

STRANGULATED INGUINAL HERNIA SIMULATED BY BLOOD IN THE SCROTUM.

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The following case is one of great interest, chiefly from a practical point of view, though its exceptional nature would also make it worthy of record. E. M., aged about 60, a bath-chair man, was apparently in good health on the evening of November 21st, 1879. His previous history I had been unable to obtain; but it scarcely has much influence on the immediate interest of the case. During the night, he was seized with severe pain in the abdomen and down the left leg. Mr. E. J. Furner was called to see him, and found him suffering intense pain. His agony was so great that he was writhing about in bed, and could not be kept quiet. Mr. Furner found, on examination, what appeared to be a strangulated scrotal hernia on the left side; that is to say, there was a sausage-shaped tumor in the scrotum, coming through the external abdominal ring, which was tense and gave no impulse on coughing, and which had appeared suddenly, the man having before been accustomed to have a reducible scrotal hernia on this side. He also had a reducible hernia on the right side. The abdominal pain, too, corresponded with a sudden and severe strangulation of the gut, although that down the leg could hardly be explained in the same way. Mr. Furner advised that the patient should be at once removed to the Sussex County Hospital, in view of an operation being performed as soon as possible. This was not done until the morning, when, in the cab on his way to the hospital, he died. Shortly before his death, the patient expressed himself as feeling better, and he had less pain.

POST MORTEM EXAMINATION. — He was a strongly developed and well-nourished man. There was extreme pallor of all parts of the surface of the body. In the left scrotum was a sausage-shaped tumour exactly resembling a hernia, and irreducible. On dividing the structures superficial to this tumour, it was found to be a cylindrical clot of blood lying behind what appeared to be the sac of the reducible hernia from which he had suffered. On following up

this clot through the abdominal ring, it was found to be a portion of an immense collection of blood, which, lying behind the peritoneum, occupied almost the whole of the back of the abdominal cavity, enveloped both kidneys, extended into the meso-rectum, meso-colon, and mesentery, and could not have consisted of less than two or three quarts. The psoas magnus muscle of the left side was quite destroyed; and running through the clot, so as to cause great difficulty in removing it, were the cords of the lumbar nerves. The source of this extensive hæmorrhage was the rupture of a fusiform aneurism of the left common iliac artery. In consequence of the presence of an old-standing inguinal hernia, the left inguinal canal had nearly disappeared, leaving an almost direct passage through the abdominal wall opposite the external ring; through this the blood had passed into the scrotum, but beneath the peritoneum, instead of within its cavity, as the hernia would have been. The left ventricle of the heart was contracted; the aorta was atheromatous; and the kidneys were granular and cystic.—*British Medical Journal.*

TOPICAL USES OF ERGOTINE.

Eldridge has made use of this drug in rosacea, granular urethritis, gonorrhœa, and otitis media. In a case of typical rosacea in a young woman, ergotine was applied on strips of lint at night. Within three weeks good effects were apparent. The general hyperæmia was considerably lessened, many of the enlarged vessels had entirely disappeared, and pustules were of rare occurrence. At the expiration of six months the disease had entirely disappeared. In another case of hypertrophic rosacea of ten years' standing, the hypodermic use of ergotine was tried. Injections of two or three minims of the following preparation were made into the substance of the skin, at intervals of three days, viz.: Ergotine, gr. xv; glycerine, ʒss; water, ʒij, to be thoroughly triturated and strained. The result was eminently satisfactory. In two cases of granular urethritis, the results of the ergotine treatment were very gratifying. In the first case, after an Otis' operation for stricture, the gleet discharge persisting, an endo-