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Case of Operation for Chronic Hydrocele with Densely Hypertrophied Walls, complicated with Hernia: tying the Sac of the latter close to the Ring—Radical Cure. By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

There are a few points in the following case which are not devoid of practical interest, illustrating the difficulties that are occasionally met with by the operator. We have here a large, dense, smooth, and firm tumour, unyielding to the touch, presenting no evidence of fluctuation—its history, however, permitting of no doubt as to its original nature. Coupled with this a large double hernia exists, both easy of reduction, that on the left projecting as far, but giving no positive evidence of its entering into the tumour. The operation at first sight seemed simple and easy of execution, but on making the first incision it gave one the idea that the knife was passing through a tough and rather dense cartilaginous structure, which as I proceeded, I found to be more than three quarters of an inch in thickness—all alike in character. Having used the precaution of dissecting from below upwards, I found that about the centre of the tumour my knife had passed into a small cavity, which I soon ascertained to be about an inch in length, of the terminal sac of the hernia, small in diameter and firmly united to the general mass, leaving no alternative in the removing of the tumour but cutting it straight across. It is unnecessary for me to refer further to the steps of the operation, as they have been already detailed in the notes furnished by my dresser, Mr. Perrier. I am not, however, aware of a similar case being on record where a hernial sac has been tied quite close to the ring, and what is well worthy of note, without a single bad symptom arising. I wish further to add that my patient derived great benefit from the occasional use of carbolic acid and oil (1 to 5) in promoting healthy action and rapid cure. I have had an opportunity of examining Durney with