

## AN INTERESTING CASE OF STRANGULATED MECKEL'S DIVERTICULUM.

BY

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M. H., a boy of 13 years of age, was sent to the Montreal General Hospital on December 10th, 1898, for operation, a diagnosis of strangulated inguinal hernia having been made by the physician attending him previous to admission.

*History of the Present Illness.* The patient was in excellent health until December 2nd, eight days before, when, on his way to school in the morning, he was suddenly seized with a severe pain in the abdomen, so severe that he was forced to return home feeling very weak and sick at his stomach. Rest in bed gave him some relief and his condition appeared to improve somewhat during the following night. A purgative was administered and the following day his bowels moved slightly. During this time and up to the fourth day of the attack (four days before admission to the hospital), the pain was chiefly confined to the lower right quadrant of the abdomen, and during this same period his bowels moved in all three times, the character of the stools being somewhat constipated. For the last four days there had been no motion. Vomiting was present from the second day on and the morning of admission was noticed to be of a dark brown colour. Four days ago the pain became more general, and along with this change the surface of a small mass in the inguinal canal became inflamed and very tender.

*Present Condition.* The patient is a poorly nourished youth of 13 years of age, very restless, but not at all delirious. The face is flushed, the malar arches prominent, the eyes sunken, lids partly closed, expression anxious, lips covered with sordes, tongue dry and covered with a dark brown deposit, and the breath foul. The temperature is  $101\ 1.5^{\circ}\text{F.}$ , pulse 86, respirations 20. He prefers to lie in the dorsal position with the thighs flexed on the abdomen.

*Abdomen.* The superficial veins of the abdomen are prominent. There is a marked distention and rigidity of the abdominal muscles. In the right inguinal canal there is a mass about the size of a walnut, the surface of which is inflamed. Tenderness is present all over the abdomen, but especially over this mass. The percussion note is low-pitched tympany (tympanities) except over the mass described, which is dull. The liver dulness is completely obliterated.