TWO CASES
OF
STRANGULATED FEMORAL HERNIA,
ATTENDED WITH SOME UNUSUAL CIRCUMSTANCES.

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CASE I.

ON the 2d of July, 1806, I was desired to visit Catherine Lewis, who was supposed to have laboured under enteritis for seven days. But as the medicines employed had produced no beneficial effect, and considerable tension of the abdomen had come on, it was thought that surgical assistance might be required.

On examination, I found a tumour as large as a middle-sized walnut, under Poupart's ligament, on the left thigh. It was remarkably firm; but as, from its form and extent towards the abdomen, I had not the smallest doubt of its being a hernia, proceeded to the operation without delay. On

dividing the integuments, the tumour presented the appearance of a cluster of indurated absorbent glands, and of these, indeed, it was externally composed. I divided it by the most cautious dissection; and, after cutting through a mass half an inch in thickness, found I had made an opening into a cavity, which I enlarged as far as the external protrusion extended. Not a drop of fluid was discharged, and I could only just discover a small portion of strangulated intestine. I found this glandular cortex of the sac (if I may so call it) to be continued under Poupart's ligament, and it was not until I had divided the whole of this ligament by gradual dissection, from without, that I could obtain a satisfactory view of the protruded gut. I found it, however, so fast impacted in its rigid covering, that even then it was impossible to reduce it by any moderate pressure. It is necessary, however, here to remark, that as the incision through Poupart's ligament was made from without, the mouth of the sac was as yet undivided. I therefore introduced a director, and with a blunt-pointed bistoury divided the mouth of the sac towards the symphysis pubis, after which the intestine was easily returned. But the immediate gush of several pints of purulent fluid, mixed with fæces, and flocci of coagulable lymph, too plainly indicated the insurmountable mischief which had already been produced within the cavity of the abdomen, and of which she died in the course of the evening.

I opened the body the following day. The whole of the peritoneum was in a state of inflammation. That portion of it which formed the mouth of the hernial sac, was much more inflamed than the rest, and very considerably thickened. The protruded intestine had given way for nearly half its circumference, on that side which lay next the symphysis pubis, and from the aperture thus formed, the fæces had escaped into the abdomen. No gangrene, however, had taken place, but the opening appeared as if the intestine had been cut to that extent by a pair of blunt scissors.

This case affords a striking proof of the propriety of making the division of the mouth of the sac towards the symphysis pubis, in the operation for strangulated femoral hernia; and shews that less reliance is to be placed for the removal of the stricture, either in the division of the ligament described by Mr. Hey, or of Poupart's ligament, (both of which were completely divided, in the case I have now related, without producing a sufficient liberation of the incarcerated part) than on the division of the mouth of the sac. The intestine having given way, also, in this direction without gangrene, clearly shews in what part the most injurious effects of that pressure are likely to take place, and which, indeed, might be expected to take place in that situation, from the sharp and definite edge of the tendinous fibres, which pass from Poupart's ligament to the pubis, and which

form the inner boundary of the foramen, through which crural hernia descends. In the case I have described, it is also worthy of remark, that the peritoneum itself, at the mouth of the sac, was so much thickened, that I am persuaded the intestine could not have been returned without a very undue degree of violence, unless the mouth of the sac had also been laid open. And I have no doubt that the same obstacle is formed in many cases; as the pressure at the stricture must necessarily be reciprocal, between the part confining and the part confined; and must tend to excite inflammation and thickening in both, so that hence will arise one chief cause of insufficiency in any opening for the relief of strangulated hernia, in which a division of the mouth of the sac is not included.

CASE II.

This was a case of femoral hernia, in which the sac containing the intestine, was included within another sac, into which it had descended, so as completely to fill up the aperture, to which it firmly adhered. And as the cases of this kind on record are not numerous, I have thought it might not be amiss to lay an account of it before the Society.

Mrs. L. had been afflicted for some years with a

femoral hernia, from which, however, she had not experienced any great inconvenience. It had probably been in a state of strangulation for two days, as during that period she had no evacuation by stool, and had been affected with sickness. She had not, however, suffered much distress till this evening, when great pain came on, both in the part and in the abdomen, and the vomiting became more frequent and severe, on which account I was desired to see her.

I found her with a full and hard pulse, and considerable tenderness over the abdomen, which had much increased during the last two hours. But I was fully convinced, from the globularity and incompressibility of the tumour, that no effort to reduce the protruded parts would be likely to succeed. It is well known, that some fluid is generally effused into the hernial sac when strangulation takes place. In favourable cases, the pressure which is employed to reduce the intestine, will force this fluid into the abdomen, in consequence of which the tumour becomes somewhat less, and rather softer ; but where this does not take place, and the tumour retains that incompressible rotundity to which I have alluded, it is evident that the stricture must be exceedingly tight, and the intestine consequently exposed to the most imminent peril. This symptom alone, therefore, will generally be a sufficient reason for proceeding to an immediate, or, at all events, to a speedy operation.

I therefore determined, in this case, to operate immediately, and release the intestine from its confinement, and to bleed the patient * *afterwards*.

On laying open the hernial sac, about a table-spoonful of fluid was discharged, and a substance presented itself unlike intestine, which, on tracing it upwards, I was soon convinced was another hernial sac contained within the former; I opened

* Bleeding is undoubtedly a remedy of great value for the relief of strangulated hernia; but it has been well observed, that its utility is chiefly confined to the early state of that occurrence; for, when the part has been long strangulated, and the strength of the patient is beginning to fail, from the influence of the disease, the debility induced by the loss of blood may greatly add to his danger, and be itself far more hazardous than the operation. A similar observation will hold good with respect to the warm bath, and the employment of tobacco clysters; each of which I have seen, in different cases, decide the patient's adverse fate. The kind of inflammation also, as well as the degree, demands as much attention in strangulated hernia as in other injuries. After compound fractures, when the strength becomes exhausted, the inflammation often degenerates into an asthenic kind, which demands a directly opposite mode of treatment to that which was at first required; and in which, therefore, bleeding may be productive of incalculable mischief. The same thing may, and I have no doubt often does, take place in many internal diseases, and in strangulated hernia: where asthenic inflammation may, therefore, spread from debility, and destroy the patient, even though the reduction of the intestine have been accomplished. Even the fatigue attending the employment of the warm bath, and other uncertain means, will often occasion more danger to the patient, on this account, than could result from the operation itself.

this with the greatest care : it contained about the same quantity of fluid, with some omentum, and a portion of the ileum. I divided the stricture in the direction of the symphysis pubis, and returned the protruded parts without difficulty.

This operation was performed between one and two o'clock in the morning. The patient was immediately relieved from much of the pain she had before suffered ; and as she was much fatigued, she was laid in bed, and a solution of sulphate of magnesia was directed to be given every two hours. At eight o'clock in the morning I found the pulse still hard and strong ; but the vomiting had ceased, and one stool had been procured. Twelve ounces of blood were now taken away, and the sulphate of magnesia was directed to be continued. Copious evacuations by stool took place in the course of the day, and the patient recovered without any untoward occurrence.

Some years ago, I saw another case in which one sac was included in another. This was in a female patient at St. George's Hospital, on whom the late Mr. Gunning operated for strangulated hernia. After opening the sac, something, which at first was supposed to be a portion of the intestine, was contained within it ; but on attempting to reduce this, it was found attached to the mouth of the sac, and to have an unusual appearance. Mr. Hunter, who came in, perceived by pressing it, that it was

a thin transparent membrane, containing a bloody fluid ; and, on opening it, it proved to be a second sac. Within this was the strangulated part, which readily slipped up on gentle pressure. This patient unfortunately died of peritoneal inflammation ; and it was found, on dissection, that the left ovarium had been the part strangulated, from which inflammation had diffused itself generally over the cavity of the abdomen.