upper margin of Poupart's ligament on the other, were refreshed by a probe pointed hernia knife. After all bleeding had been arrested and the wound effectively douched with a warm solution of HG Cl_2 to aq. 4000, the work of suturing was proceeded with.

In this operation I used prepared cariboo tendon for sutures, and I believe that nothing can supersede it for either fine or coarse suturing where sutures are intended to remain.

The tendinous pillars were firmly drawn together by four sutures of good-sized splittings of the cariboo tendon, the fascia and skin were approximated by deep sutures of good-sized tendon, interrupted, and the skin closure completed by a continuous suture of fine tendon, covered by collodion and dusted with iodoform. A saturated compress of antiseptic gauze was placed upon the wound and overlaid with absorbent cotton, and a broad spica bandage completed the dressing.

The patient was placed in bed in a half-sitting posture, with pillows beneath his knees, morphine administered, the greatest quietness observed, and all such other measures carried out as would be considered requisite after a laparotomy. Healing was very soon effected, and the patient became so well in one fortnight that it was with difficulty I persuaded him to lie upon his back for six weeks —my prescribed time. No bad symptoms whatever followed the operation, and a few days ago I saw him going to his work—that of a tinsmith—feeling as well, he said, as he ever did in his life.

The third case was that of a young man about 24 years of age, who suffered from a complication of hernia, with imperfectly descended testicle. The testicle could be forcibly drawn down as far as the external ring, but was immediately retracted on being let loose, and remained in the upper part of the inguinal canal. The sac had been gradually elongated until the hernial protrusion passed in front of the testicle, distended the canal, and appeared as a spherical swelling over the front of external ring.

He had been advised from time to time to wear a truss, but, of course, on account of the testicle being situated beneath the pad of the truss, it was impossible for him to wear one. Suffering more or less pain constantly, and sometimes very acutely, in the testicle, and being unable to do any active duties, I proposed to him an operation for removal of the irritable testicle, and the cure of his hernia, to which he readily consented.

The preliminaries and concomitants of the operation were the same as those of the last case.

In cutting down, I came upon the sac of the hernia before reaching the testicle, because the posterior part of the sac was adherent to the front and upper part of the tunica vaginalis testis, the hernia lying in front of the testicle as in "hernia into the funicular process," but reaching *below* the testicle instead of remaining *above* it, on account of the undescended state of the testicle. The sac was separated from the constituents of the cord and stitched through with fine catgut, close enough together to maintain the two layers in exact apposition; a stout piece of catgut was passed through the cord of the testicle to prevent its retreating when severed, the tunica vaginalis was then opened, the cord securely ligated, the testicle cut away, and also the non-adherent portion of the tunica. The cord was held in place by the loop which had been passed through it, the sac was cut away beyond the line of stitches and returned, the edges of the canal refreshed, bleeding arrested, and three strong catgut ligatures passed through the pillars of the ring from side to side, and two of them at least passing through the stump of the cord in such a manner as to convert it into a plug to help fill up the vacancy which had been left by the removal of the testicle. The fascia and skin were approximated by deep, interrupted and superficial, continuous sutures, collodion and iodoform applied, and antiseptic gauze, absorbent cotton and a firm bandage over the whole. After-treatment, similar in all respects to the former case, even to the six weeks in bed, was carried out, and no rise of temperature or other bad symptom were ever present to cause the least anxiety. In none of the foregoing cases was a drainage-tube used; the wounds had been diligently douched and sponged with a warm solution of water containing HG Cl_2, the dressings were all antiseptic, union by the first intention was confidently expected, and we were not disappointed, and they seem to me worthy of being classed as safe, speedy, and permanent cures.

The fourth case is one at which I only assisted, but as it is another testimony in a favor of the safety of cutting down upon herniæ, I deem it worthy of being reported.