

Catgut has the objection that it would be absorbed too quickly. Silkworm gut may act as a foreign body, and though it may remain an indefinite time in the tissues without causing any trouble (we have found it perfect, eight months after being used to suture torn muscles), yet at any time it may set up irritation. Chromicized catgut has the same objection, sinuses may form and the patient be subjected to the inconvenience of delay in the healing process as in Case 3 above referred to. Hence, a suture material which will not be absorbed too quickly, *i.e.* within two months of introduction, or act as a foreign body, is essential, and these conditions are fulfilled by kangaroo tendon (Dr. W. B. Coley, N. Y. Medical Journal, Feb. 1895).

While Bassini's so far has given the best results, yet there are some defects associated with the method:—A new canal is made for the spermatic cord bounded posteriorly by the union of the Int. oblique and Transversalis with Poupart's, and anteriorly by the aponeurosis of Ext. oblique, hence the cord is stretched more than it usually is, is on a higher level than normal, and, passing from the abdominal cavity to the newly made canal, turns more or less sharply around the outer edge of the Internal oblique where it is sutured to Poupart's ligament. Again, the separation of the cord from the sac is done by a tearing process, and thus there is always a possibility of union occurring between the injured connective tissue of the cord and the line of suture, hence, injury to the spermatic cord or testicle is always possible, and in many cases does occur.

Stinson of San Francisco, proposes in the December number of the *Canada Lancet*, a modification of Bassini's with reference to the situation of the cord and an improvement in the treatment of the neck of sac. He does not ligate the sac, as in Bassini's, but cutting it off as high up as possible, sews by a continuous suture the edges of the cut peritoneum, claiming that the ligated sac will always present a slight cone formation or depression internally, which might tend to induce a recurrence.

To obviate the injury to the cord he sutures the Internal oblique to Poupart's in front of the cord, and leaves a small opening for that structure below the Internal oblique, but this latter seems to us as much at fault as Bassini's, for, as the natural direction of the cord is oblique and as he leaves only a small opening near the pubic bone, the cord will turn more or less sharply around the lower edge of the Internal oblique just as in Bassini's it turned around the outer edge, and, if he left a larger opening it would interfere with a satisfac-