

modified somewhat the operation since you saw it, and was anxious to see the result. The method I now adopt is, 1st to invaginate the scrotum into the canal and feel for the lower border of the internal oblique,—raise this on the finger, and then you are sensible of the presence of the conjoined tendon to the inner side. An assistant then draws the skin of the groin gently towards the median line. One of the needles is then passed down on a level with and to the inner side of the internal ring, till the point is felt by the invaginating finger on the inside of the nail. This finger is then slowly withdrawn, and the point of the needle pressed closely down after it; as it emerges from the external ring, the point of the needle is made to transfix the internal pillar, close to the crest of the pubis, and is then brought out through the scrotum, as far outward as possible. Another needle is then taken, and its point passed under the skin of the scrotum through the same aperture, as that by which the first needle emerged. The invaginating finger is then passed into the canal a second time, behind the needles, carrying the point of the second needle before it, as high as possible behind the outer pillar or Poupart's ligament. The point of the finger is then lifted so as to protrude the external pillar and in this position the needle is made to transfix it. When the point of the needle is seen under the skin, the invaginating finger is withdrawn, and the needle made to emerge through the same aperture in the skin of the groin as that at which the first needle entered, by drawing the skin outwards or as near to the first puncture as may be possible.

The point of the first needle is then cut off, and the needles are locked into each others loops. Then the point of the second needle is cut off, and the needles twisted round each other, care being taken to protect the skin near the punctures by lint and adhesive plaster. A pad of lint and a bandage is then applied firmly. The needles are left in, from a week to a fortnight, according to the symptoms. A good deal of consolidation is the result; the sides of the canal in the track of the ligatures are consolidated, and united to each other in their closely twisted position. A truss should be worn afterwards for six months or longer as the case may require.

The object of the operation is to set up the tendency to contraction which should normally take place in the canal of nuck, and so, to close the aperture. Hoping you will find the above sufficiently plain, and apologizing for my delay, believe me,

Yours most sincerely,

JOHN WOOD.

Dr. F. W. Campbell, Montreal, Canada.

The needles employed, have a angle with a small loop, one of the needles being slightly curved, the other perfectly straight.

Montreal, Aug. 1, 1862.