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Original Communications.

SIX CASES OF HERNIA.

By DAVID W. CHEEVER, M.D., Boston.

CASE I.—A healthy young man, of 21 years of age, had had oblique inguinal hernia into the imperfectly closed funicular process come on gradually, for several years. Two weeks previously he had begun to wear a truss. This was of the French pattern, with a triangular shaped, convex pad. One morning while at stool the rupture slipped down below the truss, and distended painfully the inguinal canal. He found himself unable to reduce it. This was at 10, A.M. Aided by a physician, whom he immediately sent for, persistent attempts at taxis were made, without ether.

When I first saw him, at 1½, P.M., three hours only after the incarceration of the rupture, I found a bubonocoele of considerable size. It had not passed beyond the outer ring. The skin was as red over the tumor, abdomen and groin as we see it after the use of mustard. The tumor was oedematous and exquisitely tender; particularly where the internal ring arched over the sac. There had been nausea and colic. The tenderness and redness were not caused by any applications, but had followed the forcible and long continued taxis. It was evident that a simple lesion was rapidly becoming developed into a very serious condition. Under the circumstances, it was felt that a very moderate and brief taxis only was admissible. The patient assented to an operation, if a gentle taxis failed.

Ether was given; and the leg flexed upon the abdomen. The neck of the sac was gently squeezed and manipulated by the forefinger and thumb of the left hand, and the fundus pressed by the right hand. In about five minutes the bowel was emptied of its contents, and the rupture returned. A cold water dressing and spica bandage were applied. The patient received an

opiate, and was kept in bed for two days. He made a good recovery.

CASE II.—An unmarried lady of 35, who had long had a small femoral hernia, but had never worn a truss, was seized with symptoms of strangulation at 5, P.M. Her physician was sent for at 8, P.M., and found her with vomiting and colic. He used moderate taxis without avail. On seeing her with him at 9, P.M., after four hours of incarceration, I found a hard tumor in the femoral region, not larger than a hickory nut; not tender, nor inflamed. After etherization, the rupture was returned by taxis in about fifteen minutes. After vain attempts to squeeze out the contents of the bowel, the rupture was returned by the following manœuvre. The sac and tumor were firmly pressed downwards and backwards by the palm of the left hand; with the right hand a deep and forcible stroking upwards from the groin was made over the relaxed abdomen. By this means the inner end of the incarcerated coil of intestine was drawn out of the crural opening, and the rupture returned. She was well the next day, and had a spontaneous operation from the bowels. A femoral truss was applied.

CASE III.—A lady of somewhat over 40 years, quite stout and fleshy, had had a little bunch come and go in the groin for several years without knowing its character. She was suddenly attacked with diarrhoea and tenesmus. Following these expulsive efforts the lump re-appeared in the groin and remained there. She now had violent colic around the umbilicus, and persistent nausea and vomiting. The diarrhoea abruptly ceased. Concealing thoughtlessly from her physician the existence of a tumor in the groin, these symptoms went on for two days, with partial relief from opium. Colic persisting, a mild laxative was given, and immediately rejected by the stomach. At the instigation of a female friend, who thought the lump in the groin might have some bearing on the case, the physician was finally told of its existence, and immediately examined, and diagnosed a hernia.

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On seeing her with him, soon after, we found a small, rounded, hard tumor, very deep in the femoral region, and much obscured by fat. Taxis under ether was ineffectual, and herniotomy was done. After three days strangulation the bowel was found deep red in color, but not brown, or black. It was returned after a very deep division of Gimbernat's ligament. She recovered without a bad symptom.

CASE IV.—An elderly woman, the mother of a large family, had had a tumor in the right groin for two years. Ten days before I saw her she had experienced symptoms of strangulated hernia, as vomiting, colic and constipation. The abdomen became tense and tympanitic and tender; more tender than the tumor itself, which was small and did not increase. The symptoms were masked by opium. After six days, a second tumor appeared in the femoral region. The symptoms then ameliorated as to severity of pain and vomiting, but prostration continued.

Ten days after the first attack I saw her in consultation.

She was being held up in bed, and was retching and hiccoughing. The face was livid, and the whole cutaneous surface had that peculiar dusky capillary congestion, accompanied with a cool skin and clammy sweat, characteristic, in every case I have seen it, of intestinal obstruction. It is a deeper and more sluggish lividity than that of continued fever; and, excepting the moist skin, resembles the general aspect in cholera. The pulse was 108, and thready. She retained light food, and was kept somewhat under the influence of morphine.

The abdomen was moderately distended with flatus, and somewhat tender on pressure. The tenderness was most marked on the side opposite to the tumor. This fact, with the chronic state of the case and the appearance of a second tumor, had occasioned considerable doubt among her physicians. In the right groin was a flattened convex tumor, about two inches across, and occupying the site of femoral hernia. Below this was a dividing line of constriction; and immediately below, occupying the lower half of Scarpa's triangle, another swelling, a little larger than the upper one, rounded, flattened, reddened and oedematous. On percussion, both these tumors contained air. The second appeared about five days after the first one. At that date and since, the most urgent symptoms had become alleviated.

The *diagnosis* made was, strangulated femoral hernia, followed by rupture of a

sloughy intestine, pouring the faecal and gaseous contents into the sac, sloughing of the latter, and burrowing of a faecal abscess down the thigh. It was obviously impossible that a femoral hernia could have descended so far down the thigh, without being arrested by the junction of the iliac and pubic portions of the fascia lata below the saphenous opening. It was not probable that we had to deal with a separate abscess below, since the lower tumor was tympanitic on percussion. The constriction was probably the falciform border of the saphenous opening.

Taxis was deemed inadmissible; immediate laying open of the two swellings with the knife, to be imperative. On the above diagnosis I proceeded to operate. The event justified the course pursued, and verified the diagnosis. On cutting down upon the upper tumor we found a sac, which on being opened gave exit to gas and faeces. Within the sac lay a large mass of sloughy omentum. The bowel was sloughed away. Liquid faeces poured from the crural opening. The second swelling communicated with the first. It was filled with broken down and shreddy muscular tissue, faecal matter and gas. It ran down among the long muscles of the thigh. On turning the patient on her side, liquid faeces ran out of the crural opening, and filled a pail half full. The patient lived twelve hours.

CASE V.—In September, 1869, a young man, 22 years old, robust and healthy, presented himself at my office. He came to consult me about a swelling in the left groin, which filled the scrotum, and did not return into the abdomen. Three years before, he had begun to notice and to be troubled by it. It had steadily enlarged, and now was the seat of occasional dragging pains, and prevented him from working. He had tried trusses and been unable to bear their pressure. They had always been applied over an unreduced tumor. I could not reduce the tumor, and I advised him to wear a suspensory bandage. He came to see me several times, and was desirous of some operation, if any could promise to relieve him. A tumor filled the scrotum on the left side. It had a large, broad neck, running up into the inguinal canal. The upper third of it could be returned into the abdomen. It communicated an impulse on coughing. It was dull on percussion. That part which remained in the scrotum was hard, inelastic, irregular and not very sensitive. It did not fluctuate. The surface of the skin was covered with large veins. The testicle could not be clearly made out.

The swelling did not transmit light through it. On returning the reducible portion the ring and canal were not left free and open.

My diagnosis was, probably an irreducible omental hernia, adherent to the sac, with a portion of bowel returnable above it; and perhaps other folds of intestine in the irreducible mass. He had never had strangulation, but occasionally colic. The possibilities were, hydrocele of the cord, hæmatocele or enlarged testis, besides hernia.

The patient, after returning several times not relieved, desired an operation to return, or get rid of the tumor, so that he could get his living. It was evident that the dependent mass was constantly dragging down more intestine from above, and dilating still more the inguinal canal. His pain and disability increased, and provided the tumor could be disposed of safely, it was plainly the course to pursue.

On the other hand, to cut down upon a doubtful swelling, and to lay open a hernial sac, break up adhesions, remove omentum, and return, or fail to return the uncovered bowel, was evidently a hazardous procedure. There was no strangulation; no immediate danger to life; and the symptoms were not urgent. Was an operation expedient, or justifiable?

The pros and cons were explained to the patient, and he was advised to enter the City Hospital, and abide by the result of a consultation of its surgeons. This he did; and their opinion mainly coincided with my own. Several, however, leaned to the belief that the hernia was all reducible, and that we should find below a hydrocele of the cord. The decision was left entirely with the patient himself. He concluded to take the risk, and was operated on the following day.

After returning the reducible portion, the scrotal swelling was cut down upon, and found to be wholly an irreducible omental hernia. The omentum was ligatured and cut off. The stump was left to plug the inguinal canal. He recovered without any abdominal symptoms. He had an attack of hæmorrhage from sloughing of the scrotum. When he was discharged from the Hospital the plug of omentum kept the hernia up. Within a few weeks it came down again, and he now wears a truss, and goes about with comfort.

CASE VI.—A little boy of six years had congenital hernia and hydrocele. Direct communication existing with the abdomen, whenever the bowel was retained, fluid trickled down in the erect posture, and prevented the ring from tending to close.

More than this, a variety of trusses had been tried for several years, and owing to the fluid and the activity of the child, the rupture could not be kept up. Colic and nausea troubled him occasionally. He was at just that age when nature does most to cure rupture; and it seemed probable that if allowed to go on, he would have a large, irreducible hernia.

The parents desiring an operation, it seemed to me a fair case for Wood's Radical Cure. If the operation failed to cure, it would certainly enable the bowel to be retained by a truss.

He was operated on with wire, by Mr. Wood's second method. He never had any abdominal symptoms, but passed through a mild attack of erysipelas, which was confined to the scrotum, buttocks and legs. He made a good recovery. Neither bowels nor fluid came down after the operation; and he now wears a light horse-shoe truss, with a fair prospect of permanent relief.

ON THE PREVENTION OF VENEREAL DISEASES.*

By W. F. MUNROE, M.D., Boston.

ONE of the most curious anomalies in the social system of the Anglo-Saxon race is the position of prostitution and its attendant diseases. So well recognized as to be called the "social evil" *par excellence*, the whole question has until recently been persistently avoided by law-makers and sanitarians, while the evil, practically protected by prohibition, has gone on gaining strength and becoming more and more unmanageable and pernicious. This neglect is due undoubtedly to the natural antipathy felt for a disagreeable subject; to fear of opprobrium from associating one's name with the revolting details which must be entered into; and last, though not least, to the wide-spread ignorance as to the extent and influence of the evil. In this age, however, now that public attention is turned toward public hygiene, a strong reac-

* *Prophylaxie Internationale des Maladies Veneriennes*, par Messieurs Crocq (de Bruxelles) et Rollet (de Lyon). Rapport fait au nom de la Commission nommée par le Congrès Médical Internationale de Paris, de 1867.

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