

pose is to show that they are not at all dangerous ; and I cannot but believe that it is calculated to do a great deal of mischief. In the same way, about every five years, some one comes out in the journals with the important discovery that uterine injections are perfectly harmless ; but if you should happen to question the writer about the matter some little time afterward, you would almost invariably find that he had given the matter up, although he might not, perhaps, explain very fully the reasons which had induced him to do so. So, too, in regard to the use of intra-uterine stem pessaries. Very enthusiastic advocates of the instrument from time to time arise, but after a while you find that they all give it up. Yet I myself am in the habit of using both sponge-tents and stem-pessaries in my practice ; although fully recognizing, as I do, the dangers connected with their use, I do not resort to them unless I believe it to be absolutely unavoidable. It is just three years ago since I put in my last intra-uterine stem, and this is the first day that I can consider the patient out of danger of a fatal result from its effects. Then, why use such agents at all, you may ask. Simply because in certain instances the object desired can be accomplished in no other way. The simple passage of a catheter has been known, in occasional cases, to produce urethral fever, lymphangitis and death ; yet no one would think of abandoning the use of the catheter in general, in consequence of such an accident. In the same way we continue to use sponge-tents. But we are fully aware that serious consequences may possibly result ; and I would not have you deluded into the idea that they are by any means free from danger. I do not suppose a fortnight ever passes without my introducing at least one sponge-tent ; but I make it a rule always to inform the friends of the patient (not the patient herself) that the procedure is attended with a certain amount of risk. This I consider to be the duty of the medical attendant in every instance ; for if he should announce that the introduction of a tent was a trifling operation, not in the least dangerous, and in four or five days afterward the patient should die from peritonitis in consequence of it, he would certainly be placed in a very unenviable position. Such an unfortunate occurrence can always be avoided if you recognize the dangers incident to such a method of treatment ; and if you consult any gynecologist of experience and frankness, he will tell you that there is danger in putting anything whatever into the cavity of the uterus. Even cotton which has been saturated with thymol or carbolic acid may give rise to the most serious consequences, if allowed to remain in the uterus for twenty-four hours ; and the same is true of the mere passing of the uterine sound.—*Med. and Surg. Reporter.*

OPERATION FOR THE RADICAL CURE OF CON-  
GENITAL INGUINAL HERNIA IN THE CHILD.—

Dr. George Buchanan, finding Wood's operation with pins unsuccessful in his hands, determined to perform an operation consisting of opening the sac and obliterating the canal by the introduction of strong sutures. He reports the case of a male child, of 16 months, who was the subject of congenital inguinal hernia, which was observed shortly after his birth. It had grown with his growth, and when examined, was the size of a turkey's egg, and distended the left side of the scrotum. Trusses had failed to keep it in place. When it was reduced the finger could be pushed into the abdomen, but the gut came down alongside of it. The operation was as follows :

The patient having been chloroformed, the rupture was returned and kept up by the finger of an assistant ; a longitudinal incision was made along the whole length of the sac, from opposite the internal ring to the bottom of the scrotum. This divided all the textures down to the peritoneal sac, which, as usual, had been thickened by the presence and movements of the hernia. With the handle of the knife and a few touches of its point Dr. Buchanan separated the sac from its superficial structures, leaving the posterior part lying over the cord, which was seen behind. He then divided the sac into two halves by a transverse cut, except at the back, where it was adherent to the cord. One-half was folded down over the testicle so as to form a sort of tunica vaginalis. The upper half was rolled into a ball or plug, which he pushed into the internal abdominal ring, and had it kept there by an assistant. The walls of the inguinal canal were now approximated as in the operation for radical cure of hernia in the adult. Pushing aside the structures so that the relations of the ring and canal could be seen, a strong nævus needle was pushed through the external pillar of the canal at a spot opposite the internal ring. Then, guiding it with the point of his left forefinger lying in the internal ring, he made it lift up the lower border of the internal oblique muscle and emerge through the internal pillar of the external aponeurosis, about half an inch above its lower edge. A strong waxed-silk thread was now passed through the tissues with the aid of the needle, and this was followed by a second, including the rolled-up bit of sac carefully placed with its external raw edge outwards. The edges of the external ring were now drawn together tightly above the cord by a strong silver wire made to take a very strong deep hold. For this purpose it passed through the tendon of insertion of the internal rectus. The wire, when drawn through, was clamped and retained by a little rod of silver. The silk threads and wire hung out of the bottom of the wound, which was closed with antiseptic precautions. The child was placed on a St. Andrew's cross, the upper arms of which were joined by a sheet of calico, on which the body rested, the legs being