

knees are turned very slightly outwards so as to give room to examine the groin and also leave it free. This, when the thigh is flexed, will not appreciably tighten the fascia lata. The body is slightly bent forwards, the face turned downwards. This throws the strain of standing onto the posterior group of trunk muscles and removes the postural strain on the abdominal muscles present in the erect position. The patient is to hold his mouth firmly closed and pressing his nostrils between thumb and forefinger after taking a breath, closes the nose tightly and blows, allowing no air to escape. The face should turn red, the veins stand out. (Signs of straining). At this moment the examiner palpates the suspected hernial opening. If a mass gradually becomes perceptible and progressively increases in size, and especially if resonant on percussion, a hernia is most certainly present. The progressive protrusion into the hernial sac I attach great importance to. The patient can rest and repeat several times until ample time is given for an investigation that settles the question one way or the other.

It is true that the abdomen will be tense, but it is a tension due to intra-abdominal pressure, and where the fibres are stretched rather than contracted.

That this almost vertical position, combined with forward bending, does actually relax the abdominal walls is well shown by Alfred E. Thayer, M.D., in the *International Clinics*, Vol. 4, series 15, 1906.

If a hernial sac does exist, the above method will almost certainly cause a protrusion of some of the abdominal contents which advance in a steady manner, so far as they are allowed by the size of the hernial sac into which they go, and its extent.

Other methods of producing steady intra-abdominal pressure, such as trying to blow up further an already full football bladder, etc., may be used on especial occasions, though the above method has given very satisfactory results in my own hands.

Babies may be held up under the armpits in the position described and by getting them to cry, the hernia will come down. It is advisable to have their feet touching a surface, as this can be used to make their knees bend.

I have tried this method, which I discovered some four years ago, on several hundred persons whom I have examined for the presence of hernia. On not a few occasions it has shown a hernia to exist where other methods failed.

It was suggested to my mind by seeing a woman straining in labor and making evident a small umbilical hernia which was unsuspected and which between pains was not made apparent by coughing.