

have watched as guardian goddesses over the pains and dangers of surgical operations, it has been possible to undertake lengthened and extensive sections and re-adjustments of parts for the cure of herniæ, as well as for other affections which would have been reprehensible in the extreme before these two almost divine agents came to our aid. Although my experience in operations for radical cure is not, and cannot be, as extensive as that of many others, yet, it seems to me, but right to record it. Very few men in any age can say, like Sir Henry Thompson, "I have now completed one thousand operations for stone in the bladder." Or like the late Mr. John Wood, of London, who could give the results of 400 operations for hernia. Nevertheless, if each one of us records his operations—his successes and his failures—we may in a short time build up a collective experience which will give to "this Canada of ours," a name and a place in the medical and surgical literature of the world.

To-day, I shall give the results of three cases operated on by myself, and one operated on by a medical friend, whom I assisted, and they were all that could be desired, there being no bad symptoms after the operations; healing taking place in a short time, and no return of the hernia up to the present period.

In looking over the literature of this subject one finds that many plans have been recommended by various surgeons, the statistics of some of which are not very encouraging. Injections into the inguinal canal of substances more or less irritating, such as decoction of oak bark, tannin and glycerine, alcohol, tincture of iodine, etc., have the sanction of men of ability and experience, such as Keetly, Pancoast and Velpeau; but published statistics have not been sufficiently gratifying to give this method of cure a permanent place amongst the surgical operations for hernia. The object aimed at in this operation is to set up a sufficient amount of inflammation to throw out enough plastic material to effectually plug up the opening, and adhering to the sides of it, to bridge it over by a resisting layer of organized tissue. Sometimes the inflammatory action may fall short of accomplishing its purpose; sometimes it may go too far, and not only do permanent injury to all the parts concerned, but may endanger and even destroy the life of the patient. It cannot, there-

fore, be looked upon as a commendable operation. Other plans, such as exposure of the sac, ligation of its neck, excision of the protruding portion, incisions made into it and irritating substances applied to it, for the purpose of exciting adhesive inflammation, and, in scrotal herniæ, the removal of the sac and testicle, have all been practised with more or less success. Removal of the testicle on the affected side, for the purpose of rendering the pressure of a truss more tolerable, was suggested by myself in my thesis written thirty-two years ago the present spring, and I still think that in certain cases this procedure would be advantageous either for the wearing of a truss or for a radical cure of the hernia.

Subcutaneous scarification of the neck of the sac, followed by the pressure of a truss, was proposed and carried out by Guérin, but, as a curative measure, the operation is almost useless. Gerdy's operation, which consists in invaginating the skin into the inguinal canal, fastening it there by a couple of strong sutures passed through the apex of the invaginated structures and tied over a piece of bougie on the front of the groin, and the denuding of the invaginated portion of skin of its cuticle by strong liquor ammoniæ, has, on account of the ease with which it could be performed, and the *prima facie* promise of cure it held out, been practised a number of times; but on account of accidents and failures it has not held its place, and is now seldom or never practised.

In 1836, Bonnet, of Lyons, proposed and carried out a system of acupuncture, consisting of a number of pins so passed through the skin and fascia as to transfix the hernial sac (it first having been emptied of its contents) and the adjoining structures at several different points, leaving the pins there until ulceration of the skin began, then withdrawing them and using gentle pressure to secure adhesion of parts. Eleven operations, two deaths, five failures, and only four cures, did not warrant this method worthy of perpetuation.

Various modifications of Gerdy's plan of invagination have been proposed by different operators, and several very ingenious instruments have been devised for the purpose of perfecting the radical cure of hernia by invagination and fixation of the invaginated tissues. The instruments of Wutzer, of Bonn, and Agnew, of Philadelphia, are certainly the most practical.