

ON A CASE OF LITTRE'S HERNIA.

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In a paper on a New Form of Hernia published in the "Mémoires de l'Académie Royale des Sciences" in 1700, M. Littre described a condition of incarceration of intestine which had not been previously recorded, except by Hildanus in 1598. Littre's attention was first attracted by the case of a stout man, aged forty-eight, who died suddenly with a hernia in the left groin. He found a part towards the end of the ileum arrested in the sac of a hernia, which could not be easily withdrawn, although not adherent. The whole circumference of the intestine did not form this hernia, but only the portion opposite to that which is immediately attached to the mesentery. Thus the continuity of the canal was not interrupted. There arose also a lengthening of that part of the intestine engaged in the ring, so as to cause the formation of a sort of appendix of conical shape with a large base below, and communicating at its upper part with the cavity of the ileum. Its thin walls and fine vessels showed it to differ in structure from a naturally formed appendix. In a second observation, he found in a man who died of fever, aged thirty-four, a hernia, not strangulated, formed by an appendix of the ileum, which alone was engaged in the ring, whilst the rest of the circumference of the body of the intestine remained free. A third instance is related of a man with a tumour in the left groin, of which he died in five days. This it was difficult to recognise as a hernia, since the man had no distension and was hardly inclined to vomit. Owing to decomposition, the parts did not reveal the exact state, but probably the same condition existed as in the other two cases. Among other causes for strangulation of these herniated appendices are the thickness and weight of the material which accumulates in them, which are unable to regain the continuity of the gut through the narrow opening, and are unaided by the intrinsic muscles of the appendix, which have lost power from distension, or by the extrinsic forces of the abdominal walls, which can no longer act upon them. The condition, then, which Littre described, but which has since acquired a rather loose signification, is one in which a section of the gut is forced into a hernial opening and, becoming distended and enlarged, forms a distinct appendage. The condition has been frequently described, and is not one of very uncommon occurrence. The strangulation of this part is very frequently followed by gangrene, owing perhaps to the delay which may ensue from the difficulty of recognising the condition and the anomalous nature of some of the symptoms. That gangrene is not necessarily the cause of a fatal issue, and that this may ensue from other causes, are shown by the following case, which is one of considerable interest and instruction.

I was asked by Mr. Humphry, of St. George's Dispensary, to see with him an elderly woman, who stated that her age was sixty-four, although she looked even more advanced in years. She stated that she had been a domestic servant, and had generally enjoyed good health. For some two or three years she had been losing flesh, during which time she had been of constipated habit, for which she had resorted to aperient medicines. At various times she had passed blood per rectum when at stool, but never to any great amount. There was no family history of phthisis or of malignant disease. Seven days prior to my seeing her, finding herself constipated, she took her usual remedy, which was followed by an action of the bowels, and this was again succeeded by a more obstinate constipation. She was treated at first with purgatives, and subsequently by enemata. Nothing, however, had passed with the exception of some blood in streaks and mucus, which was accompanied with tenesmus. She had vomited a little dark material, which was not stercoraceous. There was some pain, constant but by no means urgent, referred to the umbilicus. There was no hiccough. We found the patient lying on a rough bed in an underground ill-lighted room, and in a very feeble condition. Her emaciation was extreme, so that, in the words of the registrar's report, the body appeared free of all fat. She was sent by my advice to Charing-cross Hospital, where she was seen by myself and colleagues the same day.

Her condition was one of extreme feebleness and exhaustion, but the more thorough examination which was available under these circumstances revealed the fact that there was no local tenderness at any part. The abdomen was moderately distended and tympanitic; no peristaltic action of the intestines could be observed. Nothing could be detected at any of the usual sites of hernia, but a large flaccid protrusion of the vagina evidently containing intestine, and at the apex of which could be seen the minute os of a very atrophied uterus, passed from out beyond the labia. This was reducible with the simplest pressure, and it seemed evident that nothing in the condition of its contents was giving rise to the symptoms. The walls of this protrusion as well as the labia were covered with dry crusts of secretion, which had in some places come away, exposing small weeping excoriations. No tumour could be detected in the abdomen, and palpation gave rise to no pain, nor was there any indication as to the seat of mischief. Her eyes glistened brightly, but there was a marked facies Hippocratica. Such was the state of collapse that no operative measures could be undertaken. She was ordered a pill containing opium and belladonna, and if she improved an injection was ordered to be administered. Her temperature was 97° and pulse 92. No flatus was passed per rectum. On the following morning the temperature was 98° and the pulse 100. She was somewhat less feeble and complained of no pain. She had twice vomited, and though the material thrown up was only suspiciously stercoraceous on the first occasion, it was undoubtedly so on the second. I again carefully examined the abdomen, but with a negative result. I observed, however, a very slightly enlarged gland about the middle of Poupart's ligament, which had not been noticed the previous day. This might be due to an excoriation of the corresponding labium, but in view of the symptoms I carefully examined the femoral region for any sign of hernia, which, owing to her great emaciation, might be expected to be manifest, however small the protrusion. No sign either of tenderness or of difference from the corresponding region could be detected. Nevertheless, I felt strongly tempted to cut down and explore the femoral region; but after consultation with my colleagues, and after giving due weight to all the previous history and the present symptoms, I determined to cut down upon the colon in the right lumbar region, and, should this be found empty, to perform laparotomy and seek the cause of obstruction. This was accordingly done; the colon was immediately found, but its collapsed condition showed plainly that the obstruction was situated above the commencement of the larger bowel. No time was lost in closing the wound after the bowel had been examined, and no blood was lost; but it was evident that the patient would not bear any further operation, and I was obliged to relinquish the hope of relieving her. She was sent back to bed, and died the following morning.

Necropsy.—Lungs cedematous at bases and emphysematous throughout. The left ventricle of the heart was hypertrophied, the muscular tissue soft and flabby. Abdomen: The upper part of the small intestine down to within ten inches of the cæcum was distended with flatus. At this portion a very small portion of the circumference of the gut had passed into the femoral canal on the left side, where it was impacted and fixed. There were no adhesions; the herniated portion was very slightly discoloured, and showed no sign of becoming gangrenous. The lumen of the gut was continuous, but the part beyond was collapsed and smaller than that above. There was also a number of coils of small intestine in a pouch behind the uterus, which was prolapsed beyond the labia. There was no peritonitis. The uterus was exceedingly atrophied, and the os would hardly admit the point of a hairpin. There was advanced rheumatoid arthritis in both hip-joints.

The diagnostic symptoms which Littre gives as distinguishing this form of hernia are—(1) that the patient regularly discharges his motions, since there is no interruption to the continuity of the canal; (2) that there is seldom hiccough, and vomiting is less frequent than in ordinary herniæ, and never stercoraceous; (3) that the abdomen is neither large nor distended; (4) that the tumour increases more slowly and never attains a large size; and (5) that the inflammation, pain, fever, &c., take longer to show themselves, and are less violent. With regard to the first of these symptoms, it could be gathered from the woman's account that, as far as previous history went, there was good reason to suspect malignant disease. To this explanation her age,

the extreme emaciation, the habitual constipation becoming more and more pronounced, and the passage of blood and mucus all seemed to point. Hiccough was never present, and the vomiting did not occur till late in the period of illness, and was only stercoraceous on the day preceding death. At no time was the abdomen distended or painful, and, though not stated by the patient or those around her, it is to be presumed that flatus made its escape through the continuity of the gut. There was no tumour to be found at any period; and the only indication of anything like inflammation was the slight enlargement of an inguinal gland on the second day of her being in the hospital, which might readily be attributed to the excoriation of the labium. Strong as were the probabilities of hernia, this was the single indication as to its possible situation.

The intense collapse of the patient was a restricting influence as regarded operations, but under the circumstances there were three proceedings which might be undertaken: (1) herniotomy in the left femoral region; (2) laparotomy and exploration of the abdomen and its contents; and (3) colotomy, on the presumption that a malignant stricture existed in some portion of the large intestine. The first of these measures I rejected, though with some reluctance, since the indications, not so much of hernia as of its site, if existent, rested upon very slight foundation. Had it been adopted, the condition of the parts makes it probable that the herniated segment of gut, even if detected, could hardly have been satisfactorily dealt with. The second proceeding would, I think, have been the proper course to adopt in a patient less exhausted, or in a younger person suffering from similar symptoms. By following up the collapsed intestine, and thus ascertaining the cause of obstruction, a very slight force would have sufficed to draw the small herniated portion of gut out of the femoral canal. There must, however, even with the greatest care, be a certain amount of shock attending any such operation; and there is little reason to suppose that the patient could have borne such a proceeding, as shown by the result of the milder measures which were adopted. I was driven, therefore, to resort to the proceeding which had at least the merit that it offered less shock to the patient, and if successful would afford a chance of present relief and possibly of prolonged comfort.

NOTES OF CASES OF PUERPERAL CONVULSIONS TREATED WITH PILOCARPINE.

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IN connexion with the case of successful treatment of puerperal eclampsia by pilocarpine recorded in THE LANCET of April 3rd by Dr. Horrocks, the notes of the following cases may prove of interest.

CASE 1.—On Nov. 27th, 1885, Dr. Prowde asked me to see Mrs. C—, aged thirty, at the Sunderland Workhouse. She was admitted on Aug. 20th, and was eight months pregnant with her first child. A month before I saw her she showed signs of œdema, and this continued till Nov. 27th, when she was seized with violent convulsions, which recurred every twenty minutes, and then she at once lost all consciousness and could not be roused in the intervals between the fits. Her breathing was markedly stertorous; her pulse 120, hard and wiry; her face, trunk, and extremities very much swollen; and the small quantity of urine removed from the bladder became almost solid on the addition of heat and nitric acid. The cervix was hard and had not been taken up; the os would admit a No. 12 catheter; the vagina was dry; and, in fact, there was no sign of labour. A third of a grain of pilocarpine was at once injected beneath the skin of her arm; within two minutes saliva commenced to pour out of her mouth, necessitating the use of a tin vessel to catch it in; and within five minutes she was in a profuse perspiration all over her body, the drops standing out on her forehead and chest like large beads. She had a slight convulsion shortly afterwards, which was the last she had, and obviously the question at once presented itself, Should labour be induced or an expectant treatment followed? After anxious consideration, Dr. Prowde and I decided that

it would be hopeless to permit pregnancy to continue in a completely water-logged woman, quite comatose, who had already had some twenty convulsions, and with her breathing and pulse as mentioned. The cervix was accordingly gently dilated with the finger, a Barnes's bag introduced, then another, and so on till the os was fully dilated, which occupied a little over two hours, when Tarnier's new forceps was applied, and a living male child delivered, chloroform having been freely administered the whole time to prevent muscular movements and to assist the pilocarpine to lessen arterial tension. She continued insensible and almost maniacal for two days, on each of which she had a third of a grain of pilocarpine, which roused her and made her more sensible for some hours, and she then rapidly improved, the urine gradually becoming freer from albumen, till at the end of a fortnight it was normal, and at the end of a month, thanks to Dr. Prowde's skill and attention, she and her child left the workhouse, both quite well. She had suffered for many years from right facial paralysis and slight deafness on the same side, which were in no way affected by the attack or the treatment.

CASE 2.—On March 6th, 1886, Dr. Coatsworth Watson sent me an urgent message to come to assist him with a lady, aged twenty-eight, who had gone a fortnight beyond her calculated time with her first child. She had spent an excellent pregnancy, and on this day had been out for a walk, but complained very much of headache, and latterly had some swelling of the legs. An hour before I saw her she was suddenly seized with a convulsion, and lost all consciousness. On Dr. Watson's arrival he at once administered chloroform, without producing any effect on the convulsions, as (though I was summoned by telephone and arrived very shortly after him) she had had four fits during its administration, and as I entered the room was in one of the most violent convulsions I have ever witnessed, and appeared to be on the point of death. A third of a grain of pilocarpine was quickly injected, which acted rapidly, and she had no more convulsions during her labour, but it was deemed safer to continue the chloroform; her pulse was almost imperceptible, ranging from 140 to 150, and her breathing stertorous. On examination, the head was found well down in the pelvis, and the os thin and of the size of a shilling; an ounce of urine was drawn off highly charged with albumen. Having rapidly but carefully discussed all the circumstances of the case, Dr. Watson and I decided to at once rupture the membranes, and to introduce the largest sized Barnes's bag, which, as the pains were very strong, was expelled in about twenty minutes, when Tarnier's new forceps were applied and a dead male child delivered. Two hours later a second third of a grain of pilocarpine was administered as a prophylactic, and all went on well for twenty hours, when she had a slight convulsion, necessitating the administration of a third dose of pilocarpine, after which Dr. Watson placed her on a mixture of jaborandi, which in a few days was changed for tincture of the perchloride of iron and spirit of nitrous ether, and under his skilful and judicious care she made a speedy and excellent recovery, the albumen disappearing on the fifth day.

CASE 3.—On April 14th, 1886, Dr. H. Shapter Robinson kindly asked me to see a primipara, aged twenty-one, whom he had attended ten hours previously in her first confinement, all going on well. Shortly after he left the house convulsions set in, and occurred every half-hour up to the time of our visit, when we found the patient in a dazed condition, with widely dilated pupils; but she could be roused to answer questions fairly well. A third of a grain of pilocarpine was at once injected into her arm, and in a few minutes the characteristic salivation and diaphoresis occurred; and with the exception of one slight convulsion afterwards all went on well under the able and efficient treatment of Dr. Robinson, who, on the occurrence of the last-mentioned convulsion, injected a second dose of pilocarpine. Mother and child continue in excellent health.

This case makes the sixth that I have treated with pilocarpine, the first five being very severe cases; and I am thankful to say all the mothers made excellent recoveries, and four of the children were saved and are now alive.

My first case occurred in my own practice on March 30th, 1883: a multipara aged thirty-nine, in her tenth pregnancy. She had nine convulsions before being seen, and was comatose and cedematous. The urine contained a large quantity of albumen. One-third of a grain of