

HERNIOTOMY, FOLLOWED BY SLOUGHING OF THE SAC AND A RADICAL CURE.

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C. S—, aged sixty-six, a wiry-looking farm-labourer, was brought into the Petersfield Cottage Hospital, on Nov. 3rd, 1876, by Dr. Woods of Headley. He had noticed a swelling in his left groin, on and off, for about two years, but had not worn a truss. On Oct. 30th, whilst digging in his garden, he suddenly felt an acute pain in the part, and found that the swelling, which had been absent for a week previously, had again appeared. Vomiting came on in a few minutes, and continued at frequent intervals. Dr. Woods made several attempts to reduce the hernia, but without success, and ordered him calomel and opium and hot poultices. On the evening of Nov. 2nd, after he had taken several doses of the medicine, the pain, which had hitherto been very severe, suddenly abated.

On admission, a tumour could be felt in the left groin, about the size and shape of a pullet's egg. It lay parallel to and over Poupart's ligament, but its smaller end could with difficulty be traced into the femoral ring. The outer third was hard and nodulated, and divided from the rest by a distinct sulcus. There was no impulse in any part of it. It was very tender, and the skin over it was reddened. Temperature 97·6°; pulse 98, regular, and small; tongue dry and brown. No action of bowels since Oct. 29th. No tympanites or tenderness of abdomen. Vomiting frequent and decidedly stercoraceous. Urine scanty. Countenance anxious and pinched.

Nov. 3rd.—8 P.M.: I operated, under chloroform, in the usual way, and divided a tight stricture outside the sac, at Hey's ligament. As the hernia did not then return, I opened the sac, which was much thickened and very tough. It was a very difficult matter to distinguish the intestine, as it was adherent to the sac throughout the greater part of its extent. Fortunately I hit upon a spot where there was no adhesion, and where the bowel was just moistened by fluid. The adhesions were evidently recent and were easily broken down, so I separated the bowel from the sac by gently sweeping the forefinger between them. After dividing a stricture at the above-mentioned sulcus and another at the neck of the sac, the intestine, which was purple, was easily returned. The sac was left outside the abdominal cavity. The edges of the wound were brought together with silver sutures, and oiled lint applied. Very little blood was lost. The nodulation of the outer part of the tumour was found to be due to thickening of the sac.—11 P.M.: Patient has little pain. Has vomited stercoraceous matter several times. Tongue not so dry; temperature 98°; pulse 98 and fuller. Given a quarter of a grain of morphia hypodermically.

4th.—9 A.M.: Slept for four hours after the morphia. Looks less pinched. Little pain. No tenderness or tympanites of abdomen. Vomited once soon after awaking (stercoraceous). Took two tablespoonfuls of gruel at 6 A.M. Tongue moist and white. Hiccoughs occasionally. Has passed flatus several times per anum. Urine plentiful and natural. Temperature 98·2°; pulse 84, sharp and irregular. To take two tablespoonfuls of broth, gruel, or arrowroot, alternately, every two hours.—9 P.M.: Looks cheerful. No pain. Vomited four or five times during the afternoon, but no stercoraceous matter. Tongue white and moist. Hiccough continues; passes flatus frequently. Temperature 97·6°; pulse 84, soft, and more regular. Complains of thirst. To take food as before whilst awake, and toast-water to sip *ad libitum*. Given one-third of a grain of morphia hypodermically.

5th.—9 A.M.: Looks cheerful. Awoke three times in the night, and took food. No pain; no sickness; no hiccough. Tongue moist and white; temperature 97°; pulse 80, fuller, and intermits four times a minute. Some redness around the wound, and fetid sanious discharge from its lower part. Abdomen natural. Wound to be dressed with carbolic lotion, 1 to 40.—9 P.M.: Passed six fluid motions during the day; otherwise much the same. Temperature 97°; pulse 72. To take ten drops of laudanum in water if the actions continue.

6th.—9 A.M.: Pretty good night without morphia. No more diarrhoea, so did not take the opium. Tongue clean-

ing. Temperature 96·6°; pulse 80, feeble and intermitting.—9 P.M.: Bowels acted twice copiously at midday. Took one dose of laudanum afterwards. No pain. Temperature 97·2°; pulse 80.

7th.—Very good night. No more action of bowels. Improving generally. Asks for food. Much fetid discharge from wound, but less redness around it. To take a tea-cupful of spoon food, as before, when asked for. Temperature 97·6°; pulse 80, and natural.

8th.—Much the same. No redness around wound. Removed sutures; no union, and much fetid purulent discharge. Inside wound is an ashy movable slough, evidently the sac. Temperature 96°; pulse 72.

11th.—Has continued to go on well. Tongue almost clean. Appetite good. No action since the 6th. Abdomen natural. Slough separated, except at upper part close to femoral ring. Much discharge of fetid pus. Charcoal poultice to wound. To take half an ounce of castor oil. Temperature 98·6°; pulse 80.

13th.—Says he feels well. Bowels acted three times after oil; tongue clean; appetite good; less fetor of wound, and granulations are appearing. Cut away half of slough with scissors; from its shape and appearance it is evidently half the sac. Temperature 97·8°; pulse 78.

14th.—Remainder of slough came away; the two parts make up the sac exactly; wounds look healthy. To take two ounces of minced mutton at dinner to-morrow.

15th.—About 3 o'clock severe paroxysmal pain came on about the upper part of the ascending colon, with tenderness and flatulent distension in that region, and frequent vomiting of bilious matter. No pain or distension of abdomen near the wound, which looks healthy. Temperature 97·8°; pulse 96, and feeble. Ascertained that he had been allowed to eat more meat for his dinner than had been ordered. Gave one-eighth of a grain of morphia in water at 8 P.M., which was rejected, and one-third of a grain hypodermically at 10 P.M.; linseed-meal poultice to abdomen.

16th.—Slept well. Pain and tenderness less, and confined to ascending colon. Tongue yellow and moist; no vomiting. Temperature 98·8°; pulse 84, small and feeble. To take water arrowroot as food, and a tablespoonful of castor oil.

17th.—Oil acted four times yesterday; feels well; no pain; tongue clean; wound healthy. Temperature 98·6°; pulse 68, natural. To take spoon diet as on the 7th.

21st.—Going on well; wound healing fast; bowels have acted regularly since the 17th; the wound is almost healed. To continue spoon diet for a week. At the end of that time he was again allowed an ounce of meat for his dinner, and the quantity was gradually increased until he arrived at full diet in ten days, without any untoward symptoms.

Dec. 16th.—Discharged well; the wound is firmly healed. There is no hernia, and the cicatrix is so firm that he does not appear to require a truss.

Oct., 1877.—There has been no return of the hernia, and he has been able to do his usual work for the last six months.

Remarks.—This case is interesting, as so large a portion of peritoneum sloughed away without any sign of inflammation of that membrane, and indeed without even a rise in temperature. If the sac had been returned with the intestine the result might have been different; but that was impossible, for it was firmly adherent to the femoral ring. There can be no doubt that attention to diet is most important after herniotomy. A slight error in this respect was in this case followed by what at one time looked like serious symptoms. Fortunately, however, the bowel had, between the 3rd and the 15th of November, had time to recover its tone, and no special harm resulted from the sickness. In a somewhat similar case, on which I operated some years ago, an orange was given, without my knowledge, to the patient, by some injudicious friend. This was quickly followed by diarrhoea and vomiting, rupture of the intestine, and death.

It is often said that sudden cessation of pain during the progress of a case of strangulated hernia points to the commencement of gangrene of the intestine. In this instance it might certainly have been due to death of the sac. It was more probably, however, the effect of opium; especially as, when I first saw him, although he was not fully narcotised, there was decided contraction of the pupils.

The patient was an abstemious man, and it was not found necessary to administer stimulants during the progress of the case.

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