

Medical Matters.

THE TREATMENT OF HERNIA IN INFANTS.



Much as has been said, says Mr. G. E. Gask, F.R.C.S. writing in the *St. Bartholomew's Hospital Journal*, about the origin and treatment of hernia in infants and children, there still remain many diverse opinions, and it is on account of these varying opinions that this short article is ventured.

The first question that is naturally asked at the present time is whether an operation is advisable. The answer is that in the large majority of cases an operation is unnecessary. If, however, the hernia is large, and attempts made to retain it with a suitable truss having failed, an operation may then be advised and performed with great benefit to the patient. The age of the patient at which an operation may or should be performed matters little; a tender age is no drawback.

In the vast majority of cases, though, no operation is needed, and, indeed, some surgeons go so far as to say that no treatment or instrument of any sort is necessary.

The argument used is that, though a very large number of infants suffer from rupture, especially those brought to the out-patient departments of hospitals suffering from gastrointestinal disturbances, when relieved of this trouble the hernia rapidly disappears, and is never seen again. This is undoubtedly true, but there is a serious objection to pursuing this course of action, because in a certain proportion of these cases the hernia does not disappear, or, at any rate, the funicular process remains patent, and a descent of the bowel may occur into it at some future period, it may be after the lapse of many years; whereas, if a truss had been applied from the first, a permanent cure might have resulted, from complete closure of the sac.

The truth of this statement is clear from the experience gained from the many operations performed for the radical cure of hernia, in the course of which the sacs of hernia of obvious congenital origin are discovered. Some surgeons, indeed, go so far as to say, though this is not proved, that all forms of hernia are congenital.

Seeing the impossibility of being able to predict in which infant the desired cure of the hernia and closure of the sac will spontaneously occur, it seems advisable to conclude that in all cases of hernia it is best to be on the safe side and apply a truss.

These remarks apply equally to inguinal

hernia and to umbilical hernia, though a persistent umbilical hernia is much rarer than a persistent inguinal hernia.

This being granted, the question now arises as to the best form of instrument to apply. Any form of wool skein—it cannot be dignified by the name of truss, cannot be too strongly condemned as totally inefficient.

The only good form of instrument is a steel spring truss. This must be made of delicately tempered and perfectly resilient steel; a good test to apply is to pull the truss out quite straight, and to see if, on release, it resumes its original shape. The pad must be small and hard—air or glycerine pads are not good, and the whole of the truss should be covered with india-rubber, and this form of covering should be continued until, at any rate, the child is of such an age that there is no danger of its becoming wet with urine.

The size of the truss is of the utmost importance, and the measurement must be made most carefully. The common mistake is for the truss to be too big, and a truss that is a little too big causes a great deal more discomfort, and is much more likely to raise blisters than a truss that is a little too small. A truss that is too large will almost certainly press on the spine of the pubes if not on the crest, and this, of course, at once renders the truss entirely useless, and is most uncomfortable. The centre of the pad should lie over the internal ring, and time is well spent in instructing the mother or nurse as to the exact position in which the pad should lie, and in emphasising the fact that no part of the truss should touch the pubic bone. The mother must also be instructed that the truss must be put on with the patient lying down, and that the hernia must be completely reduced before the truss is applied, and also that the truss must be taken off at least four times in the course of the day, and both the baby and the truss washed and dried, and the truss readjusted. The great secret of success lies in keeping the truss properly applied and the patient clean and dry, and for the latter purpose a little dusting powder is often of use.

The understrap which is always with the truss is often thought to be a nuisance and to give rise to chafing; there is no reason for this, and it only is so when pulled down too tight. This is unnecessary, as the understrap is intended solely to prevent the truss from riding up on to the abdomen.

These points, trivial as they may seem, often make all the difference between comfort and extreme discomfort, and are, therefore, worthy of note.

An objection sometimes raised against the use of a truss is that it may, from pressure

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