

ORIGINAL CONTRIBUTIONS

HERNIA: A NEW DIAGNOSTIC TECHNIQUE.

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THE diagnosis of those herniæ that may be palpated externally, especially inguinal, femoral, umbilical and perineal ruptures, has long been made by getting the patient to cough while the examining fingers feel over the suspected opening for an impulse on coughing, and also by pushing the skin before the finger in trying to insinuate it into the abnormal opening. In a straightforward case with a large opening or with permanent injury to the structures around the canal, these methods are usually successful. The contents of the abdomen may descend into a hernial sac so as to show as a definite swelling externally, especially after accidental straining, fatigue or long exercise.

There are, however, a fairly large number of cases of rupture in which the above technique fails to show the hernia. It is the not uncommon experience of surgeons of wide hospital practice to have patients present themselves complaining of rupture and asking for a radical operation. These cases cannot by the above methods be shown to have a hernia at the first examination. And so they are kept in the hospital, being purged and walked around the wards in the hope that the hernia may come down and show itself to the satisfaction of the surgeon or his representative, for naturally and properly the surgeon wishes to make his own diagnosis before operating. This delay in a doubtful case and the subsequent discharge of the patient without operation since no rupture could be made out, has led in not a few cases to malingering.

There are several good reasons why this condition of affairs can exist in the case of a person who truthfully asserts that he believes himself to be ruptured, or, in doubtful cases which subsequently are diagnosed for sure before, or at operation, but which, at the first examination, cannot be shown to have a hernia, by the named methods. Some of these reasons are as follows:

(1) Immediately next to the opening in the abdominal wall, the coils of intestine may be loaded with feces or tightly distended with gas so that they are more or less rigid, and hence will not pass out of the narrow passage even if several coughs be given. The great omentum may also not be in a position to be driven out at the time.

(2) In the case of early or recent hernia, that portion of the canal into which abdominal contents might easily go from above downwards or