

small it can be ignored. (5) Gastro-enterostomy from both pouches. (6) Partial gastrectomy—the operation of choice in malignant stricture in the body of the stomach.

The contribution is based upon the following cases:—

Perforating gastric or duodenal ulcer, 12 cases, 6 deaths; gastro-enterostomy for chronic ulcer, 70 cases, 1 death; pyloroplasty, 3 cases, 0 deaths; hour-glass stomach, 15 cases, 3 deaths; gastroplication, 1 case, 0 deaths; excision of ulcer for hematemesis, 1 case, 1 death.

A Criticism of Current Doctrines Concerning Hernia.

EDWARD DEANESLEY, M.D., F.R.C.S., Eng., Honorary Surgeon Wolverhampton General Hospital. "A Criticism of Current Doctrines Concerning Hernia." *British Medical Journal*, June 27, 1903.

The author's contention, briefly, is that oblique inguinal hernia, ordinarily regarded by surgeons as being in the majority of cases "acquired," is in reality always "congenital"; that is that even in the so-called acquired cases the hernia comes down through an unclosed tunicular process, present since birth.

In the first place, he argues, it is inherently probable. Again the frequently large size, narrow neck, and rapid development of the early inguinal hernia argue for a pre-existing sac as against an intact peritoneal wall. It is further well known that the first appearance of a hernia may be delayed for many years in a person in whom the funicular process is congenitally patent; and, indeed, this condition has been found not infrequently in patients who have never had a hernia. There is, therefore, "no difficulty in believing that a patent funicular process exists from birth in every oblique inguinal hernia, whatever the age at which it first appears." The question is not of merely academic interest; and the author draws the practical deduction, that, if every case is congenital, it can be completely cured by removal of the congenital malformation—that is, the sac—provided the operation is done soon after the first appearance of the hernia, or, at any rate, before the presence of the hernia or the pressure of a truss have produced secondary distension and atrophy of the muscles of the inguinal canal. Operation therefore should be the rule, and the truss the exception.

The Treatment of Gastric Ulcer.

JOHN C. MUNRO. "The surgical treatment of gastric ulcer." *Boston Medical and Surgical Journal*, 20th August, 1903.

Dr. Munro believes that sixty per cent. of all cases apply for relief too late, from a surgical point of view. He is of opinion that three-fourths of the diagnoses based upon chemical analyses are of no value