

careful of course not to constrict the cord. It only remains to suture the skin; no drainage should be made.

In suturing the internal oblique and transversalis to the shelving of Poupart's ligament, it would not be difficult to injure the femoral vein. To remember this is the best guarantee against accident.

Dr. Dawbarn, of New York City, makes quite a material modification of Bassini's operation in transplanting the testicle from the scrotum to a point just inside the internal ring behind the peritoneum. It is quite easily done, so he tells me, and I must say that theoretically it seems to me most worthy of a fair trial. I mean to follow his method in my next case. The cord is gently wrapped around the testicle, and it is transferred to its new position. Some have suggested transplanting the testis to the abdominal cavity, but experiments on the lower animals have shown that the organ soon atrophies, due, so it is said, to the digestive action of the peritoneal fluid. The problem has ever been to get rid of the testicle and cord as factors in causing a recurrence of the hernia. It is well known that castration was frequently practised in early operations for the radical cure of hernia, and was carried on to such an extent that it was positively forbidden by the State. If the testicle can be transplanted and its functions preserved, it is certainly a "consummation most devoutly to be wished."

*Halsted's Operation.* This is preferred by many to the method of Bassini. The two operations differ only in two essential features; the chief difference is in the fact that Halsted removes the veins of the cord where they are in the least enlarged, which will be, according to a recent statement of his, in seventy-five per cent. of all cases. In the last few days he has cautioned surgeons against the too free incision of the veins on account of the atrophy of the testicle which results in a certain percentage of cases. The next material difference consists in the cord being placed superficial to the aponeurosis of the external oblique muscle, and being covered only by the skin and cellular tissue. The suturing is done with buried silver wire. It remains to be seen whether he will have better success with the wire suture than Scheds, Banks, Ball, and others, who have given it up on account of the trouble which it caused. It seems to me that the chief objection to Halsted's operation is that he does not construct a new oblique canal for the