CONTENTS OF FEMORAL HERNIA.

By L. G. GUNN, M.D., F.R.C.S.

[Read in the Section of Pathology, February 19, 1904.]

THE case I wish to bring under your notice to-night is, I think, a somewhat unusual one, and presents certain pathological points which I hope may prove to be of interest.

Before calling your attention to the sections under the microscopes I must give you a brief history of the patient who furnished me with them. Her story is as follows:—

In 1884, just 20 years ago, Miss A., aged fifty-two, was admitted to the Adelaide Hospital, suffering from an abdominal tumour. This tumour was removed, and proved to be ovarian.

Notes in those days were not as accurately kept as they are nowadays, and I regret to say I can find no note as to any histological examination of the tumour removed.

Her recovery was rapid and uneventful.

At the beginning of 1903 Miss A. again presented herself for admission to the Adelaide, to obtain relief from a large irreducible femoral hernia.

Soon after her previous operation she noticed a small lump in her groin. Although irreducible it caused her no pain, and consequently no operative treatment was sought.

During the six months previous to her re-admission to hospital the hernia had become much larger, much harder, and the cause of a considerable amount of pain and discomfort to the patient.

Mr. Heuston (with whose permission I show the specimen) performed a radical cure, and found the following condition present:—

The sac of the hernia was greatly thickened; in places there appeared to be a new growth attached to its inner surface, and to these places the contents of the hernia, parts of the omentum, was firmly adherent. The sac was almost closed off above by a

narrow fibrous neck, to which the omentum was so closely connected that it could not be separated without tearing it away. The contents of the hernia consisted of omentum, containing numerous hard nodules, which were adherent to and seemed to be invading the sac walls.

The whole of the sac and its contents were removed at the operation.

The after-history of the case was uneventful, the most careful examination of the patient's abdomen revealing nothing abnormal.

The sections under the microscopes are from the greyish nodules in the omentum and from the thickened part of the sac wall, where the growth was attached.

Both sections show the same appearance, that of a proliferating papillomatous growth, the papillæ being covered with a rather square epithelium. There is evidence of chronic inflammatory changes, and scattered through both sections are numerous minute areas of calcification.

The characters of the growth are those of an ovarian papilloma which is proliferating and invading the surrounding tissues.

Such a growth as this could not originate in the omentum, and is most probably a transplantation growth from the ovarian tumour.

The infection of the omentum must have occurred at the time of the first operation or very soon after, as the protruded omentum seems to have been closed off from the rest of the abdominal cavity shortly after the rupture occurred.

The points about the case which strike me as being unusual are :—

1. The occurrence of a transplantation growth at a distance from and out of reach of all contact with the site of the original growth.

2. There is no sign of recurrence of the growth in the

neighbourhood of the uterus. In all the cases of recurrence of ovarian tumours after long intervals—that is, from eight or twenty years after—the growth occurred at or about the place from which the ovarian tumour had been removed.

3. The length of time (nineteen and a half years) which elapsed between the removal of the primary growth and the development of the secondary growth.

Such a period of time makes it almost impossible for us to state that any patient from whom a malignant growth has been removed is safe after several years have passed without recurrence, and seems to me to put a difficulty in the way of accepting the theory that the cause of carcinoma is the action of an organism in the growing epithelial cell.

[For discussion on this paper, see page 345, *post.*]