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NOTES OF CASES READ BEFORE THE
MEETING OF THE BATHURST AND
RIDEAU MEDICAL ASSOCIATION,
SMITH'S FALLS, JULY 25, '90.

BY SIR JAMES GRANT, M.D., F.R.C.P.L., OTTAWA.

It is a well known fact that Entero-epiplocele is a hernial sac containing both intestine and omentum, such as the following :

June 19th. Was summoned to attend an old lady in her 82nd year, who suddenly was taken ill three days previous, with nausea, vomiting, pain in the right groin and considerable swelling, attended by fever ; temperature $101\frac{1}{2}$, pulse 108, small and irregular, tongue rather dry; generally restless and unable to keep in one position for any length of time. On examination, a large swelling was observable in the right groin, rather in the direction of oblique inguinal hernia, although doubtless femoral in its character. The history, that the greater part of the swelling came down suddenly during the act of coughing and had remained there since that occurrence, fully three days previous. Owing to ankylosis of the knee joint, the leg could not be flexed, so I bent the body slightly forward and used taxis, and after considerable effort a large portion of intestine returned with a distinct gurgling sound, lessening very considerably the lowest part of the rupture. There still remained *in situ* quite a hard and immovable growth, inelastic and somewhat flattened in character, and quite unlike bowel. On careful enquiry the old lady said that for some years she had a little swelling in that part, which did not give her any trouble until the occurrence of the present attack, which came on very suddenly. Being unable to reduce the entire protrusion at the one time, I

feared that an operation might ultimately be necessary. I applied an ice bag to the part and a sedative internally to allay pain and give a degree of rest which had not been the case for fully two days.

20th, 10 a.m. Passed a tolerably comfortable night, having experienced a considerable lessening of pain and tenderness over the parts, with well marked reduction also of the pulse and temperature. I again tried the taxis, but could not budge the remaining part of the tumor, which I concluded was old and attached omentum. Still continued the ice, milk diet in small quantities and an occasional dose of chloral hydrate, which had a very soothing effect.

21st. Passed a tolerably good night and improved in her general condition. Ordered ol. ricine and the ice bag at intervals when pain in the parts was experienced.

21st, 9 p.m. The oil acted vigorously and was marked by a general improvement otherwise.

22nd. Slept well during the night and taking more nourishment than the previous day, and the present prospect is towards gradual recovery, which will be slow, doubtless, from the advanced age of the patient.

These compound cases of hernia are perplexing and demonstrate beyond a doubt, the necessity of time and watchfulness, before deciding upon an operation, such as obstinate strangulation would demand.

CASE II.—*Tumor (fatty) in the groin, simulating inguinal hernia.*

Mr. L., set 36 years, of strong and robust habit of body, and usually enjoyed the best of health. January, 1862, he consulted me concerning a rupture in his left groin of fully 14 years' duration. He had been recommended various forms of trusses, which he had tried very persistently for fully 14 years. The growth increased to such a size that he was unable to use appliances which would in any way lessen its size or reduce it to a convenient form. I was consulted with reference to the truss that was necessary at the time. I made a careful examination of the parts and ascertained the following facts : 1st. The growth was gradual and progressive in its character, and at the onset not the result of any violence whatever. 2nd. There did not appear to be the characteristic impulse on coughing, such as is usual in purely her-