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MORBID STATE OF THE SPERMATIC CORD SIMULATING HERNIA.

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IN June last I was requested to visit, in consultation with Drs. Warner and O'Donovan, Mr. —, aged about 20, living in Pennsylvania avenue. I was informed by the attending gentlemen that for three days previous he had been laboring under severe symptoms of enteritis, that had in no degree yielded to the active means which they had employed. Complete iliac passion had indeed taken place, the alvine evacuations having entirely ceased, and stercoraceous vomiting occurring at frequent intervals. The pulse was small and frequent; the extremities cold; the countenance hippocratic; the belly tumid, tense, and tender to the touch. The medical gentlemen in attendance informed me that within the last six hours they had discovered a swelling in the left inguinal region, apparently affecting the spermatic cord. All the symptoms of strangulated hernia being present, it of course immediately occurred to them that a concealed hernia had previously existed, and that it had now become in a degree manifest by the increased tumefaction of the parts concerned. They regarded the case, however, as one of obscure and doubtful character, and such indeed I found it.

The scrotum was much enlarged, but this was manifestly an œdematous swelling. Extending from the internal ring along the course of the cord was an elongated swelling, of a firm, unyielding feel, and evidently issuing from the ring. It was sufficiently obvious that no intestine could be involved in the tumor, as the characteristic elasticity was entirely wanting. It was not so easy to determine, however, the part which the omentum bore in the case. We could not, it is true, distinguish the cord from the tumor, and we were perfectly aware that, after all, the enlargement might prove to be nothing more than one of the cords itself; but supposing a semi-congenital sac to exist, it was manifest that a portion of omentum might have been thrust within the investing membranes of the cord, and become strangulated at the ring, or neck of the small sac. Certainly the existence of such a tumor, together with all the symptoms of strangulated hernia, justified such a conclusion.

The patient was now so exceedingly low as to render an operation, under any circumstances, extremely doubtful in regard to its result. But as death appeared inevitable without our interference, we determined on the remedium anceps. We resolved to cut upon the cord, and at least to reveal the true character of the local disease.

In the presence of the attending gentlemen, I executed the incision,

and quickly exposed the cord. It immediately became apparent that the tumor resulted from an enlargement of the cord, caused by the infiltration of serum into the tissues which enveloped its vessels. It was manifest that the fluid had issued from the cavity of the abdomen, and percolated along the cord, even to the scrotum, giving rise to the œdema of that part. The envelopes of the cord not readily yielding to the distention, the tumor of this part became hard and cylindrical. As there evidently existed in this case a high degree of peritoneal inflammation, I inferred that effusion had taken place into the cells of the fascia propria exterior to the peritoneum. This fascia, it is hardly necessary to say, is continued along the cord, and becomes one of the proper coverings of that fasciculus of vessels and nerves, and therefore might easily convey the effused fluid from the cavity of the abdomen.

As soon as the condition of the cord was ascertained, I closed the wound, the patient having suffered but in a very slight degree from the incision. The case terminated fatally on the following night.

A post-mortem examination of the case was made by my friend, Dr. Warner, and the ordinary evidences of high enteric and peritoneal inflammation discovered.

I am at this moment in attendance upon another case of peritoneal inflammation, occurring in a servant boy of my friend, Dr. Cockey. The disease was ushered in by pain in the right lumbar and iliac regions, accompanied with soft puffy swelling above and within the spine of the ilium. This swelling early in the attack was elongated in the course of the cord; and the cord was the seat of considerable morbid sensibility. On one occasion the patient complained of agonizing pain in the testicle of the same side. The condition of the cord and the presence of the swelling immediately caused attention to be directed to the possibility of the existence of obscure ventral hernia; but a careful examination, and the history of the early progress of the case, showed clearly enough that nothing of the kind could exist.

North American Archives of Medical and Surgical Science.

LECTURE OF M. BERARD AT THE SECOND TRIAL IN THE CONCOURS AT PARIS.

[See page 268.]

First Patient.—COXO-FEMORAL LUXATION.

M. BERARD's first lecture turned chiefly on a luxation of the shoulder-joint; here chance gave him a luxation of the thigh.

The first patient, a vigorous young man, was, the evening before, walking along the edge of the river, when he was suddenly thrown down by a barrel, which was rolled from a distance; he fell upon his left hip; an acute pain was immediately experienced in this spot; the patient was unable to rise, and was brought to La Charité. As yet nothing has been done for the patient; cataplasms have been applied; repose, diet, &c.; he has not had any stool since the accident; no pain in the head or belly; the chest is perfectly sound.