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THE TREATMENT OF STRANGULATED HERNIA.

There is probably no affection attacking our race that is such a menace to life as strangulated hernia; there is certainly none that becomes so fearfully aggravated by delay. Since the introduction of antiseptics and the advent, of what is termed, modern surgery, we have had a reduction in the death-rate after most operations in almost every department of our art; notwithstanding all this the mortality after operations for strangulated hernia is, perhaps, greatly higher than is generally appreciated. In 940 cases operated upon consecutively in St. Thomas, Guy's and St. Bartholomew's hospitals, the mortality was 43 per cent., the death-rate being nearly equal in all three of these institutions. The mortality at the London Hospital, according to Treves, is at the present time nearly 50 per cent.; one may therefore conclude that the mortality in the four largest London hospitals is not less than 44 per cent. Of 85 cases of herniotomy in the Manchester Royal Infirmary during a period of 12 years, the mortality was 44.7 per cent. Prof. Connor, of Cincinnati, furnishes an analysis of 33 herniotomies, of these 12 recovered and 21 died, a mortality of 63.6 per cent. Rushton Parker, of Liverpool, reports 61 cases of strangulated hernia operated upon with a mortality of 40.9 per cent. Although statistics are to some extent misleading, it will be found that in most large hospitals where all cases of operations are reported and nothing concealed, the mortality after cutting operations for strangulated hernia, still remains high, and has not apparently been diminished by modern treatment.

Mr. Jonathan Hutchinson has lately drawn attention to the unsatisfactory results following operations for strangulated hernia, and severely criticised surgeons who advise operations without a careful use of the taxis in cases where the contents are in a fair condition. He made the astounding statement that in the London Hospital, which had the largest hernia practice in London, or perhaps, anywhere, in 1861, 33 per cent. of operations on strangulated hernia were fatal. At St. George's Hospital at the same time 30 per cent. were fatal. At the London Hospital now 50 per cent. of those operations were fatal. Mr. Hutchinson further states that modern operative treatment could nowhere show as low a mortality as 30 per cent., that the fatality after operations upon hernia should have remained the same, or actually increased during the past 30 years is not in keeping with the advance in other branches of our art, and is a standing reproach to our boasted modern surgery. To what then is this high mortality due? It requires little experience to teach the practical surgeon that in the early performance of kelotomy lies its great safety. The high mortality is to be ascribed to the length of time elapsing between the date of strangulation and the operation undertaken for its relief. It is not so much the operation but the delay that kills. In many cases the early management has been bad, the hernia possibly not made out for one or two days, taxis used unskilfully or persevered in too long. In spite of all that has been taught concerning the importance of early operations, kelotomy seems to be regarded even yet by some practitioners in the light of a last resource, and one that is unsafe to use until the symptoms have persisted for days. Of late years, however, the teaching in our colleges has been in the direction of advising not only early operating but avoidance of too prolonged use of taxis. Its dangers although increasing with the age of the strangulation, have, it is to be feared, been greatly exaggerated. Mr. Hutchinson is of the opinion that the present high mortality in London is due to the surgeons not using the taxis at all.

*Read before the Ont. Med. Association, June, 1894.