

possible to have the parents carry out the instructions given and particularly when a truss is advised. All forms of retentive apparatus, fitted with every care have been tried, but with very indifferent results. It is practically impossible to treat the large numbers of these patients by the rest cure in the hospital on account of limited accommodation. In private practice, the results have been very satisfactory indeed. If a properly fitting truss which perfectly controls the protrusion, be worn night and day, for at least six months, and precautions taken to guard against increased intra-abdominal pressure from any cause whatever, the prospects of cure, in infants, are good.

Operation is indicated only in strangulated hernia, in irreducible hernia and in very large hernia which a truss will not hold. In the two former classes all that is necessary is the operation devised by Mitchell Bank's which consists in simply dissecting out the sac, ligating it, and allowing the stump of the sac to return within the abdominal cavity and closing the wound in the skin. In large herniæ, one of the classical and well-tested procedures, such as Bassini's, should be adopted.

I have not attempted in this short paper to cover the broad subject of hernia, but simply to present, in a very imperfect manner, the general principles underlying the treatment of a condition which is so prevalent in children, and which if left too long untreated may cause much misery, and in time often difficult to cure.

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