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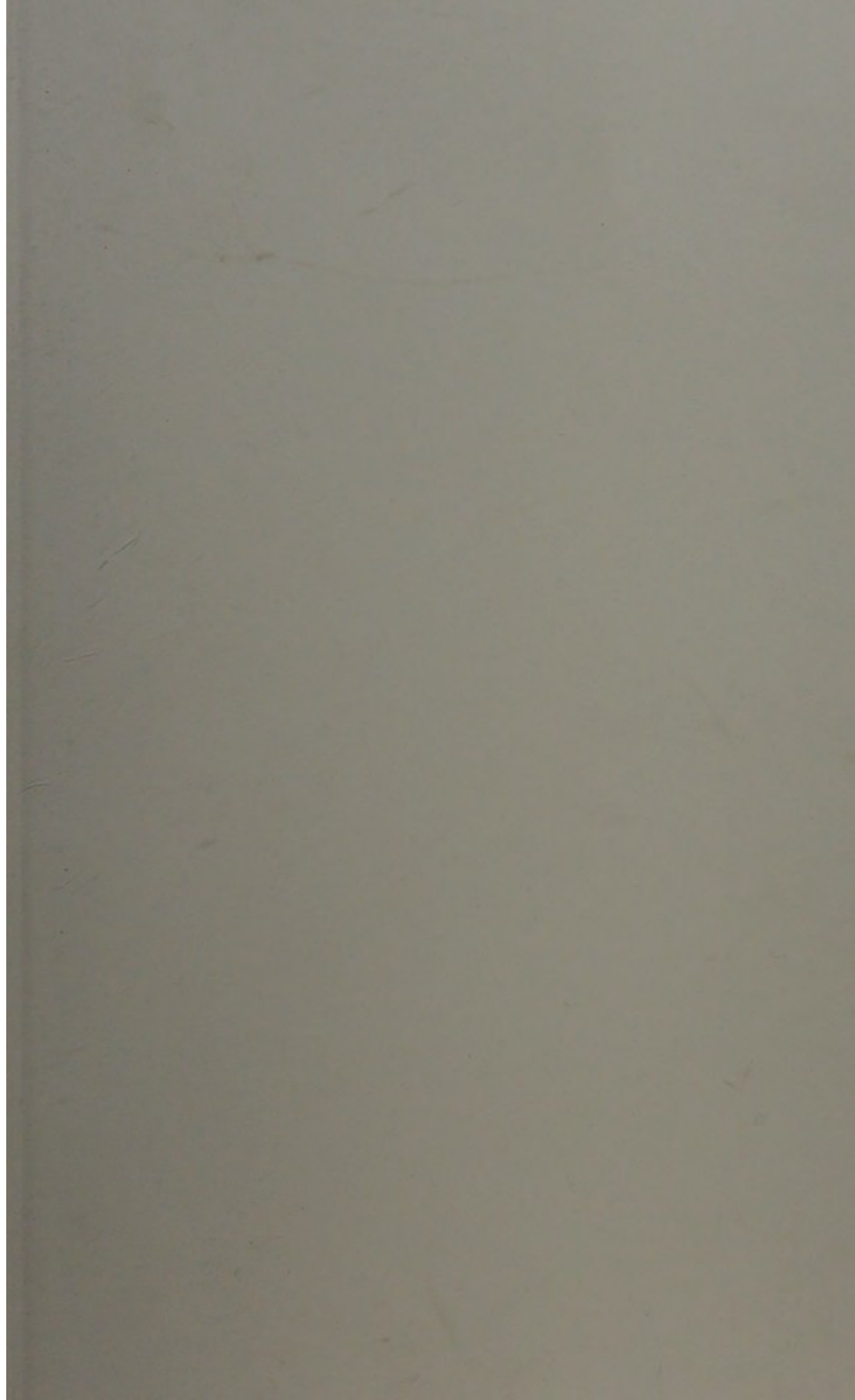
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To Dr John M^r
With the Author's Compl^{ts}

of Nathl Bridge

OBSERVATIONS ON HERNIA.

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OBSERVATIONS ON HERNIA.

By JOHN LIZARS,

SURGEON TO THE ROYAL INFIRMARY, EDINBURGH.

WHEN we take a survey of the cases recorded in the Medical Periodicals, during the last few years, we cannot refrain from coming to the conclusion, that, we have not data sufficient to decide the propriety of operating in this perplexing disease; and these cases must convince every unprejudiced observer, that peculiarities occur in hernia which overturn all our anticipations and prognostications; while they seem to prove, that little short of a life-time spent in an hospital is requisite to amass a sufficient number of cases to guide us in our diagnosis. From these cases, then, together with those which have fallen under my own immediate observation, as also from considering what has been written on hernia by some of the ablest systematic authorities, I am induced to offer a few observations on the subject, together with the reports of cases which appear to me worthy of attention in a practical point of view.

There are four species of hernia, which, in my opinion, demand an operation, viz., the acute or inflammatory strangulated; the slow or chronic strangulation; the incarcerated hernia; and the obstructed hernia. Mostly all authors are agreed, that an operation is indispensable in the acute kind of strangulation, and very few dissent from its necessity in the chronic species; but a difference of opinion exists among our greatest authorities regarding an operation being necessary in either the incarcerated or the obstructed hernia.

The incarcerated is considered synonymous with the strangulated, by Mr Lawrence; and according to etymology, he is nearly correct, as both of them mean an impediment or interruption to actions or functions. The term incarcerated, or imprisoned, applied commonly to an individual who is prevented from extending his actions beyond a given extent or boundary, is obviously employed by way of me-

; whereas the word strangulated, as used in surgery, means, when applied to the intestines, that they are unable to circulate their contents. By Professor C. Bell, the incarcerated is considered distinct from the strangulated hernia; and it may be viewed as analogous to the chronic kind of strangulation in its first stage, that is, before the inflammatory symptoms have begun. In the writings, then, of the two authors now named, there is no difference between the incarcerated of the one, and the incipient stage of the chronic kind of strangulation of the other; nor, strictly speaking, would there be any difference between these, and the obstructed of Mr Stephens, did not this last author insist on adhesions being a condition of the obstruction. Mr Lawrence himself allows, that the symptoms are often of such a mixed and indefinite nature, as to allow of their being arranged, without impropriety, under either the acute or the chronic species; and Mr Stephens considers mixed cases, that is, cases of obstruction and strangulation, to be of much more frequent occurrence, than those of simple obstruction. These three species, the chronic kind of strangulation, the incarcerated, and the obstructed hernia, all prove fatal if not relieved, by inducing, first, impediment to the muscular or peristaltic action of the intestine; secondly, inflammation; and lastly, exhaustion, or gangrene. "Surgeons," says Professor C. Bell, "should put this simple question to themselves: Does it not happen, that when there is obstruction in circumstances which do not prevent the blood passing to the diseased or obstructed part; when, consequently, there is not gangrene from deficiency of circulation, yet the patient is carried off, with the same train of symptoms, and in the same period, and with similar appearances of death, as in what is called strangulated hernia? It is the obstruction of the canal, then, which kills the patient, not the strangulation and injury to a part of the intestine; and the obstruction kills by the violence of the inflammation occasioned by the accumulation in the upper parts of the canal, and the violent working of the muscular coat of the intestines." So much for Professor C. Bell's clear definition of incarcerated hernia.

"The slow strangulation," says Mr Lawrence, "takes place in large and old herniæ, which have been often protruded and replaced, or which have been long unreduced. The contained intestines, removed from their natural situation, and no longer supported by the pressure of the respiratory muscles, are probably rendered somewhat indolent in performing their functions.—Irritation, and

obstruction, and a consequent accumulation of contents, supervene."

Mr Stephens, again, is of opinion, that adhesion of the intestine to the sac produces the same fatal result, as the incarceration. "The character," says he, "which the disease assumes, is peritoneal and general abdominal inflammation;—the symptoms are not clearly those of strangulation: dissection, however, shows a very extensive inflammation of the intestines, &c., and more especially among the contents of the hernia. The inflammation here occurs as a consequence of the adhesions and morbid conditions which the parts in a rupture acquire; and therefore a hernia, besides the risk of its becoming strangulated, has other mischievous and fatal tendency."

This preternatural adhesion of the protruded intestine, in the last species, or obstructed hernia, it is obvious, must bind down the gut so as to prevent its muscular or peristaltic action;—thence it becomes an obstruction to the course of the feces, and ultimately excites the contiguous portion of the intestine to inflame; just in the same way as, only in a milder degree than Gimbernat's ligament binds down a small part of the paries, not the whole cylinder, of the intestine in crural hernia, and produces inflammation, with inverted action of the intestinal canal, and all the concomitant symptoms of strangulation. The adhesion of the gut, then, in this species, or obstructed hernia, must impede its natural functions more than in either the incarcerated, or the slow kind of strangulation; for, in the first, or the obstructed, there is the adhesion combined with the removal of the intestine from its natural situation, together with the want of pressure by the respiratory muscles.

"It may be a question," says Mr Lawrence, "whether the stricture produces its injurious effects, that is, the peritoneal inflammation which supervenes sooner or later, by direct irritation of the parts included, or *more indirectly by obstructing the intestinal contents*:" and Mr Travers observes, "that the symptoms of strangulated hernia *cannot be distinguished from those of mechanical obstruction, unconnected with pressure.*"

Having made these preliminary observations, I shall proceed to detail two cases of obstructed hernia, one of which, not operated on, proved fatal; while the other, which had been operated on, was successful.

In the session of 1823 and 1824, I was requested by one of my pupils to visit a man about 70 years of age, who was labouring under strangulated scrotal hernia. I proceeded to reduce it, and in

and a gurgling noise, and found the tumour so col-
 naturally considered I had succeeded in the reduc-
 ed a cathartic enema, and afterwards half an ounce of
 The injection operated indifferently, but the oil copi-
 —still there remained a tenderness of the abdomen, with
 febrile action, but no pain in the tumour. The patient died the
 th day from that on which I first saw him. Fortunately an
 examination was allowed. To my surprise, there were fully four
 inches of the ileum contiguous to the caput cœcum coli without the
 abdominal canal, in the herniary sac, extremely dark coloured, and
 coated with recently formed coagulable lymph, besides some old ad-
 hesions ; and between the intestine and the sac, nearly four ounces of
 sanguineous serous fluid were effused. Within the abdomen, the
 intestine for some inches, both above and below the seat of obstruc-
 tion, was of a dark colour, and much thickened in structure. The
 peritoneal surface of the rest of the intestines, where they rested
 or touched each other with their convex margins, were studded with
 patches of inflamed vessels.

Since the above case occurred, I have operated with success on
 several similar cases, which I feel confident would have proved fatal,
 had no operation been performed. The next case which I shall re-
 late, occurred in the Royal Infirmary, and I shall detail it at length
 from the Reports:—"Janet Sutherland, aged 35, admitted on Satur-
 day evening, November 5, 1830. She was a patient in the same
 ward about six weeks ago. On her admission, on that occasion, she
 had a crural hernia of the left side, which had been down for eight
 days, and was accompanied with obstinate constipation of the bowels,
 tenderness of abdomen, nausea, vomiting, and acceleration of pulse,
 but no pain of the tumour, although there was some tension. From
 the history of her case at that time, a portion of the tumour was known
 to have been constantly down for upwards of a year. The size of
 the tumour was considerably diminished by the taxis and the bath ;
 and then by the use of purgative injections the bowels were freely
 opened, and their functions continued natural, the other symptoms
 disappearing. She states, that, after leaving the hospital, the tu-
 mour still further diminished, and one day went up entirely. Nine
 days before her present admission, after costiveness of the bowels,
 the tumour again increased, somewhat beyond its former bulk, since
 which period the bowels have not been opened, and she has been
 troubled with pretty frequent vomiting of green bilious matter.
 There is much distension of abdomen, with pain on pressing the

lower, or sacral part of the epigastric region, also tension of the tumour, but no tenderness of it whatever. The skin is furred, and the pulse small, and wiry. The patient was immediately put in the warm bath, and on grasping the tumour with the hand, the contents of the intestine went back into the abdomen with a gurgling noise. The tension and size of the tumour being diminished to the same extent as when she left the hospital last time, a further attempt was made at reduction. A turpentine injection was then given, which produced a very scanty defecation of hardened feces. A draught of salts and senna was next given, which was vomited; afterwards 12 leeches were applied to the abdomen.—6th, A turpentine injection was administered this morning, but was not retained; no stool; the symptoms continue unabated, with vomiting of a greenish fluid, having a stercoraceous smell: no tenderness of the tumour. Mr Lizars, in absence of Mr Liston, again placed the patient in the warm bath, and attempted the taxis, but without success; pressure on the tumour produced no diminution in its size, and no gurgling noise; the abdomen was remarkably tense and tender when pressed; the tongue brown, and the patient emitted a stercoraceous smell. A consultation was then held, when Professors Russel and Ballingall, and Mr Lizars, were of opinion, that an operation should be immediately performed, which was done by Mr Lizars, in the following manner:—A T incision was made through the integuments, the fascia superficialis, and the cellular tissue, which were dissected aside, when the herniary sac was exposed, adhering extensively to the intestine, which was about three inches in length. There were two small cysts, containing a serous fluid, formed between the sac and the intestine, in consequence of these adhesions, which was evacuated. The intestine was of a dark livid colour. Gimbernat's ligament was now divided horizontally towards the pubes, when the contents of the intestine were attempted to be emptied, but in vain. A portion of the neck of the sac, therefore, in the contiguity of Gimbernat's ligament, was carefully dissected off from the intestine, and the gut was then emptied of its contents, which could not be done before. The intestine and sac, in consequence of their extensive adhesions, could not be returned, and were consequently left in their position; they were covered with the integuments, which were brought together by stitches; a compress was applied, together with a bandage, and the patient carried to bed. Half an hour after the operation, a purgative enema was administered, when the bowels were freely opened, an effect which

plished before. Twenty-four leeches were applied, and half an ounce of castor oil taken by the evening she had had two motions from the castor, and was freed from pain; the abdomen was flaccid, and not painful on pressure; the pulse full and soft; and the tongue moist. From the hour of the operation she progressively recovered, and was discharged this day, January 6, 1831, cured. Upon an examination before her dismissal, there was no appearance of either the herniary sac or the intestine, in the inguinal region; both having retired into the abdominal cavity, and thus admitting of the application of a rupture truss.

This last case, in my opinion, is very instructive. It shews clearly the nature of Stephens' obstructed hernia; for it will be observed, that no injections, no purgatives, no warm bath, no taxis, had the slightest effect in unloading the bowels, in lessening the pain in the abdomen, or in reducing its tenseness, until a portion of the sac was dissected off the intestine.—At the same time, I do not mean to deny that the constriction produced by Gimbernat's ligament, and the neck of the sac, contributed to produce this obstruction. From the fatal cases which I have witnessed, together with their dissections, I am decidedly of opinion, that in all cases of hernia, where there remain tenderness and tenseness of the abdomen, with inflammatory or febrile symptoms, after *apparent* reduction of the protruded viscera, or their contents, we are justified in operating; and it is my belief that the peculiar condition of the viscera, which will be found to be still protruded, form the chief, if not the sole cause of the fatal symptoms. If I am correct in this opinion, the motion of the bowels should be totally disregarded, as being equally deceitful with the *apparent* return of the protruded viscera. What do those, who object to operating in such cases as the preceding, say to the cases of hernia detailed by Sabatier, Dupuytren, and others; where, after returning the herniary tumour by the taxis, the symptoms of strangulation have continued,—the patient has been made to cough so as to again protrude the herniary tumour,—the integuments then divided and dissected back,—the sac or its neck found to be the cause of strangulation,—and where, on this being divided or dissected off, the intestine was relieved from all strangulation, and returned together with the sac, with success?

Edinburgh, 34, York Place,
12th January 1831.

