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CASE OF CONGENITAL, OBLIQUE, INGUINAL HERNIA IN A FEMALE,  
OR ENLARGED DIVERTICULUM OF NUCK.

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[Read before the Suffolk District Medical Society, February 27th, 1864, and communicated for the  
Boston Medical and Surgical Journal.]

THE subject was a young mulatto woman, of average size and flesh. On removing the skin and superficial fascia of the left side, a pouch of peritoneum, about an inch long, and of the same diameter, protruded from the external abdominal ring. It adhered pretty firmly all round it. Being inverted before the finger, the latter easily penetrated the inguinal canal and internal ring. Around the latter it was found firmly adherent. On being laid open, it proved to be a peritoneal sac, communicating directly with the cavity of the peritoneum, with a piece of small intestine lying opposite the internal ring. It was directly continuous with the general peritoneal surface. Along its lower side ran the round ligament, which became confounded with, and ended in the blind sac. The uterus was a little tilted over by this round ligament. The other side was normal. The sac terminated in the labium. The abdomen bore the lines of pregnancy. The mouth of the os uteri was transverse rather than circular, and the uterus was a little enlarged.

This was evidently an unclosed peritoneal sac, which was contemporaneous with the formation of the round ligament. Nuck first pointed out a small production of peritoneum continued through the abdominal ring over the round ligament, and terminating in a blind extremity in the groin. He called it a diverticulum, and described it as about an inch in length, and by no means constant. Wrisberg, in 19 out of 200 female bodies, found an opening, leading through the ring into the groin or labium, lined by peritoneum, placed over the round ligament, and terminating by an obtuse extremity. These canals, in different instances, would admit a probe, a quill, or the finger. Cloquet made similar observations, and repre-

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sents that the membranous productions adhere closely to the round ligament, and that they are met with in women of all ages. Mr. Lawrence says it has not been ascertained that these diverticula become closed; nor have we reason to suppose that their presence favors the occurrence of ruptures.

It is hard to see how such a diverticulum as this, a full inch in diameter, and admitting easily the finger through both rings, could have failed to be accompanied by some portion of intestine. Nor is it easy to imagine how the uterus, thus tilted over, could have risen in pregnancy, unless the diverticulum was inverted in its ascent. The case is presented on account of its comparative rarity.

### A CASE OF COMPOUND FRACTURE.

[Communicated for the Boston Medical and Surgical Journal.]

CAMP NEAR BRANDY STATION, VA., Feb. 17th, 1864.

OCTOBER 12th, about midnight, we were retreating across the Rappahannock, before Lee's Army. Corp. W., of Battery M, 5th U. S. Light Artillery, riding on the trail of a gun, had his left leg crushed between a stump and the trail. Half an hour afterwards I was called to see him, and found the following conditions present:—a compound, comminuted fracture of both tibia and fibula, commencing an inch above the ankle-joint, and extending upwards nearly three inches; the tibia protruded from the wound, and at least an inch of it was missing. There was great laceration of the soft parts, and the external wound was about an inch and a half in diameter. The anterior tibial artery, though exposed, escaped serious injury, as did other large vessels and nerves, which, considering the extensive injury of bone and muscle, was remarkable.

The case seemed to demand amputation; but as we halted but a short time, a rough fracture box was made, in which the leg was carefully placed, and the man put into an ambulance with an attendant beside him. He was ordered to have cold water dressings applied every fifteen minutes, day and night.

We resumed our march as soon as these arrangements were made, and moved till 11 o'clock the next night. During this time the patient took one grain of sulphate of morphia, in four doses. At daylight we marched on Centreville, reaching there at 2 in the afternoon. Patient took sulphate of morphia, gr. iss., during the twenty-four hours, and slept about six hours. Next day, at daybreak, we started for Chantilly, and passed over three miles of the most rocky road I ever saw ambulances travel on; in the afternoon we rested. Patient took sulphate of morphia, gr. ij., during the twenty-four hours. Next day sent patient to Fairfax Station, where he took cars, and arrived at Washington before night. The water dressings were continued from the time I first saw him, till he arrived in Washing-