part of the stomach. They are seen in women who have borne many children and whose abdominal muscles are so stretched and thinned out that their bellies become huge and pendulous and fall over the pubes, as a loose fold of fat; and the divarication of the recti muscles is so great that it is an utter impossibility to approximate them to the medium line, and, strange and anomalous as it may seem, this diastasis of the recti muscles and the flaccidity of the abdominal wall makes the Mayo operation anatomically possible, as well as mechanically ideal. In the old operations for large umbilical hernia, when the incision was made in the median line, it was found impossible to reduce all the hernia into the abdominal cavity; first of all because the cavity was too small to receive it, and secondly, the intra-abdominal pressure was so great that re-position and retention of all of the sac contents was a physical impossibility. But with the transverse or Mayo incision, the lower loose abdominal wall, by being lifted up and opposed to the upper flap, makes a bigger and roomier peritoneal cavity, because the transverse circumference of the belly at the navel is increased, and therefore the sac contents—no matter how large—can always be accommodated. This point can be easily demonstrated by following a suggestion of Mayo in the examination of these women before operation. You will find that when the woman lies on her back, the loose pendulous fold is often so great as to completely cover and conceal the flat hand when placed on the abdomen above the pubes, or the lower fold can often be lifted up so as to nearly cover the hernial protrusion. In the old operation for ventral and umbilical herniæ, and especially when of large size and where the ordinary up and

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