

CASE XII. *Secondary Hæmorrhage after Delivery at Full Term: Portion of Placenta retained: Removal: Death from Low Fever.*—Mrs. —, multipara, a delicate woman, was delivered naturally. Everything proceeded well till a week after delivery, when a most violent hæmorrhage occurred, and I was called to see her. The bleeding had stopped, but she was extremely blanched, and scarcely able to be touched. It was with great difficulty I could examine her, without her falling into a condition of collapse. I, however, found the os uteri closed, but the uterus was rather large. No offensive discharge had been present. There was no loss going on, and I recommended her to be left for a time till she had rallied, but that, if bleeding recurred, the os was to be plugged with a sponge tent, and exploration made. There was no bleeding nor offensive discharge afterwards, but now and then light oozing of watery blood. However, about five days after the flooding, slight pains came on, and I found the os patent, and a mass of placenta within. I abstracted this without difficulty by the assistance of an ovum-forceps, and all oozing ceased. However, slight feverishness came, and she gradually fell into a "typhoid" condition, and died about three weeks after delivery. The pulse was 120 all the time through, but there was no increase of temperature till the last week.

CASE XIII. *Secondary Hæmorrhage after Abortion: Retention of Portion of Placenta: Removal: Recovery.*—Mrs. R., multipara, had apparently expelled a four months' ovum. All went on well for five or six days, when a large loss of blood occurred. As it continued, I was asked to see her. I found the os uteri patent, but the uterus retroflexed. I passed my finger within, pushing up at same time the fundus with another in the vagina. I detected a mass about the size of Tangerine orange. With a little management it was removed, and she made a good recovery.

This case is a sample of a large number, such as doubtless occur in every large private and consultant practice, the condition of flexion being a potent factor in the retention. In contrast to the foregoing cases, it may be useful to note two cases of secondary hæmorrhage, one of which was fatal, without retention of a portion of placenta.

CASE XIV. *Secondary Hæmorrhage a Week after Delivery: Retroflexion of Uterus: Death from Loss of Blood.*—Mrs. —, an Irishwoman, aged about 30, healthy, had a natural labour at full term. There had been some more than usual loss of blood a few days afterwards; but at about a week later a very severe attack completely blanched her, and rendered her unable to move in bed. On examining, I found a uterus by no means bulky for the time, but deeply retroflexed, packed tight into Douglas's pouch. I pushed it up; it went up with a jerk, without my using much force. It remained up, and the bleeding entirely ceased. But she never rallied, and, lingering on for a few days, died from the anæmia.

CASE XV. *Secondary Hæmorrhage a Week after Labour, from Mental Excitement: Recovery.*—This patient had been delivered naturally. On the tenth day after she was suddenly exposed to mental excitement. She had been sitting up some days. Suddenly a severe uterine hæmorrhage came on, and I was called to her. It then had ceased, except slight oozing. I found the uterus rather bulky and spongy; but no further trouble arose. She was kept horizontal and quiet some time afterwards.

Of course, it is possible that in these last two cases there may have been some portion of placenta remaining, but there was no evidence of it. In the first I think it was scarcely possible, with so small an uterus.

NOTE ON THE ANTISEPTIC TREATMENT OF PHTHISIS.

By J. BURNEY YEO, M.D.

SINCE the delivery of my lecture, which was published in the JOURNAL of July 1st, my attention has been directed to some very recent reports, published in Germany, bearing on the antiseptic treatment of phthisis. Dr. Fränkel (*Centralblatt*, June 10th) has been making experimental injections of antiseptics into the pulmonary tissues of animals—such as carbolic acid, boracic acid, iodoform, tartrate of alumina, etc.

These injections were not attended with any constitutional disturbance; and the *post mortem* examinations showed the existence of extravasations and simple inflammatory changes in the lungs; and, in later stages, the formation of cicatricial tissue. On the strength of these results, he proposes that similar injections should be made into the foci of disease and their neighbourhood, with the view of modifying the morbid process, and of limiting its extension by cicatricial barriers.

In a patient with foetid expectoration, he administered six injections, each of fifty minims of a five per cent. solution of carbolic acid. It excited no reaction and no cough, but had no effect on the expectoration. I mention these experiments without, for the present, offering any opinion as to their value, merely to show the activity with which this subject is being investigated in Germany.

It will also, doubtless, interest the readers of the BRITISH MEDICAL JOURNAL to hear that Professor Oertel of Munich, in a volume he has just published on the *Therapeutics of the Organs of Respiration*, devotes about 350 pages to the subject of "Inhalations"; in which he speaks highly of the use of a five per cent. solution of benzoate of soda, atomised—*i.e.*, inhaled in the form of fine spray. He has observed a very cleansing effect to follow its use in the ulcerative lesions of laryngeal phthisis; and he infers, from this, that a similar favourable action may be exercised on the lesions of more deeply seated parts: on the bronchial ulcerations and softening, and on the walls of cavities. The expectoration is facilitated—increased at first, and subsequently diminished. Mycotic processes and decomposition of the secretions are arrested; and the absorption of secretions is thus favourably modified, and is less likely to be pyrogenic or specifically infective. He also points to the importance of thorough cleansing of the mouth and fauces; the appetite is thereby improved, and the stomach is spared the infliction of decomposing oval secretions. The swallowing of a certain amount of the solution he considers of great value, as he believes it operates in diminishing the fever. He duly discredits the marvellous results claimed for this plan of treatment by Rokitansky; but sees no reason to deny the correctness of Schiiller's impressions, as to the results of his experiments on animals, performed under conditions very different from those obtaining in the subjects of advanced phthisis. He, moreover, expresses a confident belief that, by this and other antiseptic modes of inhalation, very good effects will be attainable.

A FURTHER SERIES OF CASES OF IMMEDIATE CURE OF INGUINAL HERNIA.

By W. DUNNETT SPANTON, F.R.C.S.Ed.,

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SINCE reading a paper on the subject of the cure of hernia, in 1879, I have a record of nine additional cases, all of which have been followed by a good result. And I believe the reason why the number is not larger, is to be found in the general prejudice which exists in the profession against all operations of this class. The patients and their friends know little or nothing about such matters, and they have to be taught. It would be interesting to know how many members of the Association have any personal knowledge of such operations. We find them all classed in text-books under one category for reprobation, and are led to infer that all alike are necessarily unsafe or inefficacious. If the operation were practised on a large scale, and a fair trial generally given to it by those accustomed to operative surgery, less weight would probably be attached to the opinions of those who profess to teach others on a subject of which they have themselves no personal practical experience.

The following is a record of the more recent cases.

CASE I. *Right Congenital Inguinal Hernia.*—Elijah M., aged 5, living at Newcastle, was admitted into the North Staffordshire Infirmary, under my care, on January 3rd, 1880. He was a healthy boy, who, on admission, had a right congenital hernia, which had been observed from infancy. It had gradually increased in size, and was, when down, about the size of a large hen's egg, and readily reducible. The inguinal ring easily admitted a finger. On January 8th, under chloroform, the operation was performed in the usual manner, the screw being left in position. Some chloroform-sickness ensued.—January 9th. He had retention of urine, necessitating the use of the catheter. In every other respect, he was going on well. Temperature 99° Fahr. On January 10th, the patient did not complain of any pain. The parts were quite quiet. The catheter was still used. Temperature 99.2°.—January 12th. The discharge from the wound was rather free, and there was some surrounding irritation. Temperature 99.2°. On January 15th, he had some œdema of the scrotum and penis, and the parts around the wound were considerably inflamed. The instrument was taken out. Temperature 99.4°. On January 16th, the swelling was somewhat increased, and the scrotum was tense. There was a free purulent discharge from the track of the instrument, along which there was a hard cord to be felt. There was no impulse at the ex-

ternal ring. Temperature 99.4°. An evaporating lotion was applied. On the 17th, the swelling and discharge continued. The urine was still drawn by the catheter. Poultices were applied. Temperature 102.4° (the highest in the course of the case).—January 20th. The swelling was subsiding; pain was insignificant. There was no retention. His general condition was good. Temperature 99.4°. On January 27th, a free discharge of pus had caused the swelling to subside. Temperature normal. On February 3rd, the swelling was nearly gone, and the discharge had quite ceased. There was no sign of any return of the rupture.—February 23rd. The wound had perfectly healed. There was a firm band of adhesion along the whole line of the inguinal canal. No impulse could be felt on coughing or crying. The right testicle was slightly enlarged. He was allowed to get up, wearing a pad. On March 10th, he left the Infirmary quite well, with no tendency to any return of the hernia.

CASE II. *Right Oblique Inguinal Hernia.*—Frederick T., aged 7, living at Hartshill, was admitted into the North Staffordshire Infirmary on April 3rd, 1880. The patient, a healthy little fellow, had shown no sign of hernia until a fortnight before admission, when it was first observed. No cause could be assigned for it; there had been no strangulation. The hernia was scrotal, and the ring large enough easily to admit the forefinger. The testis had descended. On April 10th (after the usual preliminary treatment), under chloroform, the screw instrument was introduced, no difficulty being encountered. The scrotal wound was brought together by a suture, and the whole secured with pads of lint and bandage. After operation he was rather restless, and some small doses of an opiate were administered.—April 11th. He was going on well: less pain; no sickness nor retention. He took food freely. Temperature 100°, morning; 99° evening. On April 12th, he seemed cheerful, and apparently had no pain. The scrotum was rather red and inflamed; and slightly oedematous. The wounds were dressed; they looked quite healthy. Temperature 98.5° morning, 99.2° evening.—April 14th. The parts were less inflamed. The instrument remained in good position, and he did not appear to have the least pain. The bowels were moved. Temperature 98.8°.—April 18th (8 days). The instrument was removed, no chloroform being required. There was some, but not much discharge, and the surrounding parts looked healthy and quiet. He was ordered full diet. Temperature normal. On April 21st, he seemed quite well and happy. The wounds were rapidly closing; there was very slight discharge.—April 23rd. The parts were quite healed. A thick band could be felt along the track of the instrument, and no impulse was perceived on coughing. On May 8th, he was allowed to get up, wearing a pad. There was no tendency to impulse, nor any giving way of the firm occluding plug. On May 10th, he returned home, quite well.

CASE III. *Right Oblique Inguinal Hernia, treated with Chromic Catgut Ligature.*—Mary B., aged 26, married, residing at Booths, was admitted into the Infirmary under the care of Mr. Folker, February 19th, 1881. The patient, usually healthy and strong, noticed a right inguinal rupture five years ago, at first about the size of a nut. She could not assign any cause for it.—On admission, there was a rupture which came down to the size of a large duck's egg, and was easily reducible. It was often painful, and always a source of great discomfort. On February 27th, the operation was performed under the influence of ether, and carbolic acid spray. My colleague, Mr. Folker, kindly assented to my suggestion in this case to use a ligature of chromic catgut, which had been carefully prepared according to the plan directed by Mr. Lister. An incision was made in the right labium, and the subcutaneous tissues separated as far as was practicable, so as to invaginate as much as possible into the inguinal canal subcutaneously. A screw having a large eye at its point was then introduced in the same manner in which the ordinary screw is employed, and made to transfix both pillars of the hernial canal at three points, at the same time passing through the intervening invaginated tissues. The point of the screw, emerging at the labial wound, was threaded with the catgut and then slowly withdrawn, bringing the ligature with it. This being detached from the needle, was allowed to remain *in situ*, each end being secured to a glass rod about three inches in length, so as to maintain it on the stretch, and by that means secure the apposition of the pillars of the canal. The whole was covered with protective and carbolised gauze and bandage. Evening temperature 100° Fahr. (highest). On February 28th, she complained of pain, and had been sick. An opiate was given, and the catheter had to be used. Temperature 99°. She progressed favourably, without any untoward symptom, and on March 5th the dressings were removed. Very slight irritation was seen, and the ligature remained firm. On March 7th, the wound was dressed again, in consequence of the patient having complained of considerable pain. There was no inflammation: the

ligature was firm. Temperature 99°. She had pain, chiefly in the groin and down the thigh.—March 14th. The glass rod was removed, and the ligature left in. Temperature 98.5°. On March 21st (three weeks after operation), the ligature showing no sign of absorption, and being loose, was withdrawn: it was found to be almost unchanged, being hard and wiry, and the discharge was but slight. Temperature normal.—April 2nd. The wound had quite healed. The pad was still kept applied. On the 6th, the parts in the line of the hernial canal felt hard and firm; no impulse could be felt on coughing. She was allowed to get up, wearing a pad. On April 9th, she left the hospital quite well, no sign of any hernia existing. This was the first instance in which the chromic catgut was used; and I shall have some further remarks to make concerning it afterwards, in considering the relative merits of the screw and the ligature.

CASE IV. *Left Encysted Hernia, with Hydrocele of the Cord.*—Augustus B., aged 13, a warehouse-boy living at Shelton, was admitted under my care on January 15th, 1881. He was a somewhat sickly looking boy, not very strong, but free from positive disease; he had never suffered from any illness. A swelling had been observed about the left side of the scrotum, at its upper part, along the line of the cord, for a long time; but was not noticed at birth, and its actual duration was uncertain. On admission, the left side of the scrotum was of the size of a large hen's egg, somewhat constricted about the centre, and the lower portion evidently contained fluid. A distinct impulse was felt on coughing; and this, the upper part, disappeared with firm pressure—the hydrocele remaining. The testis was felt quite at the lowest part of the scrotum, and distinct from the tumour above. There was clearly an encysted hydrocele of the cord, with infantile hernia, the sac of the tunica vaginalis being apparently unimplicated. (See sketch.) There being some difference of opinion expressed as to

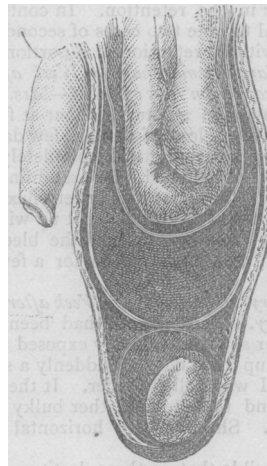


Diagram representing Encysted Hernia complicated with Hydrocele of the Cord.

the precise nature of the affection, we placed the patient on good diet, iodide of iron, and cod-liver oil, until February 5th, when I tapped the hydrocele, with the result of rendering the hernia more distinct, the testis remaining separated from it by the contracted funicular process. The nature of the case being now apparent, on February 16th, under chloroform, the operation was performed in a similar manner to that in the previous case. But in this one I used a ligature of tendon from the long extensor of the deer, given to me by my friend Mr. Garner; the tendon had been prepared by maceration in a watery solution of carbolic acid, then rolled and dried, and afterwards kept in carbolised oil. The scrotal wound was closed also with soft tendon sutures. The whole was carried out under carbolic spray, and Lister's dressings completed the operation. Temperature same evening 98.6°. On February 14th, he had been very sick since the operation, but made little complaint of pain. Temperature 99°.—February 21st. He had progressed quite favourably, the temperature never having risen above 99°, and he had no pain whatever. The sickness, which seemed chloroformic, soon ceased. His general health was now good. The parts were dressed to-day under carbolic spray. There was no discharge, no inflammatory blush; the ligature showed no signs of absorption, but was white and swollen up in the wounds.—February 28th. The parts were again dressed. There was no discharge beyond slight serous moisture at each ligature wound. Each end of the ligature was

cut through so as to remove the glass rod, leaving the tendon *in situ*. As far as it could be seen, it appeared to have undergone very little change. Temperature 99.2°. On March 8th, the dressings were removed. Only a few drops of discharge escaped from each opening. The upper one was now closed by granulations, and no trace of the ligature could be discerned; the lower end of the ligature with the knot was adherent to the wound, but the knot remained exactly the same. This was now cut away. The scrotum was of normal size, and the inguinal canal seemed firmly closed. No impulse could be felt on coughing.—March 27th. The wounds were firmly healed; the parts around quite natural. There was no sign of any tendency to return of the rupture. He was allowed to get up. On April 7th, he returned home quite sound.

CASE V. *Right Congenital Inguinal Hernia*.—Albert B., aged 11, living at Hartshill, was admitted under my care on April 2nd, 1881. He was not a strong boy, but free from positive disease. There was a tubercular family history. The hernia had been observed, more or less, from early childhood, and had been partially controlled by the use of a truss. This had been worn for a long time, but the hernia showed no sign of disappearing. His friends were anxious to obtain admission for the boy into a public orphan school, and secured a presentation for that purpose, but he was at once rejected on account of the rupture. In consequence of this, his friends desired to have a cure effected if possible so as to render him eligible for admission to the school. On April 9th, the usual preliminary preparation having been made, the operation was performed in a similar manner to that described in the last two cases, but without spray, and using ordinary carbolised catgut for ligature. He was very sick afterwards (from chloroform). Evening temperature 99°.—April 10th. He passed a good night, and said he was free from pain. The sickness ceased. There was no retention of urine. Temperature 99.6°.—April 14th. The dressings were removed. The discharge was very slight. The ligature remained in position, and there was very little surrounding irritation. Temperature, morning, 98.2°; evening, 98.6°.—April 19th. The ligature was cut away, and the glass rod removed. The discharge was slight, purulent. Temperature, morning, 98.2°; evening, 98.6°. On May 2nd, the parts were dressed again; they were still discharging rather freely. The wounds showed very slow tendency to heal. Temperature 99.4°. He was ordered some syrup of phosphate of iron and lime. On June 1st, the parts were quite healed. He was allowed to get up, wearing a pad. The discharge had been rather profuse, and healing had gone on very slowly, due probably to his constitutional tendency, but also, I think, to the catgut having acted in some measure as a seton, although it had become absorbed eventually. No impulse could be felt, and the line of the hernial canal appeared tolerably firm. On June 6th, continuing to improve, he returned home.

CASE VI. *Left Inguinal Oblique Scrotal Hernia*.—William H., aged 19, a jugmaker, living at Florence, was admitted under my care April 6th, 1881. A pale, sickly-looking, young man, he had strained himself in lifting a weight about twelve months before. A very slight rupture was perceived at first, but it steadily increased, and, on admission, was of the size of a closed fist. It was easily reducible, and the ring very patent. He had worn a truss without any benefit. On April 16th, after usual preparation, ether was administered, and a screw instrument introduced as in former cases, and left in. Carbolic spray and Lister's dressings, with all antiseptic precautions, were used. There was no sickness afterwards. Temperature, evening, 99.6°.—April 18th. With the exception of some sickness, he had progressed well, but complained of much pain. The wounds were dressed to-day; they were looking quiet, with very slight discharge. Temperature 100°.—April 19th. The pain continuing severe, an enema was administered, which afforded some relief. Temperature 100°.—April 21st. He still complained of discomfort. He had a rather troublesome cough, and was ordered to take some linctus and castor-oil. Temperature 100.4°.—April 22nd. His bowels had been relieved by oil, with relief to the pain. The dressings were renewed. There was very little irritation or discharge. Temperature, morning, 99°; evening, 100.2°.—April 25th. He was going on well. The instrument was removed. The discharge was slight. The surrounding parts were quiet. Temperature 100°.—May 2nd. The Listerian dressings were relinquished. The wounds had healed, except superficial granulations; they were dressed with boric lint. Temperature normal.—May 14th. He was allowed to get up; and, on the 16th, he returned home quite sound, there being no impulse on coughing, and a firm band occupying the site of the hernial canal. This was one of the firmest and best results I have yet met with, although it will be observed that there was less active irritation than in many of the others.

CASE VII. *Left Congenital Inguinal Hernia*.—John E. B., aged

five months, living at Newcastle, was admitted under my care June 24th, 1881. Since the child's birth, a small rupture was noticed on the left side, situated at first near the external abdominal ring, but gradually reaching lower down, and more rapidly so of late. On admission, it was about the size of a pigeon's egg. Always a cross child, he has been much more so lately; and, according to his mother, "never lay awake five minutes good" since his birth. This being the case, and the absurdity of a truss at such an age being apparent, the parents wished to have an operation performed, as it had been noticed that the child invariably cried when the rupture was down. On June 27th, under chloroform, the usual operation was performed with a screw of the smallest size. No difficulty was experienced. A ball was fixed on the point, and a pad of gauze strapped across the handle of the instrument, to secure it, no bandage being applied. No sickness occurred afterwards, but the child continued very restless.—June 28th. The parts were slightly inflamed around the wound; there was very slight swelling. Oil was frequently applied as a dressing. The bowels were moved. Temperature 98.5°.—June 30th. During the night and early morning, the child had some slight convulsions, which soon passed off. There was some swelling and redness about the scrotum. The instrument was not moved. Some chloral hydrate, with bromide of potassium, was ordered to be taken occasionally. Temperature 100.8°. On July 2nd, under chloroform, the instrument was removed. A thick cord could be felt along the line of the hernial canal, as if the parts were well agglutinated. A light truss, with the pad well oiled, was kept applied, as no dressings could be properly used. On July 8th, the sutures in the scrotal wound were removed. This wound, which was necessarily disproportionately large in so young a patient, was healing but slowly. Even when he cried, no impulse could now be felt.—July 9th. Seemed well and free from pain, lying awake "good" longer than he had ever done since he was born. No impulse could be felt when the child cried or struggled, and the line of the inguinal canal remained hard and firm. He left the infirmary; the mother being highly gratified by the happier condition of the little patient.

CASE VIII. *Large Double Congenital Scrotal Hernia*.—Henry M., aged three years and a half, living at Bucknall, was brought to me in July 1881. He was a fairly developed child, in good health. He had bronchitis when very young, and occasionally had had a cough since. The rupture was noticed on both sides at birth; but during the last eighteen months it had greatly increased, causing much discomfort and pain. His mother said that, for a long time, "it had been grievous to see the child; after running about a little while, he would come in quite exhausted, lie down in the cradle, and cry himself to sleep." Both herniæ were of very large size, the inguinal ring on either side admitting two fingers. Several trusses have been tried, but were quite ineffectual to restrain the hernia, even for a short time. He had a tight phymosis, with long prepuce. The parents were very anxious to have something done; and, unpromising as the case looked, I deemed it right to operate, taking one side only at a time, lest the pressure on the urethra might give rise to troublesome retention. Accordingly, after a dose of castor-oil, on July 6th, I operated with the screw-instrument, and at the same time performed circumcision, Mr. Russell administering chloroform. The screw was allowed to remain, and the whole covered with lint dipped in eucalyptus-oil (one part to four of olive-oil); and a pad of eucalyptus-gauze and bandage completed the dressings. In the evening, the child, being rather restless, had some small doses of morphia. Temperature 98.6°.—July 7th. He had passed a good night; no sickness. He seemed to have no pain, or very little. There was slight œdema of the scrotum; the surrounding parts looked quiet. Temperature 98.5°.—July 8th. Going on well. The wound of the scrotum looked quiet. Temperature 98.5°. He took food freely. Eucalyptus-oil was applied each day.—July 9th. He slept well, but was more restless to-day. The swelling of the scrotum was gone. There was slight sanguineo-purulent discharge from the lower wound; no blush. The bowels acted twice naturally. He passed urine freely. Temperature, evening, 101°.—July 10th. He had a good night, and was evidently free from pain. There was slight discharge. The India-rubber ball was rather buried in the scrotal wound. He took food well. Temperature 98.6°.—July 13th. His progress was quite favourable. Temperature normal each day. Under chloroform, the screw was removed easily. The wounds were very quiet, with slight discharge; no swelling. There was a firm cord along the line of the canal. His general health was quite good.—July 20th. He was quite well; the wounds were healed, and the parts quite firm.

CASE IX. *Double Scrotal Congenital Hernia*.—This operation was performed on the foregoing patient, for the left hernia, on July 21st, 1881, under similar circumstances to those described in the last case. The result was equally satisfactory so far. There was already a firm

hard cord along the line of the inguinal canal; and the patient's general health seemed none the worse for the double operation.

REMARKS.—This gives a total of thirty-four cases operated on by this method, and of these thirty are known to be more or less completely cured. Many of them I have frequent opportunities of observing, and most of the older patients follow some laborious occupation. The boy J. B. (Case XII of first series), who was operated on exactly three years ago, continues to work on a farm, and needs no truss; and the second case I had—a large scrotal hernia, in which no truss had been of use—operated upon in October 1878, remains as firm as ever. In three of the recent cases a ligature of some kind was used, and in two of these the result was satisfactory. The chromic gut ligature, however, did not behave as such a ligature ought to have done, but rather caused additional irritation, and acted almost like a seton. It is worth noting that when a ligature was used, the local irritation was greater than in most of the cases in which the screw was retained. There can be little doubt of the greater safety of an operation under Listerian measures, and in these instances the danger is reduced to a very small one indeed. If with such a minimum risk we can cure our patient of a troublesome and probably dangerous complaint, it seems to me the duty of the surgeon to advise such a course. Patients and their friends only too willingly rest satisfied with the advice which is usually given to "procure a truss." A friend of mine lately sent a patient of his for advice on this matter. The first surgeon he saw in London advised an operation for the radical cure; a second advised the use of a truss "so long as he was in a country where good trusses can be got;" and the third recommended the use of a truss without any qualification. Here are three surgeons in the highest rank of the profession all differing in opinion as to the course to be pursued in an ordinary case of congenital hernia. Suppose for a moment the patient breaks or loses his truss, and he happens to be in a country where good trusses could not be procured, what was to become of his hernia then? He has on the one hand the prospect of wearing an irksome instrument for life, inasmuch as "every time the hernia comes down, any good that may have been derived is necessarily done away with, and the treatment has to begin, as it were, anew" (Erichsen). On the other hand, by an operation while young, the patient can be so effectually cured of his defect, as to be independent of any such assistance. Again, how many trusses do we meet with among the working class which are really efficient? It is by no means a rare event to find an ill fitting, half worn out truss rubbing on a strangulated rupture when brought into hospital, and in these cases a tolerably certain prognosis may be made. For those who can afford the luxury of a well-fitted and frequently renewed truss, the argument against their use loses some of its force no doubt; but this is not so with respect to the majority of those for whom they are required—who have laborious work to do, and in whom an efficient and speedy cure is the more needed.

The most suitable cases for cure are, I think, those occurring in the young. Probably a larger proportion of cases date from early life than is usually acknowledged; and if all those occurring in childhood were cured, surgeons should in this way be enabled to render sound some thousands every year, the majority of whom now become life-long sufferers, with the permanent appendage of a truss.

If a child have hare-lip, or talipes, or nævus, we do not wait until he is an adult, nor do we attempt to cure any of these by compression or artificial apparatus, but we cure them forthwith. Although death has occurred after each one of them, I have never heard this circumstance put forward as an argument against such operations. Why should not the same rule be adopted with regard to hernia in the young? We find as a rule that young patients bear such operations of expediency better than adults; and in the baby five months old, whose case I have referred to, no constitutional disturbance worth recording was observed. This little patient is now quite well, and there is not the slightest sign of the hernia even when crying, although no truss or any kind of support has been worn since the first fortnight after the operation. What would the opponents of operative procedures do with such a case? A truss was of no use; the child was continually crying, and the rupture became every day larger. Now the child is as happy as most children of his age, and by a fortnight's treatment is made sound for life.

If by any operation we can accomplish such results as this in suitable cases, there ought no longer to be any hesitation on the part of surgeons generally as to the choice of the course they will pursue.

P. S.—Since the foregoing paper was written, the number of cases has reached fifty-one, all of whom have recovered. The details of the later cases will be published in due course.

Summary of Cases operated upon for Immediate Cure of Hernia, showing Ages and Result.

| Date. | Name. | Age. | Hernia. | Result. | Remarks. |
|--------------------------------|--------------|-------|-----------------------------|--------------------|--|
| Dec. 5, 1877 | Wm. H. | 18 | Oblique inguinal | Cured | Slight return after 6 months; but, with use of truss, since quite cured. |
| Oct. 7, 1878 | Thos. B. | 4 | Congenital oblique inguinal | Cured | Very large. Truss was of no avail. Remains perfectly well now. |
| Nov. 9, 1878 | Alfred S. | 15 | Right oblique inguinal | Cured | No support required afterwards. |
| Jan. 1, 1879 | Anne B. | 9 | Left oblique inguinal | Cured | Remains sound. |
| Jan. 11, 1879 | Samuel T. | 11 | Right oblique inguinal | Cured | Hydrocele of cord found after operation; since disappeared. Remains well. |
| May 10, 1879 | Wm. B. | 3 | Right congenital inguinal | Cured | Remains well. |
| June 7, 1879 | Thos. K. | 26 | Right oblique inguinal | Cured | Had scrofulous disease of testis. Keeps quite sound. |
| June 21, 1879 | Geo. W. | 8 | Right oblique inguinal | Cured | Afterwards tendency to return behind the cord; but has never increased. |
| June 28, 1879 | L. R. | 3 | Right congenital inguinal | Cured | Closure very firm. |
| July 19, 1879 | Wm. J. T. | 9 | Right inguinal oblique | Cured | No impulse can be felt. |
| July 22, 1879 | Wm. J. D. | 13 | Left oblique inguinal | Cured | No impulse on coughing. |
| July 26, 1879 | John B. | 11 | Right oblique inguinal | Cured | Works now on a farm. |
| July 31, 1879 | Eliz. W. | 20 | Right oblique inguinal | Cured | |
| Oct. 7, 1879 | Mrs. S. | 27 | Right oblique inguinal | Relieved | Twelve months after, a tendency to return, but never to same extent as before operation. |
| Aug. 23, 1879 Oct. 10, 1879 | Fred. J. | 4 | Right congenital inguinal | Cured | Operated on twice; the first failing from insufficient hold of the pillars of canal. Second operation effectual. |
| Aug. 30, 1879 | Thos. P. | 20 | Right oblique inguinal | Cured | No support needed afterwards. |
| Sept. 13, 1879 | Albert C. | 6 | Right congenital inguinal | Cured | No impulse on coughing. |
| Oct. 11, 1879 | Wm. C. | 5 | Right congenital inguinal | Cured | Weakly child. Considerable orchitis. |
| Nov. 17, 1879 | Mary F. | 26 | Right oblique inguinal | Cured | Married since. Keeps quite sound. |
| Nov. 22, 1879 | Fred. D. | 6 | Right oblique inguinal | Cured | |
| Nov. 15, 1879 | John C. | 7 | Left congenital inguinal | Cured | |
| Jan. 10, 1880 | Eliz. M. | 5 | Right oblique inguinal | Relieved | Hernia caused by application of Sayre's spinal jacket. Bubonocoele left. |
| Jan. 10, 1880 | Daniel A. | 25 | Right oblique inguinal | Incomplete closure | Result occasioned by too profuse suppuration. Better, however, since operation. |
| Jan. 12, 1880 | Chas. E. | 11 | Left congenital inguinal | Cure | "Canal occupied by firm plug." |
| Jan. 1880 | Boy | 9 | Congenital | Cured | Similar to last case. |
| Jan. 8, 1880 | Eliz. M. | 5 | Right congenital inguinal | Cured | Free suppuration along canal. Firm cord resulted. |
| April 10, 1880 | Fred. T. | 7 | Right oblique inguinal | Cured | Whole canal firmly closed. |
| Feb. 27, 1881 | Mary B. | 26 | Right oblique inguinal | Cured | Chromic-catgut ligature used, with Lister's spray. |
| Feb. 16, 1881 | Augustus B. | 13 | Left encysted hernia | Cured | Tendon-ligature, with carbolic spray. Had also hydrocele of the cord. |
| April 9, 1881 | Albert B. | 11 | Right congenital inguinal | Much improved | Catgut ligature. Free suppuration. |
| April 16, 1881 | Wm. H. | 19 | Left oblique inguinal | Cured | Very firm occlusion. |
| June 27, 1881 | John E. B. | 5 ms. | Left congenital inguinal | Cured | No dressings used. Closure quite firm. |
| July 6, 1881 | Henry M. | 3½ | Double congenital scrotal | Cured (one side) | Very large hernia; many trusses tried, without avail. Right hernia only operated on first. Phymosis. |
| July 21, 1881 | Same patient | 3½ | Ditto | Cured | Left side of above case operated on with screw. |

UNIVERSITY OF BRUSSELS.—Of seventeen students who recently presented themselves for the M.D. degree, Brussels, nine received their diplomas; and Mr. Marmaduke James Hart, M.R.C.S. England, L.S.A. London, came out first with "distinction" in the third Doctorate.