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ORIGINAL ARTICLES.

Strangulated Hernia— Resection of Small Intestine by Maunsell's Method—Recovery—by J. W. Good, Prof. of Clinical Surgery, Manitoba Medical College.

Male—M. S.— Commercial Traveller, Oct. 27. First seen with Dr. Simpson on the forenoon of Feb. 22, 1897. He was suffering from Strangulated inguinal hernia, strangulation having lasted 14 hours. Operation, 4 p. m., the pulse being 70 and temperature 98. The bowel looked dark, but was returned to the abdomen, as I thought it highly improbable that gangrene would ensue, considering the brief period of constriction.

At 8 p. m. the pulse was 120 and temperature 104. I again operated and drew the damaged portion out, as it was plainly gangrenous. Some 6 inches were removed and the ends fastened by suture, in the angles of the opening. The following morning pulse was 80 and temperature normal. He now improved, the pulse and temperature remaining normal, but as the opening was in the small intestine, the discharges were always fluid and constantly excoriated.

This was done on March 22nd, after the method of Maunsell, being ably assisted by Drs. Simpson and Bell: The skin surrounding the opening was thoroughly cleansed, disinfected and dried after which it was well painted with iodoform collodion. An elliptical incision was then made embracing a portion of skin surrounding the entire opening. The edges were elevated and loosened and the skin turned inwards and stitched thus preventing infection from within reaching the fresh surfaces. The intestine and mesentery were found very firmly glued into the wound and to each other and much time was spent in getting them thoroughly freed. They were then drawn well out of the opening, and tapes were placed round the intestinal ends, 4 inches from the points where it was decided to make the incisions. It was found necessary to remove in all some 14 inches of bowel. The mesentery was enormously thickened, thus rendering its satisfactory, treatment a matter of some difficulty. The intestine was then satisfactorily united end to end by the well known method mentioned above and returned into the abdomen and the wound closed. The patient did not stand the anaesthetic well and afterwards exhibited marked symptoms of shock. For some days after the operation he suffered much from flatulent distension and his pulse remained rapid and irregular but the temperature never rose above 101, which happened on two occasions. On the 2nd day flatus passed and the next day a liquid motion.

March 31.—A very slight faecal discharge was noticed on the dressings. I have no doubt this was due to the thickened and congested condition of mesentery, before referred to, interfering with the nutrition of the bowel at this point, this condition also rendered very difficult the easy invagination of the bowel during the operation.

The faecal discharge steadily diminished and ceased April 20th.