CONGENITAL INGUINAL HERNIA.— OPERATION.

By CLEMENT J. HAWKINS, Esq.

Mr. J., aged twenty-six, sent for Mr. Whitmore November 1, 1832, late in the evening, complaining of pain in the bowels, &c.

A tumor, about the size of an egg, situate in the left groin, was discovered—tense and very painful on pressure. He had been sick, and felt slight pain in the bowels; no stool had passed since October 29. After giving some general directions, Mr. W. left him for the night, being in attendance on a dangerous midwifery case. On visiting him the next morning, Mr. W. found him vomiting, with an anxious countenance, and the usual symptoms of strangulated hernia. The warm bath, bleeding from the arm, and moderate use of the taxis, were tried, but the reduction of the hernia was not accomplished; neither testicle had descended into the scrotum.

He gave the following history of his case:—He had a rupture as long as he can remember, and about fifteen months since he had a similar attack to the present one, while residing in the country. He sent for a surgeon, who failed in giving him any relief; having dismissed this practitioner, Mr. J. sent for a noted “quack doctor.” The case being attended with obstinate constipation, this empiric prescribed and administered a drastic purgative powder, which he called “golden dust,” and after each dose he made the patient walk about the room. The rupture was reduced.

About twelve, a.m., Mr. Charles Fowler saw the patient with Mr. Whitmore, and having again endeavoured cautiously to reduce the hernia by the taxis ineffectually, the operation was proposed and consented to by the patient.

Nothing particular took place in its progress till the sac was opened, when an unusual quantity of dark brown fluid escaped; the contents were omentum and intestine; the stricture was divided, and the protruded parts returned into the cavity of the abdomen. This being done, the testicle was found lying in the sac, which at once demonstrated the true nature of the case; it was clearly one of congenital inguinal hernia. The wound was closed, and the man recovered without an untoward symptom manifesting itself.

I have been induced to forward this case to you, because I believe it to be one of unusually rare occurrence; cases of congenital hernia almost invariably descend into the scrotum. I have repeatedly witnessed the performance of operations under such circumstances. A case of congenital scrotal hernia, in which the testicle had not passed the external abdominal ring, was operated on successfully in the Cheltenham Hospital, by Mr. Eves. I consider it would not be justifiable to remove a testicle if healthy during the operation. (I was informed by this man that he was the father of two children, although neither testis had passed into the scrotum.) On the other hand, the presence of the testis must of course prevent the application of a truss, and thus the patient is constantly exposed to the dangers of strangulated hernia.

A REPORT OF THE IN AND OUT-DOOR-PATIENTS

ADMITTED INTO THE
MUTFORD AND LOTHINGLAND GENERAL
DISPENSARY AND INFIRMARY.

(From August 26, 1841, to August 26, 1843.)

By W. C. WORTHINGTON,

Surgeon to the Lowestoft Infirmary, Fellow of the London
Royal Medico-Chirurgical Society.

In a former Number of the Provincial Journal, containing a report of the Lowestoft Infirmary, one object in view was, to lay before the medical profession the advantages arising out of the local establishment of small hospitals. Soon after that report was published, letters were addressed to me from several professional brethren, requesting further information on the subject. I am therefore induced to publish another report. It perhaps may be remembered by persons interested in the establishment of such institutions, that those already founded in Lowestoft, and the adjacent towns of Beccles and Bungay, were brought forward in support of the practicability of the project. These still continue to prosper, through the liberality of the clergy and gentry around. The district being small, an annual report is scarcely required, as the number of cases are necessarily inconsiderable compared with those received into hospitals situated in more populous neighbourhoods. At the same time it is very desirable that either a biennial or triennial statement should be laid before the profession, which may be regarded as the most practical mode of exhibiting the value of these institutions. It was to be hoped that, ere this, some account would have appeared in the shape of a tabular arrangement of the cases treated at the Beccles and Bungay Dispensaries. The former town is situated ten miles to the west of Lowestoft, the latter sixteen in the same direction, each containing about 4,000 inhabitants.

Materials would thus be furnished from time to time, which might be made available in constructing a system of statistics, useful in showing the prevailing diseases.

The number of patients admitted amount to 730. Of these, 124 were in and 606 out-patients.

In-door Patients.

Abscesses, 5; lumbar abscesses, 2; apoplexy from hanging, 1; diseases of brain, 5; burns, 2; calculus urethræ, 1; calculi vesicæ, 2; cutaneous diseases, 4; contusions of the head and face, 5; disease of the joints, 14; disease of the digestive organs, 4; enteritis, 2; erysipelas, 1; inflammatory fever, 2; fistula in ano, 1; vesico-vaginal fistula, 1; fractures, 7; ganglia, 2; diseases of genital organs (female), 1; diseases of genital organs (male), 6; hæmatemesia, 2; hydrocele, 1; icterus, 1; injury of vertebræ, 4; injury of extremities, 8; laryngitis acutus, 1; ophthalmia, 4; polypus of the nose, 1; retention of urine, 5; rheumatism (acute), 3; syphilis, 1; stricture of urethra, 2; diseases of thoracic organs, 5; tumors, 2; ulcers, 8; diseases of uterus, 3; varicose veins of the leg, 3; brought in dying from exhaustion, 1.—Total, 124.

The deaths amounted to 9. The causes were as follows:—one from pneumonia of the left lung; one from