

ART. XLII.—*Case of Inguinal Hernia of 20 years' standing, closed by inflammation of the Spermatic Cord, with the conversion of Hydrocele of the Cord into Hematocele, by W. H. HINGSTON, M. D., Edinburgh.*

The following somewhat curious and instructive case, may, I venture to hope, prove interesting to some of the readers of the *British American Journal*.

Thomas Kinnaird, æt. 39, a native of Edinburgh, was on the 6th Nov., 1851, admitted into Clinical Ward, No. 6, of the Edinburgh Royal Infirmary.

It appears from his statement, that in the fall of 1831, about 25 years ago, his attention was drawn to the right inguinal region, where he observed a small tumor about the size of a walnut. This proved to be a hernia, which at first caused very little inconvenience, but on its increasing in size, he was advised by a surgeon to wear a truss. This he did, and from that time to about five months ago he was unable to do without its support, for on removal of the truss, the intestine would fall down, but always easily returned into the cavity, when pressure was made with the fingers, or when the horizontal position was assumed.

About fifteen years ago he observed a small hard body on the lower part of the right testicle, which continued gradually to increase, and at the date of admission involved the whole testicle, which was nearly three times its original size.

In the month of July last, about five months prior to his admission into the Infirmary, he noticed a swelling along the course of the Spermatic Cord, which was

very hot, and acutely painful, compelling him to lay aside the truss, and take to his bed. In about a week or ten days, the pain gradually subsided, but the swelling still increased. He then presented himself to Mr. Lizars, who introduced a trochar, and drew off about half a pint of a clear, transparent, colorless liquid. The aperture soon closed, and he was afforded temporary relief. In about three weeks, however, this operation required a repetition, when about the same quantity of fluid was withdrawn, in every respect resembling the former. The sac again refilled, and the patient was on Thursday, Nov. 13th, brought into the operating Theatre of the Royal Infirmary. A trochar was introduced by Professor Syme, and a fluid *very different* from the former was poured out. It was on this occasion turbid—and of a *dark reddish brown color*. The quantity withdrawn was about 6 oz. After evacuation of the fluid, there was no descent of the intestine, no impulse on coughing. The part was carefully examined by Mr. Syme, and after the visit by myself and others, but no trace of an opening could be found.

On Wednesday, Nov. 19th, the patient was again brought into the operating Theatre for removal of the testicle; but previous to the commencement of that operation, an incision was made down to, and along the course of the Spermatic Cord. When the knife entered the part which had on previous occasions been tapped, a quantity of fluid escaped, similar to that of the operation of Thursday. On examining the interior of the cyst, *three large clots* of blood, each about the size of