

IRREDUCIBLE HERNIA.

By G. HEATON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In medical language, a hernia is called irreducible when it is incapable of being returned into the abdominal cavity by outward pressure. The great inconvenience which results, the suffering, the danger to life, the anxiety, incapacitating the individual for active exercise, and thus constituting a source of constant apprehension, are well known to the medical practitioner. The following are some of the causes which I will mention, that tend to induce the abnormal condition of the protruded parts. Increased volume of the hernial protrusion, preternatural adhesions of the contained parts to each other or to the sides of the hernial sac, and surrounding parts, and membranous bands form across the sac, thus preventing reduction in these cases. In irreducible ruptures of long standing, the omentum and mesentery gradually descend into the sac, and become thickened and enlarged beyond the constricted portion or neck, proving a great obstacle to reduction. By whatever cause, sudden or otherwise, a hernia becomes irreducible, the patient is subjected to much suffering and danger.

A few months since, a single lady, living near Boston, aged about 30 years, very delicate and spare habit of body, and nervous temperament, was placed under my care for relief. She had been troubled for about two years with an irreducible femoral or crural hernia of the right side, the size of a pullet's egg, and not being willing, until now, to make her case known, went about without any external support to the parts. Her severe suffering, at irregular intervals, with colic pains, nausea, constipation, &c., could only be removed by taking the bed, and sending for her physician. Previous to my seeing the patient, a consultation of medical gentlemen had been called, and every effort at reduction made, but without success. A hollow-padded truss was decided upon, carefully prepared, and applied to the parts; but could not be worn with any ease or comfort in consequence of the irritation and soreness which it produced. On this account, the patient was obliged to lay it aside, and resort to the bed as the only relief, while she continued to lose flesh and strength daily. Upon examination, I found the swelling quite hard, or inelastic, which was supposed to consist of omentum. After the trial of some additional remedies, with the application of ice to the part, horizontal posture, &c., without any good effect, I decided to cut down and dissect away the adhesions, and return the protruding mass. The operation was commenced in conformity with the wishes and advice of her relations and physician, assisted by my friend Dr. J. W. Warren. The incision was made at nearly right angles with Poupart's ligament, exposed a thin, superficial fascia, which I divided, but in cutting further, and coming down upon the omental portion of the protrusion, everything seemed changed from the healthy and natural state, in consequence of adhesions of a strong and cartilaginous nature, running apparently through every part concerned in the operation, and firmly binding them together. The remaining steps in the

completion of the operation consisted in carefully separating and dividing, fibre by fibre, with the scalpel, till I reached the crural ring or neck of the hernia, which was divided freely directly upward, and the parts returned, after great exertion, into the cavity of the abdomen. The lips of the wound were now brought together and retained with sutures and bandages, and the patient carefully placed in bed. She bore the operation as well as could be expected under all the circumstances of the case, and but little blood was lost. No unfavorable constitutional symptoms appeared during her recovery, which was very rapid. A radical cure was accomplished in three weeks, and in four weeks' time the patient was able to walk about the city, without wearing any truss or external support of any kind to the hernial region. She continues well.

A married lady, from Grafton County, N. H., aged about 44 years, recently consulted me in consequence of a large hernia, situated in the left inguinal region, which had existed for sixteen years; and also a small hernia of the right side, which was becoming troublesome, and of about two years standing. That of the left side, as patient stated, had remained irreducible for more than nine years, causing great suffering from time to time, and disabling her for active exercise, thus destroying her general health and usefulness. She had been under the care of some of the most eminent surgeons of her State, besides consulting one or two of Philadelphia, but could obtain no permanent relief, owing to the impossibility of returning the protruding parts. Trusses with hollow pads, bandages, &c., had been almost constantly worn, to the great annoyance of the patient. Upon careful examination of the tumor or hernial mass, I found it to be soft and quite elastic to the touch, strictly indicating the presence of bowel. The sensations produced on pressure were described by the patient to be very disagreeable, and referred to the bladder, with nausea at stomach, &c. The opening through which the hernia descended was above Poupart's ligament, in the inguinal space, and at first seemed difficult to be recognized, and located with certainty, on account of the spreading out and size of the hernia beneath the superficial integuments. After making use of the necessary preparatory steps or treatment in the case, and much perseverance, I succeeded in reducing the tumor by the taxis and the sub-cutaneous operation. The operation caused but little uneasiness to the patient; but the reduction was accompanied with severe pain and a gurgling noise like that of the return of the bowel in other but similar cases. The effect of the operation upon the parts, with some additional scarifications after reduction, caused an attack of inflammation, which confined the patient to her bed for about two weeks. In the mean time the other side was operated upon in a similar manner, with entire success, and the patient in about six weeks allowed to walk about the city, and also to return home. She continues entirely well of her hernia, and has no necessity of any further use or application of trusses, &c.

Remarks.—I cannot agree with many surgeons of eminence who think that an irreducible hernia should be left to itself. It must of course be exposed to all the consequences of external injury and violence, and hence a variety of cases are recorded in which the bowels have been

burst by blows, &c., and lives lost. Its bulk and gradual increase, in most cases, are sources of great inconvenience, and the constant liability to strangulation expose the patient to danger. Trusses with hollow pads, and bandages, are and may be recommended; but they do not, and cannot, give relief, however well or scientifically applied. Agreeably to my experience in these cases, in many years practice, we need not despair of returning a rupture of long standing, with safety to the patient, even when adhesions exist to a very great extent.

Boston, April 15th, 1847.

FOREIGN MEDICAL HONORS—THE HYDROPATHIC ESTABLISHMENT AT BRATTLEBOROUGH, VT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I take the liberty to ask of you the insertion of the following questions in your valuable Journal—questions which I put to “Doctor” Rob. Wesselhœft, formerly one of the officers of the Criminal Court in Saxon-Weimar, now director of the Watering-place, Brattleborough, Vt., for the sake of my own information and the correction of errors, under which all his acquaintances in Germany seem to labor. Miss Catharine E. Beecher might perhaps have been led, by some cause or other, into mistakes, which by all means ought to be corrected.

1. Which German university was it at which “Doctor” Wesselhœft received a *thorough and extensive medical education*?

2. By which government was R. W. examined and licensed to practise medicine? As far as I know, Dr. W. has never been in the moon.

3. Where did W. practise (of course, of medicine) five years?

4. Who were the gentlemen in connection with whom he contends to have been attached to civil and military hospitals?

5. Where are these civil and military hospitals?

6. Which government appointed Dr. W. to investigate the claims of several water-cure establishments?

7. Where is only one of those most celebrated establishments in which Dr. W. is said to have resided several months, and when?

8. Is not his five weeks’ residence with Dr. Fitzler in Ilmenau (which cannot properly be called a water-cure establishment, as every one in Germany knows), all the time he lived in any water-cure establishment?

Hoping that you will kindly excuse my intrusion into your pages, with my desire for information in regard to assertions which affect the public welfare, I have the honor to sign myself, with due respect,

Philadelphia, 6, 4, 1847.

Your ob’t serv’t,

DR. CHR. CHS. SCHIEFERDAKER,

Corresponding Member of the Society of Scientific Hydropathists in Germany.

COLD WATER IN THE TREATMENT OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the month of August, 1846, I had been absent from home, and returning late in the evening, after unharnessing my horse, stepped to the