CASE OF STRANGULATED HERNIA.

By HENRY NORRIS, Esq.,

STRANGULATED HERNIA; OPERATION; RECOVERY; DEATH FROM INTERPERANCE THREE MONTHS AFTER.

THOMAS BOON, aged 25, labourer, tall, well-formed, and rather muscular, was, on the 5th of June, 1852, suddenly seized with the following symptoms:—nausea and vomiting, accompanying a very painful tumour in the right inguinal region and corresponding side of the scrotum.

First visited at one A.M. on the 6th of June, when he gave the following account of himself:—Had been quite well the whole of the day previous, and had made a hearty supper as usual; had then felt sick, had vomited; had passed a natural stool, immediately on which the pain and tumour supervened, the pain being confined to the tumour. Further inquiry elicited the fact, that twelvemonths previously a horse had kicked him precisely over the painful spot, causing considerable inflammation of the testicle, and pain in the inguinal canal, which yielded to warm fomentations without surgical aid, the parts having been perfectly well ever since.

On examination I found the skin cool; pulse 70, regular, and firm, but not hard; tongue natural; countenance indicative of much suffering; no vomiting since the commencement of the attack; the right inguinal canal, and right side of the scrotum, were much distended, having precisely the form and feel of a swollen testicle, and inflamed spermatic cord. There was no impulse on coughing.

Suspicion pointed to strangulated hernia, but the taxis had not the slightest effect.—Ordered a warm bath, a full dose of calomel and opium, with Antim. Pot. Tart., in one-third grain doses every four hours.

10, A.M.—Matters just in the same state; pulse and countenance good; had slept a little; no vomiting, but nausea, from the medicine; taxis again failed.—To continue the mixture. Apply twelve leeches to the scrotum, and to have a warm bath every four hours, keeping a strict watch for any more urgent symptoms of strangulation.

June 7th.—Still the same. Consultation with Mr. Hey, of Bridport. Both of opinion that, without more decisive symptoms of strangulation, a continuance of the antiphlogistic treatment was proper.—Ordered venesection to thirty ounces, a strong purgative dose, large tepid-water enemata, and turpentine stupes over the abdomen, in case of any tenderness arising.

9th.—The patient continued in much the same state, and undergoing similar treatment, getting weaker, when stercoraceous vomiting occurred early in the morning, or during the night preceding. Assisted by Mr. Hey, I at once operated, and found the tumour to consist chiefly of omentum, with about eight inches of small intestine, both intensely congested. The hernia was easily returned, the patient bearing the operation well on the whole, but there was a considerable tendency to syncope.

10th.—Had a very restless night; symptoms of rapid asthenic peritonitis; pulse 150, and almost imperceptible; extremities cold; vomiting still stercoraceous; no movement of bowels.—Ordered nine leeches to the abdomen, turpentine stupes, and tolerably full doses of calomel and opium every three hours. In the evening the patient was worse in every respect; prostration complete; bowels not moved; vomiting continues.—Ordered an aperient pill every hour until the bowels act.

11th.—To my surprise the patient feels relieved in some measure; bowels have acted freely; vomiting not so incessant, but still in a state of collapse.—Ordered six drachms of port wine every hour; to be supported frequently with arrowroot, beef-tea, &c., &c. In the evening there was little improvement; still great tympanitis and vomiting; state of bowels such as to require Mist. Cretæ cum Opio every third hour.

12th.—Improvement continues; speaks cheerfully; wound dressed, looked well. Chalk mixture with nourishment to be continued.

13th.—Worse; alarming hæmatemesis and mœlena.—Ordered Spr. Terebinth., gtt. xv., tertiis horis, with chalk mixture. To continue wine.

14th.—Improving; hæmatemesis, but not so frequent. To go on as before; wound dressed, edges have separated but they look healthy.

15th.—Better, and continued to progress until recovery was complete. At the proper time a well fitting truss was adjusted, and towards the latter part of August, he returned to his employment of carter to a neighbouring farmer, with the strictest caution on my part, to take every care of himself and particularly to avoid all excess in drinking. Being from home from the 26th to the 28th of August, I found the patient had died in my absence, under the following circumstances:—He had returned to his work on the 22nd, and the weather being very hot, he had drank freely of cider, more especially on the 26th, on which day he was seized with severe symptoms of entero-peritonitis, which, resisting all treatment, carried him off on the 28th.

I was fortunate enough to obtain a *post-mortem* examination of the abdomen, when I found sufficient evidence of intense peritonitis and enteritis. One band of false membrane amongst others, united that portion of the ileum which had protruded to the inner inguinal ring, and *this band was, as well as the adjoining bowel, intensely congested*. No strangulation existed at any part. At the commencement of the ileum, and adherent to it, was a *gelatinous-looking mass as large as a hen's egg*, which much resembled the white of an egg just commencing to coagulate under the influence of heat. I have no doubt the proximate cause of death was peritonitis, brought on by excess in cider drinking, during the period of unwonted exertion at harvest season, and I have deemed the case worthy of note, in several points, as for example:—

1st. The length of time that elapsed ere decided symptoms of strangulation appeared.

2nd. The prolonged period of collapse recovered from.

3rd. The accession of fatal inflammation on exposure to heat and intemperance, as affording a most useful lesson in regard to the extreme caution with which similar cases should be regarded, even long after a successful operation.

The whole case also affords high encouragement to practitioners of the *Nil Desperandum* school, which bid us often to hope against hope, and who directs us not only to be most careful in forming our plans for treatment, but also to follow them up when convinced they are right, even under circumstances the most discouraging.

Charmouth, October 7, 1852.

DEATH FROM THE FORMATION OF A FIBRINOUS CONCRETION IN THE HEART.

By W. GARSTANG, M.D., M.R.C.S.L., L.A.C., ETC.

ON the 10th of February last I was requested to visit Mr. ———, a gentleman 64 years of age, who had been seized with erysipelas of the head and face. He was of a gouty diathesis, and had lived at all times freely. On some occasions he had shown signs of congestion of the liver, and even of ascites, but these attacks had always been removed by the usual treatment. On the present occasion these last-named symptoms were combined with the erysipelatous disorder. The erysipelas had given rise to much swelling of the head and face. The pulse was at 94, and moderately full; the tongue covered with a thick fur; bowels costive; motions deficient in bile; urine small in quantity, and of a high colour. I ordered, in the first instance, an aperient of calomel and colocynth; afterwards a mixture, containing antimony and nitrate of potass, every three hours. A cold lotion to be applied to the inflamed parts. On the following day the urine deposited lithates; the bowels acted well; the tongue was clean; the pulse at 90; and the inflammation abating. Favourable symptoms continued for a fortnight, and the patient became able to sit up for several hours during the day. His diet was improved, and he was allowed a small quantity of sherry at dinner. During the course of three weeks from this point there was not much change; the appetite was good; the digestive functions were performed well; the inflammation was gone, but the system did not seem to regain strength, and the heart's action was very feeble, the radial pulse being at 80, and weak. At the time now named (five weeks from the first attack,) the patient took a slight cold, and a mild repetition of the erysipelas, and of the hepatic derangement, appeared. These symptoms, however, were checked as speedily as before. The appetite returned, and digestion seemed to be easily accomplished; and yet, with all these favourable appearances, his strength failed, the action of the heart, and the respiratory movements gradually grew feebler, and at length, without any sign of pulmonary, cerebral, or abdominal

disease, these asthenic symptoms terminated slowly in death, just eleven weeks after the first commencement of the erysipelatous attack.

Post-mortem.—With the exception of a slight enlargement of the liver, we could find no organ exhibiting structural change. The lungs were perfectly healthy. Upon opening the heart, however, we discovered what, in my opinion, fully accounts for the gradual dissolution; a fibrinous mass filled both its right cavities, and sent up large and long branches into the pulmonary artery and its ramifications. The concretion was firm and white, and had an attachment to the walls of the heart.

Remarks.—I have but few remarks to make on this interesting case, and I should probably never have thought of publishing it at all, had not my attention been forcibly drawn during the last four months, to certain observations which have been made before the Medical Society of London, by Mr. B. W. Richardson, "On the Fibrinous Element of the Blood," and which have been reported in the columns of the *Lancet*. I find that in a paper read by Mr. Richardson, in November last, he thus observes:—"Lastly, in cases of asthenia, where fibrinous concretions exist in the heart, the very cessation of the act of life may be owing to their presence and gradual increase, the central organ of the circulation becoming literally choked by them.—(*Lancet*, 1851, vol. ii., p. 515.) In January, again, the same author briefly alluded to this subject, and produced a pathological specimen which strongly supported his views.—(*Lancet*, 1852, vol. i., p. 121.) And lastly, in the month of March, on exhibiting another heart in which a fibrinous clot was found, he gave more enlarged views on the matter, and threw out the idea, that during those diseases which are known to be attended with an abnormal quantity of fibrin in the blood, it may be, that some of the overplus of fibrin is deposited on the elevated structures of the moving heart, and he concluded by saying that:—"In all inflammatory cases marked by great superfibrination of the blood, and which end by what is called sinking, it would be interesting to learn how far similar concretions in the heart, may be concerned in bringing about the sinking state.—(*Lancet*, 1852, vol. i., p. 355.)

Now, without wishing to mention the many theoretical points which Mr. Richardson and other physiologists enter into with reference to the formation of fibrin, &c., &c., I cannot but observe that the case which I have related above, affords striking testimony as to the correctness of the opinions from which I have just quoted. My patient had suffered from erysipelas, a disease in which the blood is always superfibrinized, he sank in the most gradual manner, and the autopsy revealed no cause for the sinking, except (what was surely sufficient) a large fibrinous concretion in the heart.

Of course the narrative of a single case does not go far to establish a new opinion, but perhaps it may excite others to turn their attention to the same subject. I have been puzzled over and over again, at seeing patients gradually sink into death, after some slight disorder, with no evident disease that could account for such a