

anything to do with hernia. The writer covers the incision with sterilized boracic acid.

We now come to the cure of ventral hernia. If the hernia is a small one, the ring not measuring as much as an inch in diameter, it may be cured by the following simple method which the writer employs in small umbilical hernia, namely by means of a single buried purse string suture of silk worm gut, passed in the substance of the ring and about a quarter of an inch back from the edge. The latter will have been freshened by the removal of the sac down to the peritoneal surface of the ring, so that when the single stitch is drawn tight it puckers up the ring until the opening is completely obliterated. It is then tied and the ends cut short. The relaxed skin should not be removed, but carefully brought together. It is surprising how its redundancy will disappear in a few days. If the hernia is a long one a different method must be employed. The following case in the writer's practice well serves to describe his method. The patient was one of the first cases of abdominal section performed in Montreal by one of our oldest operators but it was in pioneer times, and the stitches were removed in six days, with the result that there was an enormous protrusion of the bowels through an opening at least ten inches in length and six inches wide. As the skin was exceedingly thin and the bowels laid almost next to it, an incision one-sixteenth of an inch deep from without inwards would have gone into the intestine. To avoid this a director was introduced through a small nick in the skin above the hernia, and the skin was cut all the way down from within outwards on the director. The intestines were adherent to the whole length of the fascia which had originally united the edges of the incision, but which had spread out into a thin membrane after the stitches had been removed. As it was impossible to remove this without injuring the bowels, it was cut off the abdominal wall and the intestines were dropped into the abdomen with this part of the abdominal wall attached to them. The edge of the recti muscles were then sought for and found with some difficulty, and the fascia covering them was split up on each side and twenty-five buried silk worm gut sutures then brought the muscular surfaces in contact, as well as the peritoneum and fascia, leaving a thick line of union.