C A S E
OF
DOUBLE HERNIA IN A SINGLE SAC.

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J. S—, æt. 32, was admitted into St. George's Hospital under my care on the 7th of November, 1867. He had suffered from a rupture on the right side for ten years, and had worn a truss.

At six o'clock in the morning, previous to his admission, he fell on some timber, and immediately afterwards felt pain in his rupture and in the abdomen. He was brought to the hospital at 7.30. The pain then continued unabated and he vomited. The taxis was applied, and the tumour said to have been reduced in size.

At 1 p.m. a consultation was held upon the case. The swelling in the right groin was seen to consist of two portions; one of these, which in the following description will be called the *first*, had descended into the upper part of the scrotum, and was below the level of Poupart's ligament. The other, or *second* portion, was firmer to the touch, more painful, and situated above the level of Poupart's ligament. These two portions, which were very nearly in a vertical line, were separated by a depression distinctly visible on the surface of

the skin. The first swelling had a very free and distinct impulse communicated to it when the patient coughed, and could be handled without giving the patient much inconvenience. The second swelling received no impulse on coughing, and when handled gave him a sensation as if his testicle were being compressed. The patient in fact believed the second swelling, which had existed only eighteen months, to be the testicle, which, on the right side, had not descended into the scrotum. The second portion of the tumour, he said, altered its position from time to time. When the first swelling was down it was higher; when that was replaced, it was lower. He described very distinctly the fact that the first swelling would become reduced with a gurgling noise, and then that the second swelling would occupy its place. When the first swelling came down again, the second swelling would be forced again upward. But the two always remained separate and distinct.

The patient now (1 p.m.) complained of considerable pain in the abdomen and in the rupture. The taxis was again applied, but neither portion of the swelling could be reduced. The countenance was anxious, and the pulse accelerated. The bowels had not been moved for two days. As the impulse upon coughing remained so very distinct, it was considered that the bowel could not be strangulated, and that an operation would not be necessary. A turpentine injection was administered, and some ice applied over the tumour. At 2.30 the bowels had acted twice, and the patient expressed himself as feeling more comfortable.

Late in the evening the symptoms recurred with increased severity. The patient was repeatedly sick, the abdomen was tense and painful, and the rupture was more distended, and painful to the touch. The patient was restless, irritable, and anxious; pulse 95.

At 11.45 chloroform was administered, and the following operation performed: The skin and subjacent parts were divided over the first swelling. A rather tight constriction was found at the external ring; this was divided, but the hernia was as tense as before. The sac, which was very

thick, was then opened, and a considerable quantity of fluid escaped. The bowel which presented itself was congested and distended. It was traced up to the internal ring, which appeared to be at an unusual depth. The stricture was here felt by the point of the index finger, and divided with the hernia knife. The bowel now became flaccid, and its contents easily passed within the abdomen. The bowel itself was then reduced without difficulty.

The second swelling was now examined. It was found to be, not the testicle, as had previously been thought, but a distinct and rather large fold of intestine more distended and more congested than the first. These two portions of intestine were contained in the same sac. Upon tracing the second portion upwards, it was found to follow the same direction as the first, but to communicate with the abdomen by a very narrow separate opening. This was situated to the inner side of the opening through which the first portion of the intestine had passed, and had no connection with it. The second stricture was divided, and the second portion of bowel replaced without difficulty.

The inguinal canal was now felt to be distended above, where it terminated quite abruptly. It was closed by some very firm substance, in connection with which some tough bands, with interstices between them, extended from before backwards. These conveyed to the touch somewhat the same sensation as when the finger is passed over the *musculi pectinati* of the heart. As the testis had not descended on the right side, the only conclusion that could be arrived at was, that the mass which obstructed the upper part of the inguinal canal was, in fact, the testis of that side; and the depth at which it was placed may account for a truss having been worn over it without inconvenience.

The explanation of the mode in which two distinct ruptures found their way into a single sac in this case, I conceive to be as follows: The right testicle had probably lodged at the internal ring. The first hernia had descended in front of the testis; a truss was then applied. The two layers of the sac were thus compressed between the testis behind and

the truss in front. The portion of the sac covering the most projecting portion of the testes would thus be subject to a greater degree of pressure than any other portion. I conceive that adhesion between the two opposed layers of the sac had here taken place; but that where, in consequence of the oval shape of the testis, there was a less degree of pressure, no adhesion had occurred. The two layers of the sac would then be united opposite the most projecting part of the testicle, and an aperture would be left on each side of the adhesion thus formed. Whether or not this be the true explanation, there can be no doubt that very firm adhesions existed at the neck of the sac, and that on each side of these adhesions a hernia came down. The stricture at the neck of the first hernia was not so tight as at the neck of the second, so that an impulse was communicated to the first hernia, while the second was really strangulated.

When these two ruptures were down together, they would naturally become more or less distended, and the folds of bowel would only touch each other at one part; one would then displace the other, and this would fully account for the different positions in which the second rupture was found at different times.

The day after the operation all symptoms had been relieved.