

None of the methods of invagination seem to succeed in effecting a radical cure to the extent desired by both patients and surgeons, and hence this principle of curing a hernia has, as far as I can learn, fallen into well-merited neglect.

Sewing the pillars of the ring together and closing the whole canal is certainly the best method of procedure, and the one that offers any reasonable hope of a radical cure. Several contrivances have been introduced to do this subcutaneously, and some good work has been done in this direction. Mr. Dunnett Spanton, of Leeds or Liverpool, I forget which, some years ago described in the medical journals an instrument shaped somewhat like a corkscrew, with which he united the sides of the canal over his finger invaginated with the integuments into the canal. This found favor for a short time, but now we hear no more of it. The plan carried out by the late Mr. John Wood, of London, England, and used by him for about thirty years, has so far given the best results of any operation extensively practised, both as regards the fewness of deaths and the number of permanent cures. He performed in all nearly four hundred operations, two hundred and twenty consecutively, without a single death, and only two deaths after he had done two hundred and forty. He thinks his successful cases, as to cure, must have been about seventy-five per cent. This operation of Mr. John Wood's is not difficult to perform, is partially subcutaneous, and has, undoubtedly, given very fair results; but although it is not difficult to perform, practised manipulation and experience are required for its performance and in selecting the cases favorable for it, and likely to give good results. Mr. Wood himself attributes his better success in his latter cases to his increased expertness from much experience. His words are: "Something considerable, too, must be allowed for improved manipulation and dexterity in operating, in the later cases, and for matured judgment and experience." I need not detail Prof. Wood's method, as it is well known.

More than 20 years ago, however, Prof. S. D. Gross, of Philadelphia, used the following words: "The most rational radical treatment of hernia is undoubtedly the *direct*, as it may be termed, consisting in cutting down upon the parts, refreshing the edges of the opening of descent, and approximating them with wire sutures, either perma-

nently retained, or until complete consolidation has been effected." Although he had performed this operation only twice, he was so pleased with it that he recommended it to others. "The proceeding," he says, "is easy of execution, and does not, if the system has been properly prepared by rest, abstinence and other means, involve any particular danger." He further says, "It will, if properly executed, be much more likely to answer the purpose, than the process of invagination now so much in vogue, and, for the most part, so worthless."

It is well for us to remember also, that these words were written before Listerism and animal ligatures had given their mighty impetus to the surgery of previously inviolable parts, and ere laparotomy had taken its place amongst common operations, and proved itself to be as free from danger as the amputation of an arm or a leg.

A direct closure of the canal by cutting down upon it, paring and properly stitching its sides together, has, with some modifications, been practised by Professors Annandale, of Edinburgh, Stokes, of Dublin, Mr. Banks, of Liverpool, Sir Wm. McCormack, of London, Tillanus, of Amsterdam, M. Reverdin, of Geneva, and last, but by no means least, Dr. O. Marcy, of Boston, U. S. These surgeons have all done noble work in the matter of improving the operations for the radical cure of hernia; and we trow that with these eminent examples before us, and with our own Canadian efforts, on the same lines, directed towards continual improvement in this branch of surgery, aided by anaesthesia, Listerism and animal ligatures, perfection will soon be reached, and a neglected and uncured hernia will be as reprehensible, and as uncommon, as a gaping harelip or an unreduced dislocation.

The first case on which I operated in this direct manner was a young girl on whom the hernia had descended and become strangulated. Strangulation had persisted for about 24 hours, when I was summoned to it, the taxis had failed to return the parts, and nothing short of an operation for strangulated hernia offered any chance of relief. I proceeded to operate in the usual manner for inguinal hernia, but after having reached the sac and enlarged the internal ring, I found indications of adhesions within the sac and thought better to open it. There were adhesions between a