

died, either without a return of the ascites, or have not been under observation long enough to demonstrate that the cure is permanent. Another case, that of a patient suffering from hemorrhages from the alimentary canal, was promptly cured by this operation, and a number of others have been materially improved. Thirty-eight have recovered from the operation, and, when we consider that in the great majority of instances these patients were in the last stages of an incurable disease, and if we are to accept the statements of White and Thompson, within a few weeks of an inevitable death, this fact should, the writer believes, encourage our medical friends to suggest the operation at an earlier and more favourable stage of the disease. If this is done the writer believes that later statistics will show a substantial improvement over those able at this time to present.—*Med. News, St. Louis Med Review.*

PERMANENCY OF CURE IN OPERATIONS FOR HERNIA.

The question of mortality in the radical treatment of hernia has been disposed of by the brilliant statistics of Coley, Bull, and others. Permanency of the cure after operation depends upon a small number of simple features. These are:

The wound must heal primarily. There must be immediate union without suppuration scars, and the least possible amount of cicatricial tissue.

The stitches should not be drawn tightly. This avoids pressure necrosis, which is liable to occur from the edema following an operation. It is possible that there is always a certain amount of pressure necrosis whenever a suture is used, but it is reduced to the smallest proportions by drawing the stitches just tight enough to place the tissues in apposition without causing pressure. A small amount of necrotic tissue will furnish a good culture medium and thus prevent primary union.

The edges of the surface to be united must be free from fat and other unstable tissues. No matter how perfect a union may be, if the attachment is to a tissue which has little resistance, the union is of no value. It is necessary to carefully dissect away the soft muscular or connective tissue, as well as masses of fat. For the same reason, blood-clots must not be allowed to interpose between the surfaces to be united.

The tissues should be manipulated with the greatest care during operation. The utmost care must be exercised to avoid rough handling. The less the tissues are disturbed, the better the primary union.