HERNIATION OF BLADDER, SIMULATING A DIRECT INGUINAL HERNIA

By D. Comrie, F.R.C.S.E.

Surgeon, Newton Abbot and Ashburton Hospitals

The differential diagnosis of an irreducible inguinal hernia should not present great difficulties, but a case of the condition about to be described was not diagnosed before operation.

O. C., male patient, aged 43, lorry driver by occupation, no serious illness previously.

Seven years ago, in 1940, he felt a strain in the right groin after lifting his father out of bed; a small lump developed about one month later. This was diagnosed as a right inguinal hernia; it was reduced and the patient fitted with a truss, which he wore to control it, until he was seen in August, 1947, with a lump in his right groin which he could not reduce.

There was a small firm swelling fixed in the right groin about the size of a bantam’s egg; it was painful on pressure and it was concluded that it was a direct inguinal hernia, probably containing omentum. The hernia could not be reduced but as there was no evidence of obstruction the patient was kept under observation until his admission to hospital some days later.

September 5, 1947. Operation. Under Pentothal, gas and oxygen anaesthesia, an incision was made over the inguinal canal. The cord was displaced and no indirect hernial sac was found in the cord. Behind the cord at the medial end of the canal a dark mass was observed and an attempt
was made to open this, believing it was the sac, but it was unsuccessful and on dissecting further, the mass was recognized as bladder.

The mass was plum-coloured, 1½ in. by 2 in. in size and communicated with the bladder through a small opening. This neck was cut across and the mass removed. Through the original incision the hole in the bladder wall was repaired with catgut and the external oblique sutured behind the cord. A catheter was left in the bladder for four days. Recovery was uneventful and the patient left hospital on October 1, 1947.

**Pathological Report**

The sections examined confirm the presence of tissue, the histological structure of which is compatible with urinary bladder. The sections showed all the layers of the normal bladder wall. (G. A. Cary Lynch.)

**Discussion**

The presence of bladder as part of the contents in the sac of a direct inguinal hernia is not unknown, but in the present case no hernial sac was demonstrable and the herniation was one of bladder alone.

The pathological report states that sections show that all the layers of the normal bladder wall are present, so the condition is probably not a true congenital diverticulum of the bladder, particularly since the onset of symptoms dates from a definite strain. The anatomical drawings show that there is a canal through which bladder might become extruded if intra-abdominal pressure is increased suddenly, particularly if the bladder happens to be full at the time of strain. In Wakeley's series of 40 cases of hernia of the bladder, no similar case is described, but he mentions that the possibility of a diverticulum of the bladder constituting a hernia must be kept in mind and cites a case described by Percival Pott and another by Corner and Rowntree, both in children. The case here described falls into his first group of extraperitoneal herniation of the bladder.

**BIBLIOGRAPHY**


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**BOOK REVIEWS**

**RECENT ADVANCES IN SURGERY**

By Harold C. Edwards, C.B.E., M.S., F.R.C.S.


Sir Heneage Ogilvie prepared the first edition of 'Recent Advances in Surgery' in 1928, and that volume was a model of the form which a contemporary review of surgery should take, covering the whole field, and describing in full detail the more important contemporary improvements in surgical management and technique. The new edition of 'Recent Advances in Surgery' is, as one would expect, a new book. Authorship has passed to Mr. Harold Edwards who demonstrates here his eminent responsibility for so heavy a task. Those readers who were familiar with the first edition will not be disappointed in its successor, for subjects have been chosen with wise discrimination, new techniques are discussed against a background of broad practical experience, and a vast amount of detail has been integrated in a single literary whole by a fluent, precise and even elegant style. The text gains enormously in value from the co-operation of three highly specialized collaborators, and Mr. Brock's chapter on the surgery of the heart and of bronchial carcinoma, Mr. Northfield's consideration of neurosurgery, and Sir Stanford Cade's account of radiotherapy in malignant disease are classical essays in their form and content.

With the continuing geometrical increase in surgical periodicals, and a progressive profligacy in the publication of papers, it has become increasingly difficult for the post-graduate student or even the practising surgeon to keep abreast of contemporary progress in the whole field of surgery, and the young surgeon returning, or having recently returned, from a distant theatre or war and having had no access, perhaps for a period of years, to the unceasing stream of surgical development which has flowed past in his absence, often feels that he can never again regain a familiarity with surgical literature such as he perhaps enjoyed before the war began. The various annuals do something to repair this loss but there is no synopsis of recent improvements and advances in surgery available in current medical literature of the kind which Mr. Edwards has presented.

It is refreshing for the returned military surgeon to pick up a book of over 400 pages in which only...
Behind the Nylon Curtain

Everyone is now familiar with the Iron Curtain which separates the eastern part of Europe from the west. It is a curtain with many gaps and its solidity is a quality which has been conferred upon it by those living outside rather than by any unified effort within. Every country has its 'curtain' today and a ready wit has surrounded the United States with one of nylon. We must be careful that we do not make the Nylon Curtain opaque, for it will be our own fault if we do. These curtains are woven from the strife of monetary difficulties and political creeds, and nothing counteracts them so effectively as a free exchange of men and ideas. One of our contributors is at present in Boston, Massachusetts, and we print below some of his impressions of that centre of medical learning and research which is today a Mecca for so many of our profession.

'I am having a very pleasant time out here, both socially and medically. I find they have the business of entertaining foreign visitors very well organized, and in fact Harvard seems to be a sort of medical Mecca to which new arrivals come throughout the year from all over the world. There is an atmosphere of violent progress and things are going on at an alarming pace, which makes research in England seem almost dilettante in comparison. Nevertheless, some of the flashes of inspiration at home seem to me to be more vivid and illuminating. The mantle of the Teutons has undoubtedly fallen on American shoulders, but a great deal of the work being done gives me the impression of routine investigation. Yet big achievements are undoubtedly being made; almost every day I make a note of something new and promising, and I hope to add still more when I start my tour of some of the other important centres next month.'

Rheumatoid Arthritis

Dr. Philip S. Hench, of the Mayo Clinic, will give the Samuel Hyde lecture before the section of physical medicine of the society on Wednesday, October 13, at 4.30 p.m. The title of his lecture is 'A Critical Evaluation of Current Remedies for Rheumatoid Arthritis.' The officers of the section invite those who are not fellows of the society, but who wish to attend, to apply for tickets to Dr. Doris Baker, the Hon. Secretary of the section, at 1 Wimpole Street, London, W.1.

Once more we have to record a change in the Editorship of our journals. Mr. Selwyn Taylor, M.Ch.(Oxon.), F.R.C.S., who had already received the recognition of his Alma Mater as among those elect to whom the profession looks for research in the science and practice of surgery, has recently been awarded a Rockefeller Travelling Fellowship, and will be leaving this country shortly to begin his studies in the United States. We offer him our warmest congratulations and wish him the best of good fortune and success in his work.

To his successor in the Editorial chair, Mr. A. K. Monro, M.D.(Cantab.), F.R.C.S.(Eng.), we extend the hand of welcome. Mr. Monro is in touch both with the academic and with the practical aspects of medicine and surgery, and we are glad to be able to place the literary fortunes of the Journals into the hands of one who is so well qualified to uphold their reputation and to maintain the high standards at which we have always done our best to aim.

Correction. The author of 'Herniation of Bladder, Simulating a Direct Inguinal Hernia,' published in the September issue of the Journal is David Cromie, F.R.C.S.(Ed.).