

tion of the omentum or bowel and were only saved by immediate operation; while others had reflex disturbances of distant organs such as the heart and brain, which while not dangerous to life yet caused sufficient misery to require the patients to be constantly under medical treatment. And although, as will be presently shown, the hernia can easily be cured, yet the general welfare of abdominal surgery demands that every precaution should be taken to prevent the necessity of doing a second operation. It may have been the experience of many of you, as it has been the writer's, that patients who need an abdominal operation frequently demur and object to the operation simply on the ground that once a woman has one operation she will have to have a second and perhaps a third. This erroneous idea has been traced more than once to a single instance of some friend whose primary operation for the removal of an ovary has been followed by a second one for the removal of the other one and a third for the cure of hernia. In fact, this has actually happened in the writer's own experience.

No argument, however, is necessary to prove either the frequency of ventral hernia, nor the great desirability of reducing its occurrence to a minimum. Before taking up the question of its prevention let us for a moment glance at the causes of the accident. Although they are many, they may all be included in one category; anything which prevents primary union of the cut surfaces of the middle layer of the abdominal wall, or which allows the newly united surfaces to be drawn apart before the union has been sufficiently well organized to hold the edges together. By the middle layer is meant the recti muscles and the fascia of the linea alba; by the inner layer is meant the peritoneum and by the outer layer is meant the fat and skin. One cause which is not generally recognized is the drawing of the peritoneum up between the edges of the middle layer so that they are prevented from approximating. This is caused by taking too much of the peritoneum into the bite of the stitches so that when they are tightened up the peritoneum is squeezed in between the raw surfaces, thus preventing them from adhering to each other. By taking in only an eighth or a quarter of an inch of peritoneum this cause could be avoided. It