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[NEW SERIES.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

BRISTOL ROYAL INFIRMARY.

STRANGULATED UMBILICAL HERNIA IN A MALE SUBJECT: OPERATION: RECOVERY.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Infirmary.

J., aged about 40, a labouring man, was admitted under my care on the evening of the 30th of September last, suffering from strangulated hernia. He had been the subject of rupture at the umbilicus for some time, but the intestine seldom came out; but the night before his admission, as he was lifting a heavy plank, the tumour suddenly reappeared, and he could not return it. A surgeon saw him, and attempted reduction by the taxis, as far as was advisable; and as this failed, he was sent to the Infirmary. The symptoms of strangulation were urgent.

I tried to reduce the tumour, which was tense and very painful and as large as a small apple, by pressure and manipulation, whilst he was under chloroform, but it failed; and I operated about eight o'clock in the evening. Below the umbilicus were three small round scars, which were the marks left by the trocar; the patient having formerly had dropsy, and having been tapped three times, and recovered completely after the last tapping. I made a small vertical incision at the upper part of the tumour; and, after trying to find the edge of the stricture without opening the sac, which I was unable to do because of the tension of the swelling and the extent to which it overlapped the circumference of the aperture, I divided the peritoneum, and passed a curved director through the opening without much difficulty, and divided the edge to the extent of about a quarter of an inch. The sac was full of fluid, and contained a knuckle of small intestine, moderately dark, but preserving its polish. It was returned without difficulty. A large quantity of serous fluid was afterwards squeezed from his abdomen through the wound, amounting perhaps to two or three pints; but the quantity was not measured. A suture was introduced, and plaster and bandage applied; and when he recovered from the chloroform, he was given a draught containing twenty minims of laudanum. The vomiting and all the other symptoms ceased from this time.

On the third day after the operation, his bowels were moved in a natural way; and on the fourth, I removed the bandages and the stitch, and found that the wound had healed entirely by the first intention; no particle of pus having appeared.

I kept him in the Infirmary a few days after this date, as he was suffering from catarrh; and I wished to have a suitable truss made before he left.

He was discharged cured about October 14th.

REMARKS. The peculiarities of the case are merely the comparative rareness of umbilical hernia in men, and particularly of strangulated umbilical hernia; but the coverings of the abdomen in this instance had been nearly as much stretched by the peritoneal fluid when he had the dropsy, as it is by pregnancy in women, and therefore he was more liable to hernia. I think it probable too that he was less susceptible of peritonitis from the injury to the serous membrane inflicted during the operation, because his abdomen had been well stretched by the fluid, and had already thrice been opened by a trocar.

I never operated on a case of hernia, of any kind, in which the subsequent recovery was so rapid and uninterrupted.

UNIVERSITY COLLEGE HOSPITAL.

OPERATION FOR VESICO-VAGINAL FISTULA.

By Dr. BOZEMANN, of Alabama.

[From Notes by J. S. WILKINSON, Esq., House-Surgeon.]

THE attention of the profession having been strongly excited by the pamphlet of Dr. Bozemann of Alabama, on the subject of the cure of vesico-vaginal fistula, and that eminent surgeon having recently visited London and Edinburgh, the opportunity was not lost by the surgeons of those cities for seeing the method which has proved so successful in America. Accordingly, Mr. Erichsen, having at the time a case under his care, invited Dr. Bozemann to operate in the theatre at University College Hospital; and two cases in Edinburgh were also, as we are informed, operated upon by the American surgeon. The result cannot, indeed, be said to be very encouraging, since the case which we are about to detail did not succeed, and one of those in Edinburgh is reported to have died of peritonitis; the other is said to have been completely successful. This, however, does not form any argument against Dr. Bozemann's method of operating, since scattered unfavourable cases will occur in the practice of every operator; and the method referred to has been tested by our London surgeons, among whom we would name especially Mr. Baker Brown, and has obtained an amount of success which was unheard of under any of the previous methods. One of these cases, which had been operated upon with complete success, as far as the cure of the vesico-vaginal fistula was concerned, we had an opportunity of seeing in the theatre of St. Mary's Hospital the other day, and shall be enabled shortly to report to our readers. Meanwhile, we will only express the opinion (which we believe further experience will confirm, notwithstanding his partial failure in this country) that Dr. Bozemann's exertions have materially increased the resources of surgery in this distressing and hitherto intractable affection.

CASE. Eliza Coling, aged 41, a robust healthy looking female, and the mother of two children, was admitted into this Hospital April 13th, 1858. She had experienced nothing abnormal in her first confinement, but the last (in August 1857) was prolonged, lasting forty hours, and difficult, the child being preternaturally large, and delivered dead by the forceps. (She states that she was sixteen days beyond her time.) On getting up, on the tenth day after delivery, she found the urine continually dribbled from her *per vaginam*; and she could not control it. When lying down, she could only retain a small quantity; the parts implicated became sore, and the patient suffered much consequent distress.

April 21st. On examination being made whilst under the influence of chloroform, and her body placed on her chest and abdomen, a catheter was passed into the bladder, which revealed an opening situated far back and close to the cervix uteri. Mr. Marshall applied the galvanic cautery, without any good result; and it has, on many successive occasions, been equally ineffectually applied.

July 9th. Dr. Bozemann being in London, Mr. Erichsen was anxious that his class should witness his method of treating vesico-vaginal fistula, and accordingly requested Dr. Bozemann to examine, and, if he thought it desirable, to operate on her.

July 21st. The patient having been subjected to proper preparatory treatment, Dr. Bozemann operated after his plan, in the presence of a large body of spectators, who were anxious to see his method. The fistula, which was a little more than half an inch long, and situated transversely, was so far back, and its posterior edge in such close proximity to the cervix uteri, that it was necessary to implicate a part of the latter to bring the edges together. In fixing the apparatus, three wire sutures were employed, the middle one passing through some fibres of the cervix, and the others through the vaginal wall; the ends