CHAPTER II

OPERATIONS ON HERNIA[1]

OPERATIONS FOR STRANGULATED HERNIA. RADICAL CURE OF HERNIA

OPERATIONS FOR STRANGULATED HERNIA

It is very important to operate early and not to waste valuable time on taxis. Thus Carwardine[2] from an analysis of 183 cases found the mortality to be less than 2 per cent. in those operated upon within twelve hours, more than 10 per cent. when twelve to twenty-four hours had elapsed before operation, and that after five days had been wasted 60 per cent. died.

Chief Indications for Operation and Points to bear in mind. While this is not the place for going into the above fully, a few practical remarks on those indications usually given may be helpful to some of my readers.

A. *Local.* A lump in one of the openings, more or less hard, tense, and tender, dull, partly or completely irreducible, and with impulse doubtful or absent.

(*a*) The swelling may be small and deep-seated, as in a bubonocele near the internal ring, or a femoral hernia in a fat patient.

(*b*) Two herniæ may be present, both irreducible. The surgeon should operate on the one which is the more tense and has the less impulse, and the one which has the more recently descended. If this fail to reveal the obstruction, either the opposite swelling must be explored or abdominal section performed in the middle line. This step will probably allow of the opposite hernia being reduced from within, and also of any other possible seats of strangulation being explored, viz. the inner aspects of the deeper rings.

(*c*) As to the impulse, it is worth while to observe carefully the point where this ceases. This probably is over the site of stricture, and should be about the centre of the incision.

On this most important point of impulse Sir W. H. Bennett speaks as follows: In a case of strangulated omental inguinal hernia with commencing gangrene of the omentum, there yet was no interference with the action of the bowels, constipation and vomiting were alike entirely absent, but the symptom which conclusively called for operation was the entire absence of real hernial impulse. The following remarks

[1] The different forms of hernia, those which present on the thigh as well as the inguinal and umbilical varieties, will be considered here for the sake of convenience and because they are all abdominal in origin.

[2] *Brit. Med. Journ.*, 1901, vol. ii, p. 573.