

anterior layer—I simply overlapped the posterior layers and fascia in one direction, and the anterior layers and fascia in the other. So far as the operation as described by Dr. Elder, is practised in the lower zone, I think it is by long odds the best operation for the purpose, but for umbilical hernia I found it not possible to carry out.

DR. MONOD:—In this connection I have been taught to do two things, *viz.*, to increase largely the fibroid orifice through the linea alba and to open the sheath of the two muscles and bring them together, taking as much muscle as possible.

DR. ARCHIBALD:—The objection to reducing the hernia *en masse* is a very serious one; it seems to me that reducing a hernial sac with the contents inside would give opportunity for strangulation by loops of intestine. For that reason it is unwise not to open the sac.

DR. ELDER:—I think this purse string suture round small umbilical herniæ would only likely be beneficial in the infant variety; I do not think in the adult it could be depended upon. The method of curing ventral hernia by opening the edge of the sheath of the rectus is my idea of the Champannière method, which is a very old method indeed, and is a different idea from dissecting and overlapping of the two recti. With regard to the question of returning the sac, what I meant to say was in large ventral hernia due to separation of the two recti muscles, there is no particular objection to opening up this sac. But in umbilical hernia with a definite sac with a narrow neck, it would be well to see what the condition of the inside is.

DR. GARROW:—A case of congenital dislocation of the hip, reduction by manipulation. Illustrated by living case. Page 881.

DR. MONOD:—During two years in the Children's Hospital in Paris, I saw a good deal of this work and have myself done a little. I saw the first case operated on there by the Lorenz method. There is in all these cases a very slight shortening of the limb, and it seems to me that it is due to the fact that the natural cavity is not deep enough to keep the head. With regard to the other operation I should like to have seen the case, and to know why the bloody method was followed. Hoffa, who has done a great many of these operations, now employs the Lorenz method almost entirely as having more advantages.

DR. ELDER:—The lessons to be drawn from the case are more especially noted in the skiagraphs. From these may be shown the conditions which would favour the one operation, while others would show conditions favouring the other. In the first case the skiagraph shows a fairly good acetabulum, and with this one might easily hope to get the head into the cavity with a good result; but where there is no acetabulum, little is to be hoped for by the Lorenz method, but much more by the open method, and the skiagraph will, it seems to me,