CASE
OF
BUBONOCELE,
REQUIRING
A SECOND OPERATION

FIVE DAYS AFTER THE FIRST.

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SOMETIME since I was sent for in the night to a gentleman, who had had the operation of bubo-nocele performed upon him five days before. In a fit of coughing, a large quantity of intestine of a deep claret colour burst through the wound in the groin. I found him very weak, with a small quick and intermitting pulse, with great anxiety, restlessness, and pain in the part. I passed my finger easily through the external ring, but finding the intestine adhering intimately to the space between the external and internal rings, I was obliged to dilate the former still more than it had been done in the first instance, to give me room for separating those adhesions, and for the more easily dividing two membranous bands, which

strongly girt the intestine. This being accomplished, I came to the internal ring, which was so closely contracted round the intestine as evidently to cause the strangulation. A practitioner, who had assisted the surgeon in the first operation, was with me, and observed that the intestine was then of the same colour as now. Not being able to pass my little finger into this ring, I was obliged to introduce (though with much difficulty) a director, and pressing the intestine as much out of danger as possible, I at last fixed the curved bistoury in the groove of the director, and safely dilated this ring, which presented more resistance to the knife than I ever met with before; on this, and freeing the intestine from all adhesions, it was easily returned, though some obstruction took place from many of the mesenteric glands being enlarged and inflamed, but the intestine, though much discoloured, was no where sphacelated. The sides of the wound were brought together, and pressure made on it by a large sponge and bandage to prevent any further protrusion. In fourteen days the wound was perfectly healed.

Upon inquiry into the cause and early state of this hernia, the gentleman (who was sixty-three years of age) told me it was occasioned by a slight effort in jumping, when out shooting, about ten years since; that it was then easily returned, but came down again frequently without any serious inconvenience to him. That about two years:

after its first descent, he was informed that dangerous symptoms were likely to take place if he continued to neglect the wearing of a truss; he accordingly wore one for some time pretty constantly, but it was frequently so uneasy to him, particularly after much walking, that he usually took it off when at home and alone. He shewed me the truss, which was of a very bad make, not even fitting him tolerably, and consequently making incomplete pressure, even had the intestine been first properly returned before it was applied, which, from his having told me that the part had always a fulness, and was painful when much pressed upon, I am convinced was never the case. This truss therefore never sat easy; for which reason he had latterly laid it aside. Two days before the first operation, in suddenly crossing a street, an unusual quantity of gut came down into the scrotum; various means were used for returning it without effect, and his pain hourly increasing, he submitted on the second day after its descent to have the operation performed; from which time till I saw him, he had no other evacuations than those procured by glysters, which never relieved the pain in his groin.

From this account of the case it seems reasonable to draw the following conclusions, namely, that the improper application and consequent pressure of such a truss upon the unreduced intestine had occasioned the adhesions; that the stricture

on the intestine was not so great as materially to obstruct the passage of the fæces through it, till the protrusion of a large quantity from the second accident caused the strangulation, and rendered the operation necessary, in which the newly protruded intestine was the only portion returned, the former remaining confined by the adhesions already mentioned; and that by the second operation resulting from the third accident (that of a fit of coughing), all adhesions and impediments were removed, and that then only the whole of the ruptured intestine was returned into the abdomen.

Three years ago, I examined a person after death, in whom the operation for the femoral hernia had been performed. I found a loop of sphacelated intestine still closely girt behind the ligamentous aperture. This protruded loop of intestine had been pushed under Poupart's ligament, and left there, under the supposition of its having been returned into the cavity of the abdomen.