

CASE
OF
STRANGULATED UMBILICAL
HERNIA ;

IN WHICH THE OPERATION WAS PERFORMED
WITH SUCCESS.

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I WAS requested on Thursday, the 28th of June, to visit Mrs Macqueen, who stated, that she had had no stool since Saturday the 23d, and that she was troubled with occasional vomiting. She also mentioned that there was a swelling over the umbilicus, which gave her considerable pain when pressed, and was attended with a disagreeable feeling of tightness about the region of the navel.

On examining the abdomen, there was found a double tumour ; one situated nearly opposite to the umbilicus, of a conical figure, and circular base, and elevated about a couple of inches above the skin ; the cicatrix of the umbilicus could not be found, and the skin upon the top of the tumour appeared

paler and thinner than that of the other parts. When examined, it felt irregular and elastic, and gave the sensation as if it contained air. The other tumour was situated on the left side of this one, and appeared connected with it at the base; but it was less elevated, and more extended, measuring about three inches; it felt soft and doughy, was incompressible, and the pain arising from pressure was referable to the base of the first mentioned tumour.

She stated, that she was sixty years of age, and the mother of eight children, the youngest of whom was thirty-three years old; that she had been without any swelling at the umbilicus till about fifteen years ago, when having been obliged to use considerable bodily exertion, a small tumour, about the size of the point of the finger, appeared under the navel; this swelling repeatedly returned, but gave her little trouble, till about two years ago, when it increased much in size, and gave considerable uneasiness, unless immediately reduced. On Saturday the 23d, the swelling came down, and she was obliged to walk some time after, without making any attempt to reduce it, which, when she tried, was unsuccessful. The flat tumour she said appeared first about ten years ago, and she thinks came also from the umbilicus; it has increased gradually since that time, but she does not remember of its ever having disappeared, and it never gave her either pain or uneasiness. The tongue was clean; the thirst moderate; the skin a little warm; and the pulse 72. She had slight tenderness of abdomen on pressure;

and had taken repeated doses of salts without any relief.

Satisfied that this was a case of umbilical hernia, the patient was placed upon the back, with the pelvis and shoulders elevated, and the thighs bent at right angles with the trunk, so as to relax the abdominal muscles. The tumour was grasped with the hand, and pressure made upwards and inwards, but no effect was produced. Cold applications were directed to be applied, and injections to be used.

29th.--Drs John Gardiner, Robert Hamilton, and Molison, saw the patient with me this morning at 10 o'clock; she had got two injections during the night, but they had brought away no fæces; and every thing she had taken had been vomited. The tongue was furred, the sickness and vomiting had become more troublesome, the pain and tenderness of abdomen much increased; the pulse quick and hard; and there was much restlessness and anxiety. We were now anxious to try the effects of the tobacco glyster, but the symptoms were so urgent, that it was deemed advisable to resort to the operation without delay; and the appearances that presented themselves during the operation, justified us, I think, in this resolution.

The patient was laid upon her back, with her shoulders a little elevated; the skin was raised between the fingers, and an incision made upon the left side of the conical tumour, extending towards the one on the left side, so that it might be elongated in that direction if found necessary. After

the skin was divided, the sac was found firmly united to the cellular membrane, through which a puncture was made, and a director introduced, upon which the sac was opened for about two inches and a-half; a large piece of omentum immediately protruded, underneath which, and towards the right side, there was found about four inches of intestine, of a brownish colour. At the upper and left part of the sac there was a narrow opening, through which the finger was introduced, for about two inches, and the stricture felt firmly binding the intestine; a probe-pointed bistoury was introduced flat upon the finger, and the stricture freely divided upwards. Several adhesions had taken place between the sac and its contents, which were easily separated; and then a slight attempt was made to return the protrusion, but without effect, which I believe was caused by the swollen state of the intestine, and the narrow opening through which it had to pass. A straight probe-pointed bistoury was now introduced, as far as where the stricture had been, and by raising the handle of the instrument upwards and inwards, the top of the external opening was made perpendicular to that of the internal one; upon which the contents of the sac were easily returned.

The tumour on the left side presented a smooth surface towards the sac which had been opened, and seemed to contain omentum; but so closely connected with the surrounding parts, that it was deemed advisable not to interfere with it, especially as the woman expressed herself completely relieved by the

operation. The wound was secured by a stitch, straps, a graduated compress, and bandage.

9 o'clock P. M.—She had had no vomiting since the operation. The tongue was furred; but the thirst and feverish feeling were less, and the pain of the bowels was considerably diminished. She had got three injections during the day, the last of which brought away some dark-coloured feculent matter, having a very offensive smell.

30th, 9 o'clock A. M.—She had taken an ounce of castor oil during the night at two different times, and had had two large senna injections, which brought away at each time some bad smelled fæces. She had been troubled a good deal with pain, about two inches below the wound, much increased by pressure; she felt hot and feverish, and was troubled occasionally with hiccup.

9 o'clock P. M.—Her pain had been relieved by ten leeches, and she had taken a solution of the tartrate of antimony. She had got an ounce of castor oil and two injections during the day, and at 7 o'clock P. M., about an hour after she got the last injection, a very great discharge of hardened fæces took place, which relieved all the unfavourable symptoms.

July 1st, She had to-day four natural evacuations. She felt comfortable, and had no pain, and took the solution of the tartrate of antimony.

2d, The wound was dressed to-day; almost the whole of which was united by the first intention.

The stitch was removed, and the bowels are kept moderately open.

From this date, she continued to improve till the 10th, when she was seized with an erysipelatous attack of the abdomen, which terminated in part of the parietes sloughing off on the 15th. From this she is now (31st), however, completely recovered.

I have laid this case before the Society, from the belief that similar ones are seldom met with, and that when they do occur, they generally terminate fatally. I have only heard of three cases of strangulated umbilical hernia having been seen in this place, during the course of a great number of years, in all of which death took place. In two of the cases the operation was performed; in the other, it was not. Mr Pott seems to have been very unsuccessful in cases of this kind, for he says, in his works, that the success of operation in umbilical hernia is very rare, and that it should therefore be the last remedy, though he ascribes the failures more generally to the symptoms arising from disorder of the intestinal canal, than from strangulation. And Mr Lawrence, in his work on ruptures, says, that, in the cases which he has seen, the operation has been uniformly fatal.

From strangulated umbilical hernia taking place so seldom in the adult, some surgeons maintain that it never occurs in advanced life, but that the hernia is always ventral, and comes through a small

fissure in the linea alba, beside the navel. Scarpa, however, shews that the appearances of the two species are different, and says that "the umbilical hernia in the infant or adult, has always a round nucleus or pedicle, around which the aponeurotic margin of the umbilical aperture may be felt with the point of the finger. The body of the hernia constantly retains its spherical shape, even when of its greatest size. No puckering of the integuments similar to what is called the cicatrix of the umbilicus, is perceptible on the upper part or side of the tumour, and there is only at one place a portion of the skin, which is observed to be a little paler and thinner than the rest of the skin covering the tumour. On the contrary, the hernia of the linea alba which forms in the vicinity of the umbilical ring, has a neck or pedicle of an oval shape, and the body of the tumour is always of an oval figure. Farther, on examining deeply with the point of the finger around the neck of the hernia of the linea alba, the margin of the fissure of the aponeurosis is felt to be very little or not at all elevated, and if it has formed very near to the umbilical ring, the cicatrix of the integuments of the umbilicus is seen still unchanged and wrinkled on the one or other side of the tumour." If we compare this description with the case we have given, we will recognize in it at once a case of umbilical hernia.

In operating in cases of strangulated umbilical hernia, great caution is necessary in the use of the knife,

from the connection that subsists between the parts ; for, in general, the covering of the protrusion is very thin ; and, in cases where the disease is of long standing, or where it has acquired a large size, part of the sac is absorbed, which has led some surgeons erroneously to suppose that this species of hernia has no peritoneal covering, because the protrusion comes through the perforation made in the peritoneum of the umbilical cord ; but these vessels do not come through the peritoneum, but pass between it and the parietes of the abdomen ; and dissection shews us always a complete peritoneal coat behind the navel. On laying open the hernial sac, the omentum first presents itself, and upon turning it aside, the intestine is generally found lying underneath ; the gut should be first reduced, and then the omentum will generally follow. In a case of ventral hernia, of which I lately heard, the surgeon found a piece of omentum only, and no intestine ; he removed the stricture and returned the protrusion, but the patient died ; and upon dissection after death, the omentum was found to have formed a stricture round a piece of gut, which mortified and caused the woman's death.

The symptoms attending strangulated umbilical hernia are generally at first more moderate than either those of inguinal or crural hernia ; but when they become urgent, they pass more quickly to a fatal termination ; and, therefore, so soon as the various remedies for reduction have received a fair

trial, without success, and the symptoms have become severe, we should immediately resort to the operation; and ever remember the observation of that excellent surgeon, the late Mr Hey of Leeds, who remarked, that he had often, in hernia, had occasion to lament that he had performed the operation too late, but never that he had performed it too soon.