greater force at the coming meeting at Toronto in June. You will pardon me, I trust, for mentioning one matter which I have frequently heard spoken of, and that is, that in the management of the affairs of the Ontario Medical Association the men from eastern Ontario seem to be somewhat slighted. This may never have been done intentionally. However, while the Association has been in existence now nearly five years, and a new President has been chosen each year, no one east of Toronto has ever been selected for that honorable position. It is true that each year some eastern man is selected for vice-president, but at the close of the year, instead of being promoted to the presidency he is retired and another chosen for the vacant position. Some of us think that when a man has been selected as vice-president, he should, before being retired, be allowed to have the honor of the presidency. I am glad to learn that some who take a prominent interest in the Association have stated that the present vice-president from eastern Ontario will likely be selected president for the ensuing year. If this is the case I am sure no one will express or have reason to feel the slightest dissatisfaction. One more suggestion and I will stop. Let some effort be made to suppress the paper fiend—I mean that individual who turns up at every meeting with a paper or something which he must read, and although no one but himself thinks his production is a clever one, yet he seems to think it necessary to take up valuable time which might better be devoted to interesting discussions on the different reports. These discussions always bring out the views of some of the best medical men in the Province, and are most instructive to the oldest of us. The Association should not be divided into sections for this divides the interest, and usually the room of one section is full while that of the other is almost deserted. Perhaps these suggestions will do no harm.

Yours, OLD SCHOOL.

Selected Articles.

CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

Hernia.—In old people with long standing hernia the curative action of a truss cannot be looked for; but in all recent cases at all ages a truss must be applied, not simply as a palliative, but in order to effect a cure. The younger the patient, the greater is the probability of this good result. The hernial protrusion, after it has once been reduced, should never be allowed to come down again. Although in the recumbent posture the chances of the hernial protrusion occurring are diminished, still, as any exertion, as in the act of coughing, may during the night cause the protrusion, a truss should be worn day and night. During the night less pressure is required to keep up the hernia, and if a spring truss is irksome to the patient the hernia may be kept up by a thick pad of layers of lint or layers of flannel, fixed in position by an elastic spica bandage.

(*a.*) In inguinal hernia a double spiral truss is preferable to a single-headed truss In young children the presence of an inguinal hernia on one side indicates a tendency to hernia on the opposite side; in the adult the same factor is at work, although in a less degree; for this reason the use of the double-headed truss is indicated. A double-headed truss also fits more comfortably, and gives that general support to the lower part of the abdominal wall which renders the patient infinitely more comfortable than if he used simply a single-headed truss. In inguinal hernia care must be taken that the pad of the truss does not press on the spine of the pubis. In the oblique variety the principal pressure should be over the situation of the internal abdominal ring, and the head of the truss should not extend to a lower level than immediately below Pourpart's ligament. Otherwise, when the patient stoops, the tissues of the thigh, pressing on the lower part of the head of the truss, are apt to displace it in an upward direction and render it inefficient, the hernia escaping below it. Although in some rare cases a perineal band may be necessary, every endeavor should be made to avoid its use, as it is irksome. The wearing of a piece of boracic lint below the pad of the truss prevents chafing and irritation of the skin, and the parts are kept dry, the presence of the lint allowing of free evaporation. The pad must be flat and have no tendency to press into the inguinal canal. All that is required is to support the weakened wall, and any pressure into the canal tends to weaken by atrophy the structures which form its walls, and in this way to prevent a radical cure. Everything should be done to imitate Nature's way of curing a hernia, namely, by contraction of the neck of the sac and contraction of the fascial structures which surround the neck of the sac. The surgeon should see to the application of the truss himself. The weaker the truss the better, as long as it fulfils its object, keeping the hernia up. Each time the hernia is allowed to come down the tissues are stretched. The good work of weeks is undone by a single protrusion, and hence the im-