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STRANGULATED FEMORAL HERNIA—OPERATION—RECOVERY.

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[Communicated for the Boston Medical and Surgical Journal.]

M. E. W., aged 57; unmarried; stout, but not corpulent; always a healthy woman, though of sedentary habits. One year ago, strained violently at stool and produced a rupture on the right side, but as the "bunch," as she called it, which was of the size of a walnut, readily disappeared on moderate pressure, she neglected to apply for medical aid. In May last, the tumor having gradually increased in size, though still readily reducible, a truss was procured and worn with occasional intermissions till the morning of August 31st, when it was left off in consequence of the skin being badly chafed. At 11, P.M., she was attacked with colicky pains and vomiting, which continued during the night; was unable to reduce the hernia.

Sept. 1st.—First saw her at 6½ o'clock, A.M. Pulse 86; heat 99; countenance pale and anxious; skin cool and clammy; abdomen tender, swollen, and tympanitic; had taken an emetic of mustard and a purgative enema, and voided considerable feculent matter; nausea and vomiting incessant. The matter vomited was yellow, homogeneous, but had no feculent odor. A tumor in the right groin, more than twice the size of a hen's egg, rolled up over the fascia lata and Poupart's ligament, which was diagnosticated as a femoral hernia. It was firm, unyielding, slightly tender on pressure, and irreducible. Ice was applied to it, and an enema of starch and laudanum (one drachm) was administered, with the effect of quieting the colicky pains, although vomiting continued. At 8, A.M., patient was etherized and the taxis renewed, but without avail. She was then allowed to return to consciousness, in order that her friends, who lived at a distance, might be consulted with reference to an operation. Their consent having been given, at 5, P.M., the patient was again etherized, and an incision made from a point an inch anterior to, and a half inch below, the anterior superior spinous process, and carried parallel with Poupart's ligament to within half an inch of the spine

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of the pubes, and joining this another perpendicular incision from the superior border of the tumor, about two inches long. The flaps were then everted and the subjacent tissues divided, the scissors being used, when practicable, in preference to the scalpel, and the hernial sac exposed, which contained both omentum and intestine. An attempt was made to liberate the sac by incising the falciform process and the fascia lata so as to enlarge the saphenous opening. This proving insufficient, a few fibres of Gimbernat's ligament were divided and another effort made at reduction, which was only partially successful. The sac was then freely opened. About two ounces of serous fluid, slightly tinged with blood, escaped. This exposed some apparently healthy omentum and a large knuckle of intestine, between which and the sac were some adhesions which it was necessary to separate. The bowel was then gradually returned, and also, though with some difficulty, the omentum and a portion of the sac. The wound was then closed by the interrupted suture, the most depending portion being left open for the escape of pus; water dressing and compress applied. On her return to consciousness, ammonia and opium (two grains) were administered. Pulse 88. Heat 99. Respiration normal, and so continued till the 7th. 9.30, P.M.—No nausea, but regurgitation of yellowish fluid from the stomach; thirst. Ordered small pieces of ice and iced black tea, with milk and sugar, in teaspoonful doses.

Sept. 2d, 8.30, A.M.—Passed a comfortable night. Pulse 92; heat 100½; thirst; tongue dry; regurgitation continues, without nausea; no urine passed since 3, P.M., yesterday—drawn with catheter; wound looks well; abdomen not tender. Diet and dressings as before; opium (half a grain, p. r. n.). 10, P.M.—Pulse 102; heat 101; has passed urine, natural in color, without pain; no regurgitation since morning; thirst continues.

3d, 8.30, A.M.—Pulse 102, irregular; heat 102; wound somewhat red and swollen—no discharge from it; half the stitches removed; increased thirst. Citric acid in solution ordered; dressing and opium as before. Abdomen tympanitic, but not tender. A liniment of camphorated oil and spirits of turpentine to be applied every two or three hours. 10, P.M.—Pulse 112; heat 101; has passed, per rectum, large quantities of foetid gas; abdomen less tympanitic; thirst relieved by citric acid; no appetite since operation, except for tea; wound inflamed.

4th.—Pulse 104; heat 102; passed a restless night; wound dry; surrounding parts swollen and attacked with erysipelatous inflammation. All the stitches removed, tincture of iodine applied and the parts fomented with infusion of chamomile flowers and alcohol (four ounces of the latter to one pint of the former). Continue opium pills and terebinthine liniment. Beef-tea freely, arrow-root porridge and black tea. 10, P.M.—Pulse 112; heat 100½; wound discharging; pus offensive.

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5th.—Pulse 102; heat $100\frac{1}{2}$; abdomen soft; wound more healthy and closing; purulent discharge less offensive. Discontinue opium.

6th, A.M.—Passed a disturbed night. Pulse 102, feeble; heat $98\frac{1}{2}$; bowels moved freely without pain; feels very weak; abdomen nearly natural; wound discharging laudable pus and rapidly closing. Continue fomentations; beef-tea, wine whey and black tea. No opium. 10, P.M.—Restless. Bowels have moved twice—second defecation rather loose; urine high colored, and scalds a little; constant inclination to go to stool; tongue dry; some appetite; has eaten a slice of brick-loaf, with tea. Continue diet and fomentations. *R.* Opii pulv., ipecac. pulv., aa gr. i. M. Ft. pil. No. i. cap. statim.

7th.—Pulse 94; heat 100. This morning, threw up beef-tea, probably in consequence of having taken opium. Relished breakfast of tea and toast, subsequently.

16th.—Patient has steadily improved since last record. Can sit up for a short time, a compress and bandage being applied. Wound nearly healed.

This case illustrates two important principles which, experience has taught, should govern the practitioner in the management of strangulated hernia, and which, notwithstanding the fact that they are so obvious and well established, it can do no harm to reiterate: 1st, prolonged and forcible taxis is never justifiable; 2d, an operation should be resorted to as soon as it is evident that the bowel cannot be returned by gentle manipulation. The favorable result obtained in the present instance is in striking contrast to the unfortunate termination of a similar case which occurred in my practice about a year since.

Mrs. G., æt. 34, had femoral hernia on the right side for several years, during which she had worn a truss in the daytime. On rising one morning in July, 1866, the bowel came down, and she found herself unable to return it. Repeated and forcible attempts at reduction were made by herself during the ensuing twenty-four hours, but without avail. The next morning her family physician was sent for, who, failing to reduce the rupture, called me in consultation. An operation was advised and skilfully performed by Dr. G. H. Gay, too late, however, to save the patient. Sphacelus of the strangulated portion of the intestine was found to have already taken place. The patient died within forty-eight hours.

Another instance has come to my knowledge in which rupture of the intestine was produced by the violent efforts made by the physician in attendance. An operation was, however, attempted, but, on making the primary incisions, the subjacent tissues were found infiltrated with fecal matter.

It is needless to state that in the present case the taxis employed was moderate, and was discontinued as soon as it appeared that the hernia was irreducible.