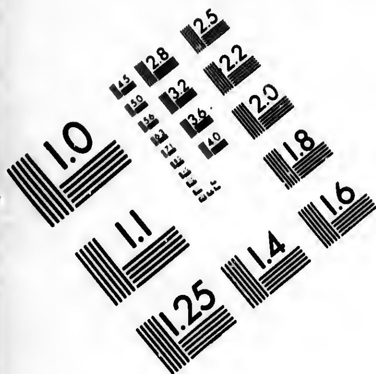

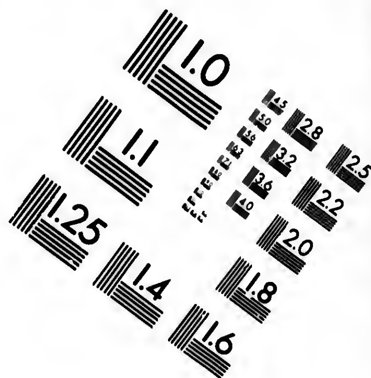

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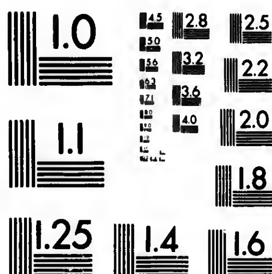

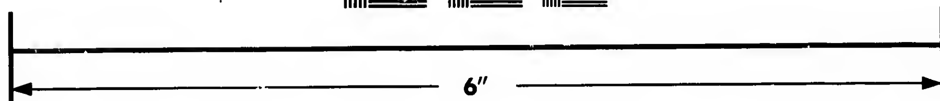

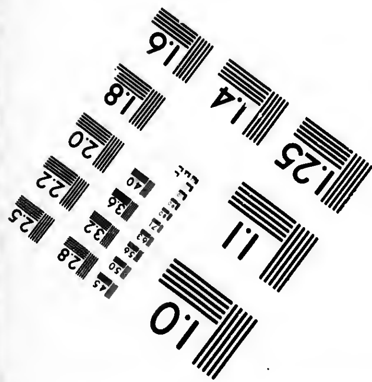

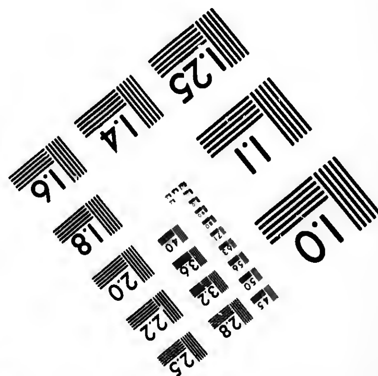

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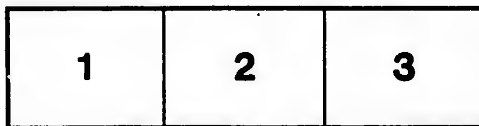

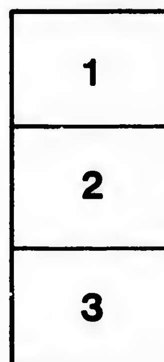

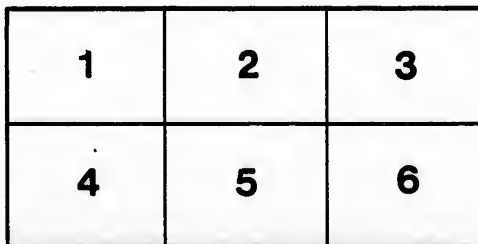

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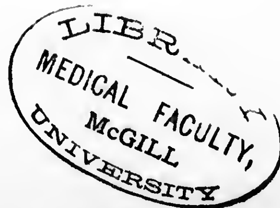
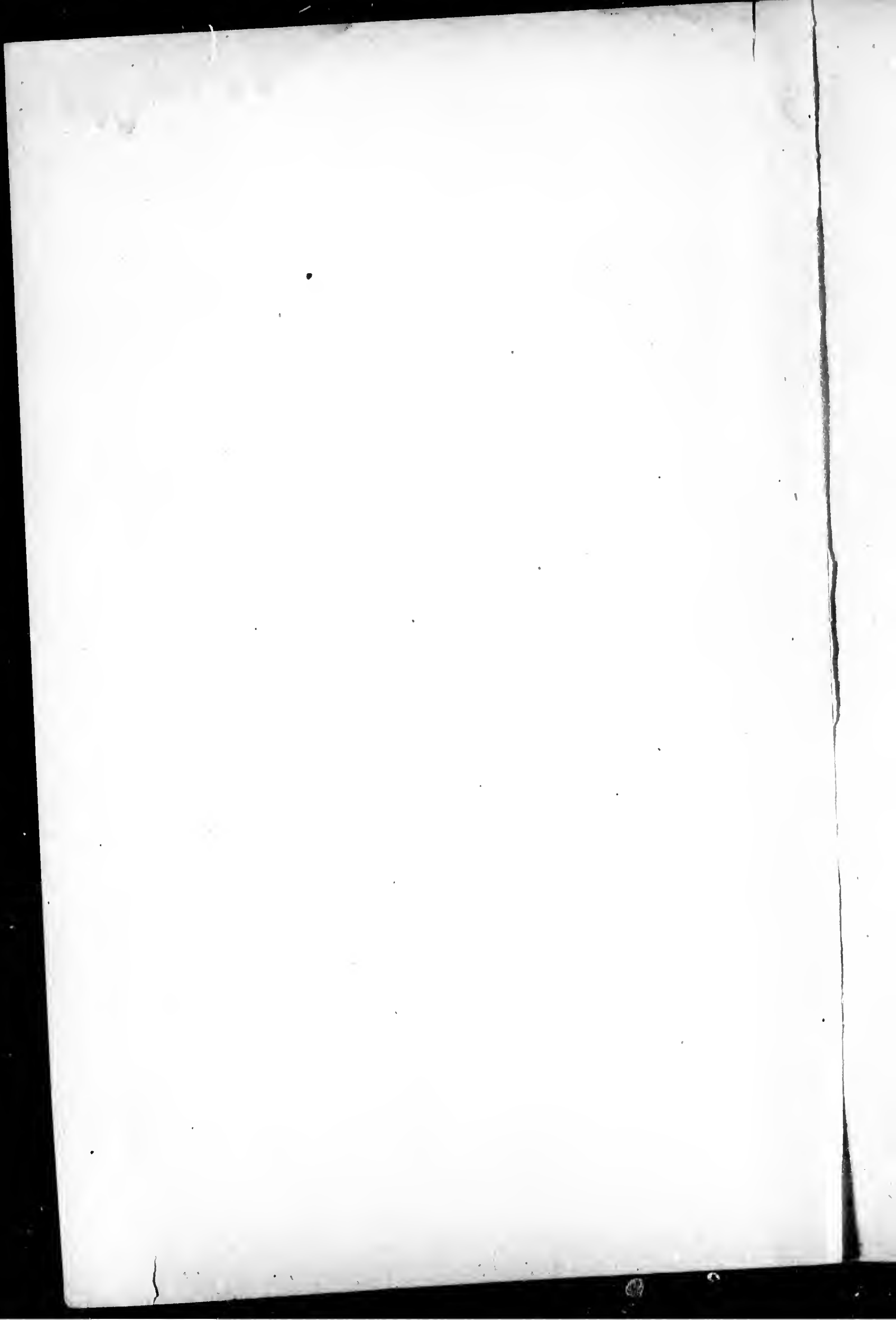
SOME UNUSUAL CONDITIONS MET WITH IN HERNIA OPERATIONS.

BY

JAMES BELL, M.D., Montreal.

(*Reprinted from the Montreal Medical Journal, November*, 1893.)





SOME UNUSUAL CONDITIONS MET WITH IN HERNIA OPERATIONS.*

By James Bell, M.D.,
Surgeon to the Montreal General Hospital; Assistant Professor of Surgery and Clinical Surgery McGill University.

As navigators by common consent and for mutual benefit map out reefs, shoals and other impediments or dangers to navigation when they are discovered, so, too, physicians and surgeons for similar reasons have adopted the method of recording in the literature of the profession, such rare and unusual conditions, met with from time to time, as may add to the sum of scientific knowledge and contribute to a better understanding of its separate departments, as well as serve as guides to future practitioners. It is with this object that I venture to call the attention of the Association very briefly to the following cases:

Case I.—*Right Femoral Hernia with Sloughing Sac and Contents Simulating Large Intestine.*—J. W., a farmer's wife, aged 55, was admitted to the Montreal General Hospital on the night of the 24th of March, 1890, complaining of swelling in right groin, which was causing severe constitutional disturbance. The patient was a large, fleshy woman, the mother of eleven children, and accustomed to hard work. Her intelligence was of a low order, and a clear history of her illness was obtained with difficulty. The family history was not remarkable and had no bearing on the present illness, which began ten days before admission (March 14th, 1890), when she discovered a lump in the groin as large as a "doubled up fist." This lump was painful and tense and gradually increased in size and became red and swollen and very tender, so that on the 20th of March, four days before admission, she consulted a doctor, who diagnosed hernia and partially reduced it, giving her marked relief. The mass did not entirely disappear and the swelling continued to increase till she came to the hospital. During all this time the bowels had been moved regularly and there had been no vomiting or other symptoms of strangulation beyond the acute local symptoms described. On admission the patient was in great pain and was unable to stand on account of the painful mass in the groin. Tempera-

* Read before the Canadian Medical Association, September 21, 1893.

ture, 102° F.; pulse, 100; tongue coated. The swelling was as large as an adult's head and occupied the region of the right groin and Scarpa's space. It was of a livid red color, hard and indurated at the base, and fluctuating over the convexity—in fact, evidently a pointing abscess. On being questioned patient admitted that she had had a lump as large as a hen's egg in the groin for the past nine years, and that she had suffered from habitual constipation all her life. On the 25th of March, the patient having been etherized and the parts cleansed and prepared, an incision was made over the prominent pointing part of the tumour. About a pint of fœtid sanious pus escaped and exposed a large sloughy mass at the base. On examination this was found to be omentum, which was removed by drawing it down and cutting through the healthy tissue, which was first ligatured in sections. In the centre of this, however, was found a tubular cavity exactly resembling the interior of the large intestine, although there was no sign of fœcal discharge or odour from it. This tubular prolongation extended up into the abdomen as far as the finger could reach, and so closely resembled intestine that it was stitched into the skin wound. The distal portion which had been removed was a mass of slough and threw no light upon the condition. To the outer side of the mass above referred to was found the appendix vermiformis strangulated and sloughy from about three-quarters of an inch below the cœcum. It was ligatured and removed and the cœcum returned to the abdominal cavity. The wound cavity was was packed with iodoform gauze and a sublimated gauze dressing applied. All the symptoms at once improved and the bowels moved naturally within twenty-four hours. The wound was next dressed on the fourth day and all the sutures removed, as there was no longer any question of the integrity of the bowels. Recovery was uninterrupted and the patient was discharged on the 12th of May with the wound perfectly healed.

Case II.—*Congenital Oblique Hernia Attached to the Bottom of the Tunica Vaginalis Testis by a Hydatidiform Prolongation from the Omentum.*—F. L., aged 32, engine driver consulted me in the summer of 1889 about a right inguinal hernia, with a view to having an operation performed for radical cure.

The patient, a healthy, vigorous and intelligent man, had suffered for about a year and a half from the hernia, and had tried to retain it in position with trusses of a great many varieties, but had completely failed to keep it reduced. It was small and easily reduced, but in spite of all his efforts it would soon come down again, producing a sickening feeling until it was again reduced. On examination I found the canal of moderate size, and considered the case an excellent one for treatment by truss, and so advised the patient. I suggested a new form of truss and saw it properly applied, and also took some trouble to assure myself that the patient understood the principles involved in this form of treatment. He returned to me, however, from time to time, protesting that it was useless for him to try to go on with his work unless his hernia could be cured by operation, and finally, on the 3rd of January, 1890, I had him admitted to the hospital, and on the 11th of the same month operated by McEwen's method. The hernia proved to be omental and congenital, and the unusual feature which explained the impossibility of retaining it by a truss proved to be a hydatidiform cyst (cyst of Morgagni) growing from the omentum and adherent to the bottom of the sac of the tunica vaginalis testis. This was just long enough to allow the hernial contents to escape within the internal ring and yet short enough to maintain a constant traction upon this portion of the omentum and bring it down in spite of any form of truss. The omental protrusion was ligatured off and removed with the cyst and the tubular prolongation of the tunica vaginalis dissected away from the spermatic cord and drawn up within the internal ring after McEwen's method of dealing with the sac. The conjoined tendon was then brought over and sutured to Poupart's ligament. The patient made an excellent and uninterrupted recovery, and resumed and has continued his work as an engine driver ever since, wearing no truss or other form of support. When last seen, 21 months after operation, he declared himself perfectly well and capable of any exertion. This condition must be extremely rare, as I have failed, after a fairly exhaustive search into the literature of hernia, to find any similar case reported. (I have recently seen a case operated upon by a colleague in which the omentum was firmly adherent to the bottom of the sac.)

Case III.—*Congenital Cæcal Hernia.*—R. E., aged three years, was admitted to hospital September 8th, 1891, with right scrotal hernia, which was said to have existed from birth and to have been irreducible. Operation for radical cure on the 3rd of November. On laying open the sac (which was identical with the sac of the tunica vaginalis testis) a thin, semi-transparent, diaphragm-like protrusion of peritoneum, through which the hernial contents could be recognized as the cæcum and ileum and which was adherent to the spermatic cord and the borders of the ring was discovered. It was found to be impossible to reduce the hernia, even after slitting up the inguinal canal, until the peritoneum was opened and retraction made upon the ileum, when it readily slipped back into its place. The superfluous tissues of the neck of the sac were dissected away and the remainder sutured down around the cord, the conjoined tendon brought over and sutured to Poupart's ligament, and the canal closed by suture. Recovery was uninterrupted, and the patient when last seen (September 15th last) was in perfect health, with no sign of return of the hernia.

Case IV.—*Hernia of Tubercular Ovary and Tube through Inguinal Canal in Female Infant.*—S. G., aged 12 months, a pale, feverish female child, was admitted to hospital December 20th, 1892, with a tumour in the right groin, which was thought to be an irreducible inguinal hernia. She had contracted whooping cough four months previously and one month afterwards the hernia appeared. Several unsuccessful attempts had been made to reduce it under chloroform, and the tumour had trebled in size from the time of its first appearance. It was solid to the feel, freely moveable, distinctly pediculated, and could be traced into the inguinal canal. As far as could be made out it was at most very slightly sensitive and gave no impulse when the child cried. The bowels moved regularly, but the child was poorly nourished and fed badly. There was marked tubercular history in the mother's family. Omental hernia was diagnosed and operation proceeded with December 21st. On exposing the mass it could be distinctly traced through the inguinal canal into the abdomen and the sac was adherent throughout. It was separated without much trouble and exposed a mass as large

as a small pigeon's egg and covered with a glistening membrane. It was clearly not omentum, and for the moment I was nonplussed It looked like a swollen testicle. I incised it and found that it gave no gross character which would suffice for a diagnosis, but that it was undergoing cystic degeneration. The pedicle was well drawn out and ligatured and the mass removed. The canal was closed by suturing the conjoined tendon to Poupart's ligament, and the patient made a rapid and uneventful recovery.

Prof. Adami, who kindly took the specimen in hand, demonstrated that it consisted of an ovary and fallopian tube in an active condition of tubercular disease, giant cells and tubercle bacilli being both found in abundance.

Case V.—*Suppurative Inflammation of Hernial Sac Simulating Strangulation.*—A. T., aged 17, a strong, rugged looking young man, was brought to the hospital in the ambulance early in the morning of February 21st, 1893, suffering from symptoms of strangulated hernia. On the afternoon of the 19th while skating he had had a fall on the ice, which was immediately followed by severe pain in the lower part of the abdomen, which soon settled itself definitely in the neighbourhood of the left inguinal canal. He was obliged to go home and go to bed, and a physician was called who discovered a lump about as large as a hen's egg in the painful region and diagnosed a hernia. The patient himself had not noticed the lump and asserted positively that there never was any enlargement there prior to the fall above mentioned. Prolonged but ineffectual efforts at reduction were made that evening and next day, and late the next night Dr. Williams saw him and sent him to the hospital. On admission the tumour was as large as a small fist, discoloured, tense and tender. The abdomen was distended and tender in lower third. Temperature, 100; pulse, 120; patient very restless and complaining of great pain, although he had had considerable quantities of morphia. There was constipation, but no vomiting. Operation was performed at eight o'clock in the morning. Dissecting down upon the tumour, the sac was found to be greatly thickened and œdematous. On opening it about half an ounce of sero-pus escaped and it was seen to be occluded above. Another incision was then made into the sac

above the occlusion and a loop of small intestine which was scarcely constricted slipped back into the abdomen. The sac was ligatured off well within the internal ring and the conjoined tendon drawn over and sutured to Poupart's ligament. The patient made an uninterrupted recovery and was discharged on the 21st of March, exactly one month after admission. In spite of the history I think there can be no doubt but that this patient had suffered from hernia before, the most probable explanation being that he had outgrown a hernia of childhood, the sac of which had become obliterated at the external ring, and that the strain of the fall upon the ice protruded a portion of the abdominal contents into the neck of the sac, pushing it further down. The manipulations carried out for its reduction set up an inflammation in it, which rapidly went on to suppuration, possibly through the agency of the amaeba coli.