

JANUARY MEETING.

President, DR. J. E. GRAHAM, in the Chair.

Radical Cure for Hernia — Dr. A. PRIMROSE presented a patient upon whom two years previous he had done Halsted's operation for the radical cure of inguinal hernia on the right side. The patient was a boy aged thirteen, admitted to the Hospital for Sick Children in October, 1893. He had suffered from the hernia since infancy. He was a very active boy and would not wear a truss, obstinately pushing the pad off from time to time. As the hernia was increasing in size, operation was advised. This was performed on 26th October, 1893, under chloroform. An incision was made, beginning at a point $1\frac{1}{2}$ inches above the external ring to the internal ring, and carried downward and inward to the external ring. The incision was carried through the entire thickness of the abdominal wall, laying bare the peritoneum throughout the whole extent of the incision and exposing the spermatic cord and the hernia. The sac was isolated from the cord; it proved to be an acquired hernia. The peritoneum at the neck of the sac was closed off by a series of mattress sutures. The cord was dissected out. This proved to be the most difficult part of the operation on account of the smallness of the vas. The sac was cut away below the line of sutures. At this juncture the child vomited, and the straining caused the bowel to escape just above the uppermost suture, caused apparently by the splitting of the peritoneum upwards in the line of severance at the neck. To avoid recurrence, a suture was put in at the upper angle of the opening in the peritoneum in such a way as to include the angle of the wound in the loop of the ligature. The muscular wall of the abdomen was now united by mattress sutures through the entire thickness, from the uppermost limit of the incision to the pubes; closing completely the old external ring. The cord was held aside during the procedure, and was allowed to make exit from the abdomen at the level of the internal ring between the first and second mattress sutures. The cord now lay on the surface of the external oblique aponeurosis on its way to the scrotum. The skin incision was then united by continuous suture. The wound was dressed with a pad of iodoform gauze and absorbent wool and a firm spica bandage. The superficial stitches were removed on the fifth day after the operation. On the twelfth the wound was dressed for the second time and was found completely healed. The boy was then examined by the Fellows. The case seemed to be one where thorough radical cure had been effected. The cord could be recog-