

throughout the inhalation. If Professor Wood and his friends refuse to accept this challenge, judgment must go against them by default.

A NOTE ON AN EARLY DESCRIPTION OF INFANTILE HERNIA.

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THE species of hernia, known as "infantile," was observed by Hey, of Leeds, in 1764, and up to the present time he has always been credited with its discovery. To question the claim to priority of this celebrated surgeon would almost seem sacrilegious, and yet there was another surgeon, earlier than Hey and no less famous, whose description of this disease might well entitle him to contest it. M. Méry,¹ in 1701, narrated a case which appears to be undoubtedly of this nature, but he did not stamp it with a name.

It may not be unprofitable, before quoting M. Méry's words, to recall the manner in which infantile hernia usually presents itself. When the coverings of the tumour are incised, it is not the sac but the tunica vaginalis which is opened; below is seen the testis, and above is the hernial sac projecting into the cavity. The sac is more or less free, so that it may have no attachment to the wall of the tunica vaginalis, except at the neck, or it may be united besides in its whole length to the posterior wall of the tunica vaginalis, and be joined also to the testis by a fold (plica vascularis) containing the spermatic vessels. The peritoneum of the tunica vaginalis invests the outer surface of the hernial sac, so that, when viewed from the interior of the cavity containing the testicle, it appears smooth and shining, and might at first be mistaken for intestine. This deceptive serous covering has to be divided, and afterwards the pouch of peritoneum lining the sac, before the bowel is reached. These characteristics serve to identify M. Méry's hernia.

A man, 70 years old, arrived at the Hôtel Dieu on August 20th, 1701. He had a right inguinal hernia as large as a goose's egg. The integuments were in a condition that betokened gangrene of the gut within, and as in those times gangrene of the gut was considered absolutely fatal, M. Méry thought the patient should be left to die. M. Petit, however, urged the operation so strongly that M. Méry consented. M. Méry incised the coverings of the hernia, and no sooner were they divided than a blackish, foetid fluid escaped, leaving a large cavity "in which I saw the testis, sound and naked." He expresses his astonishment at this, and then his still greater astonishment on seeing in this open cavity "*un intestin aveugle*," healthy, and not tense, instead of being gangrenous as he had anticipated. "It was pierced by a hole so small as would scarcely admit a pin." (He appears to have pricked the sac with his bistoury.) This *intestin aveugle*, "from the groin to the bottom of the tumour, was separate from the membranes of the scrotum; but it was so closely united to the ring of the abdominal muscles that, despairing of overcoming its adhesion without rupturing it, I proposed to M. Petit to leave it and to content ourselves with dilating the rings. Of this he did not approve. I then separated this supposed intestine from these parts of the muscles and returned it to the belly. I perceived that in returning it to the abdomen it was still adherent to the peritoneum." As he thought the fœces would be no longer obstructed, he dressed the wound. During the next four days the bowels acted and the vomiting ceased, but hiccough and delirium came on and the man died.

At the *post-mortem* examination a mortification of that part of the ileum which had been strangulated was found with a rupture of two-thirds of the circumference of the gut and extravasation of fœces. The gangrenous part was nowhere adherent. After careful examination of the parts in the groin, "I found," he says, "I had been mistaken, and that the part which I had taken for *un intestin aveugle* was only the peritoneum prolonged in the form of a *cul-de-sac* into the scrotum..... In ordinary hernia the prolongation of peritoneum (sac) is always found united to the membranes of the scrotum on the one side and to those of the testis on the other; but, on the contrary, in this hernia it (the sac) was entirely separated from the one and the other....."

M. Méry deprecates criticism on his case, and says surgeons had better try to resolve the questions (1) how to discern the peritoneal *cul-de-sac* from the intestine, and (2) how to discover the cause which was able to separate the *cul-de-sac* (sac) from the scrotal membranes and to expose the testis in the tumour. This case seems to admit but of one interpretation, and is given so clearly and circumstantially by Méry that it is surprising it has received so little attention from the profession. Even Mr. Lockwood, who has done so much to elucidate the mystery of infantile hernia, has made no mention of it. M. Méry's case appears to belong to that variety in which the sac

hangs free in the tunica vaginalis, and is only attached to it at the neck, in which, as Thompson Forster said, the sac is "pendent from the ring."

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

GENERAL SYMPTOMS PRODUCED BY ACCUMULATIONS OF CERUMEN.

CASE I.—A little girl, aged 8, suffered from incessant cough, bad nights, with frequent night terrors, almost complete loss of appetite, and emaciation. Her mother had been told that her lungs were much affected. A careful examination revealed nothing wrong in the chest, but, upon looking into the ears, one was found blocked with wax. The removal of this was followed by the happiest results—all symptoms rapidly disappearing. It is interesting to note that all the other members of the family also suffer from aural disorders—the father, mother, and one boy from catarrh with gradually advancing deafness, while another boy had a foul otorrhœa.

CASE II.—A gentleman, aged 81, complained of dreadful nervousness and restlessness with disordered digestion. His wife said he could not now settle to anything in the daytime, and that the disturbed nights were affecting her too. He had, during the few previous years, sought advice on several occasions without result, and he had now commenced to doctor himself with no happy results. Beyond a very furred tongue and considerable shaking, nothing could at once be observed which would suggest treatment. The temptation was strong, especially considering his age, to conclude that any advice would be no more successful than the former. It was noticed, however, that he was deaf, and, though he somewhat demurred, the ears were examined and found to be filled with large and hard masses of wax. These accumulations proved to be specially adapted to act as irritants, for embedded in the cerumen were large quantities of aural bristles, whose sharp ends projected like needles. It is remarkable that at such an age great improvement followed, and, at the end of a few months, the old gentleman sprightlyly declared himself "quite well."

CASE III.—A girl, aged 11, who had an exceedingly bad family history. Her mother and aunt had died of phthisis, her father suffers at present from lung disease, and an infant sister died of tuberculous meningitis. The facts demanded special care in the examination. The symptoms were rise of temperature and quick and irregular pulse. There were no head, eye, chest, nor abdominal symptoms, and her urine was normal. Her father, who had used a thermometer for some years, took her temperature for some days, and then sought advice. It ranged from 100° in the morning to 102° or 103° in the evening. She appeared to hear quite well, but more careful examination showed that the right ear was dull and filled with wax. This was very hard, and came away in two parts like small almonds. The temperature was normal the evening after removal, and has continued so since. The pulse also has gradually improved.

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CASE OF VARICOSE VEINS IN THE FAUCES.

THIS was the case of a mechanic who had suffered for several years from an irritating hawking, with a mucous discharge from the back of his throat. I examined him, and found a mass of varicose veins projecting into the back of the throat, from the wall of the naso-pharynx on the right side. Its base sprang from the space behind the posterior pillar of the fauces, and extended upwards, so as partly to occlude the right posterior nares, while it invaded the back of the soft palate on that side. Running downwards it was attached by the side of the epiglottis and back of the tongue to the right aryteno-epiglottidean fold. The whole presented the appearance to the eye or laryngoscope of a mass of blackberries or a very long and wrinkled black snail. As the attachments were so extensive, and the walls of the mass—which hung out loosely from its broad base—were so very thin, it was not considered

¹ *Mém. de l'Acad. Roy. des Sciences* for 1701, p. 273, Obs. sur les Hernies. Observ. ii.