ART. I.—Operations for Strangulated Hernia.* By J. S. McARDLE, F.R.C.S.I.; Surgeon to St. Vincent’s Hospital, Dublin.

My chief reason for discussing this subject in a formal lecture is that I may convince those amongst you, who may elect to practice in the country, of the simplicity and safety of these procedures when carried out early and with strict aseptic precautions. I do not mean that for ensuring the latter condition elaborate appliances, expensive and perishable dressings, and a profound knowledge of bacteriology are necessary. No, in the poorest cabin you can, with a little care, conduct cases with the same confidence as in this theatre; nor need there be much delay occasioned by the preparation. What, then, are the details to be attended to before setting about a herniotomy? We may divide them into—

1. The preparation of the patient.
2. The selection and sterilisation of instruments.
3. Preparation and sterilisation of ligatures and dressings.
4. Sterilisation of the operator’s and assistant’s hands.

PREPARATION OF THE PATIENT.

The parts should be shaved, then scrubbed with soap and water, subsequently with ether. Then a swab moistened in

* A Clinical Lecture. Delivered at St. Vincent’s Hospital.
Operations for Strangulated Hernia.

1–500 corrosive sublimate solution should be applied, and retained in place until the beginning of the operation.

SELECTION AND STERILISATION OF INSTRUMENTS.

Few instruments indeed are necessary, and when possible metal-handled ones should be selected. A good scalpel, dissecting forceps, half a dozen clip forceps, a flat director—one large and one small—full curved needle, and a pair of retractors suffice, and unless there is marked bleeding the clip forceps are not required, as heat checks oozing and the contusion produced by the clips is avoided. Instruments are rendered thoroughly aseptic by boiling in soda solution—23 ounces sodii carb. exsiccat. to 5 pints of water—for a quarter of an hour. They may then be used direct from this fluid, or be immersed in 1–40 carbolic solution.

PREPARATION OF LIGATURES, ETC.

(a.) Ligatures of Chinese twisted silk, stout and fine, and silkworm-gut for sutures.

(b.) Swabs of gauze, muslin, or wool.

(c.) Towels and necessary (d.) Dressings of wool or gauze—in the absence of double cyanide of zinc and mercury—should be boiled for half an hour in a solution prepared by adding 6 drachms of common salt and 2 drachms of dried carbonate of sodium to 5 pints of water. According to Tavel, who has thoroughly investigated the subject, this fluid is absolutely unirritating to the tissues, and containing the same proportion of salt and alkali as the blood it serves admirably for flushing cavities such as the abdomen, and irrigating wounds generally. Gauze or wool wrung out of this solution make safe and comfortable dressings.

STERILISATION OF HANDS.

The hands should be first well scrubbed with soap and warm water and nail-brush for several minutes, then they should be dipped in and well rubbed with corrosive sublimate solution (1–500, made by dropping two of Burroughs & Wellcome's tablets into a pint of warm water). The immersion should last four or five minutes.

Now we are ready to undertake operations of the greatest gravity and magnitude, feeling that, with due care during