A CASE OF ILEUS COMPLICATED BY HERNIA.

BY

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I HAVE ventured to bring the following case before the Society, because it illustrates a class of cases of great practical importance to the surgeon, but of unusual occurrence. Cases of internal strangulation are in themselves unfrequent; and any relation of such cases at the present time must be useful, when surgeons are considering if their operative assistance is justifiable. The account now offered will, I believe, be doubly so, inasmuch as it affords an instance of the internal and external strangulation in the same individual.

The complication masked the symptoms; and if its relation should assist the judgment of any surgeon having a similar case under his care, my object in its detail will be obtained.

The important and valuable paper of Mr. Phillips,¹ on this subject, does not contain a case exactly similar.

On the 27th of February, 1850, at half-past ten, a.m., I was called in great haste to visit a gentleman, who was suffering from pain in the abdomen. He was a clerk in the City, aged 21, a remarkably fine, well-made man. I found him lying on the floor in great agony, complaining of a violent pain in the abdomen.

My friend, Mr. Beale, had arrived there just before; and he called my attention to an inguinal hernia, to which he

¹ Medico-Chirurgical Transactions, vol. XXXI.

had already applied the taxis, but, as he stated, without any effect. The swelling was about the size of two hen's eggs, lying principally in the inguinal canal. The patient complained the rupture was so tender, that he could not bear to have it touched. I did, however, apply the taxis for a few minutes, but soon desisted.

History.—The account which he gave was, that this swelling and pain occurred simultaneously, on going to the water-closet, immediately after breakfast; but I have since received the following history from a gentleman with whom he was living, and who was with him the whole of the morning.

About ten days ago he had obstinate constipation, for which he took some strong aperient medicine, which, when acting, produced a good deal of pain, and left considerable irritation of the bowels, that lasted some days, the evacuations being tinged with blood; but this all passed away, and on the Sunday before the Wednesday on which I first saw him, he took a walk of fifteen miles, without feeling any fatigue. On the Tuesday night he made a full supper of stewed beef; and on the Wednesday morning again eat of the same dish, and so heartily, that he acknowledged to his friend that he had eaten too much.

As he left his home, after breakfast, at half-past eight, a.m., and was descending the steps of his house, he complained to his friend of a violent pain in his belly, having at that time no swelling in the groin; this pain was so severe, that he was obliged to ride up to town. He suffered much all the way up, and by the time he reached the office in Leadenhall Street, he was deadly pale, and his lips blue with pain. On his arrival there, he went to the water-closet, and he passed some fæces, and in doing so the swelling first appeared in the groin. He says it came down without any strain.

Progress of the case.—As the taxis had proved unsuccessful, and the hernia was so very sensitive, we had him removed to

bed; ordered a warm bath, and in the meantime applied ice. In an hour's time I again saw him, the ice had produced no relief, and I again tried the taxis very gently, but without avail. The warm bath was next used, but with the same result. I now determined to operate, just four hours after the descent of the rupture. I divided the external abdominal ring, which was very tight, without opening the sac; but this did not release the intestine, and accordingly I proceeded to open the sac, which was very thin; in it there was found a knuckle of gut, which was forced over the external ring, and was of rather a dark colour, but another portion of intestine at the lower part of the sac was almost healthy. I then divided the internal ring, and returned the intestine without difficulty into the abdomen. The wound was dressed in the usual way, and we ordered Calomel, gr. ij; Pulv. Opii, gr. $\frac{1}{4}$; every two hours.

At 6 p.m. I saw him again. He had been very restless ever since the operation: he complained of very great pain in the abdomen, exactly similar in character, he said, to that he experienced before the operation, and quite as severe: he felt this most at a particular part of the abdomen, not over the wound itself, but in a situation a little above it, and corresponding very accurately with that which the internal constricting bands were found to occupy at the post-mortem examination; he said, also, that he could feel the contents of the bowel stop at this situation. The pulse was soft, and 82; the skin warm. Ordered: Enema, Ol. Ricini, $\mathfrak{z}$ ij; Tr. Opii, $\mathfrak{m}$ x; ex. Decoct. Hordei Statim; Calomel, gr. ij; P. Opii, gr. $\frac{1}{2}$, Statim. Fomentation to the abdomen.

9 p.m. There had been no action of the bowels, but there was less pain in the abdomen. Pulse 90, sharp and wiry. Ordered: Calomel, gr. ij; quâque horâ. Hirudines, xl. Statim. Enema commune unâ horâ postea.

11 p.m. Pulse soft, 100. I administered an enema, which gave him some relief, and brought away some feculent matter; he afterwards expressed himself much easier, and inclined to dose.

1 a.m. He was sleeping quietly. The calomel was ordered to be given if he waked, but he was not to be disturbed for it.

The following is Mr. Beale's report, who saw him first this morning.

"Our patient has passed a tolerably good night. The belly is less tender and tense—the skin moist—the pulse rapid, but more soft, and there is less pain—no evacuation or passage of wind per anum, frequent eructations still. The turpentine enema had not been given. I ordered its administration, and said we should be there at 8."

9 a.m. The countenance was anxious; the eructations frequent, and the nausea great; the pulse very feeble and rapid; no action of the bowels. He said that he was in great pain from inability to pass his water; but would not allow the catheter to be used. Ordered an aperient draught of rhubarb and tartrate of potash.

11 a.m. Much worse. Pulse was scarcely perceptible. Skin cold and clammy. Sent for Mr. Chaldecott to sit by his bed-side, and give him, from time to time, brandy and iced-water by teaspoonfuls. He vomited a considerable quantity of greenish bile, not feculent.

1 p.m. Much worse; extremities cold; pulse scarcely perceptible; rallies a little with brandy, but soon sinks again. Wind and some feculent matter passed per anum. No pain. He remained free from pain up to the time of his death, complaining only of a distressing feeling of weakness. There was no more vomiting; and though there was hiccough occasionally, it was at longer intervals. He took brandy and iced-water by teaspoonfuls, every five or ten minutes, and said that he liked it much.

At 3½ p.m. he had a liquid feculent stool; and soon after this he became still weaker, his pulse being imperceptible at the wrist, and respiration becoming impeded. He recognised his brother, who arrived about this time, and asked after his mother; but he wandered occasionally.

At 4¼ p.m. he became quite unconscious, and the breath-

ing very slow ; he could no longer swallow the brandy and iced-water. The face became very cold, and at 4½ p.m. he died, just thirty-two hours from the commencement of his symptoms.

The *post-mortem examination* was made the morning after his death, at 9 a.m. The abdomen only was examined. The external and internal abdominal rings were found quite free. There was about a foot and a half of small intestine enormously distended, and nearly black, lying in the pelvis; on raising this, we found it girt by a band, about an inch and a half long, which was connected with the cæcum on the one side, and with the peritoneum covering the iliacus internus muscle, close to the internal abdominal ring, on the other. This band was round and firm, and seemed to be either one of those bands of old adhesive inflammation, which are occasionally met with in the abdomen, or the remains of the omphalo-mesenteric duct. It must have existed a long while. It was not so tight as to have strangulated the gut in its undistended condition. I have no doubt, that this was the cause of the previous obstinate constipation, and also the cause of the subsequent irritation of the bowels, though it all subsided before the fatal strangulation took place, which terminated his existence.

In the treatment of this case, my friend Mr. Beale and I certainly regarded it as one of those cases of acute hernia, which sometimes terminate so rapidly and fatally, notwithstanding prompt operative interference.

I quite believe, that there are cases of internal strangulation which justify the surgeon in opening the abdomen, and seeking the stricture ; but I do not regard this as coming into that class. I think that the evidence should be more complete, that the symptoms are only produced by *internal* strangulation. In this instance they might have arisen from the injury which the intestine received from the stricture during the short time it was in the hernia sac. I confess, that the persistence of the symptoms of strangulation after

the operation astonished me, and disappointed me, inasmuch as the intestine, though not perfectly normal, still presented that appearance which induces a favorable prognosis.

The complete lull, in his distress, which took place the night after the operation, also encouraged the hope, that the gut was gradually recovering from its paralysis; and the passage of feculent matter and flatus, the following morning, sustained this opinion; and though his rapid collapse dispelled this illusion, it seemed to point to gangrene as the immediate cause of a fatal issue of this case.