

attended with risk, except in the weak and the aged," but says that "all methods of radical cure will be found unsatisfactory." Thus you will see that, to the majority of us in general practice, there are not many inducements to undertake the operation; unless when after operating on strangulated hernia, we may as well give it a trial and have the best authority advising us thereto; also in some rare cases when the truss will not effect its purpose. But there can be no doubt that still, as of yore, a properly adjusted truss, particularly in the young, maintains its position as the best means of effecting a radical cure, and the remarks of Lawrence, in summing up the criticism of the radical cures in his day, *mutatis mutandis*, apply with some degree of force at present. He says, "the subject of an incarcerated rupture submits to an operation in order to save his life; but he, whose hernia is reducible, endangers his life to get rid of an inconvenience, and the operation affords no greater prospect of recovery than he had without it; for after he has undergone an operation at the hazard of life, the complaint may return, and the only protection against relapse is to wear a truss.

And now, gentlemen, allow me in concluding to express the hope that my thirty-five years, experience of the subject, as it occurs in general practice, may prove advantageous, if not by intrinsic merit, yet by the practical, useful discussion it will evoke; of one fact you may be sure, that I sketched from Nature, whether the draft be true or not. I intended a summary of our present knowledge of the affection, but it is long since anything original has been said on the subject. It has assumed much larger proportions than I intended; yet all the points presented are worthy your attentive consideration.

I need not remind you that the surgery of the present day is bold, active and progressive; never in its history has it occupied so lofty and so brilliant a position. The field of its operations is ever widening, until the imagination scarcely realizes the limit to which it may attain, so the busy general practitioner finds it difficult to keep pace with its progress. Yet the keen competition he has to fight with continually spurs him on. Great, therefore, must be his gratification to have a tribunal such as this to appeal to, where the criticism of different prac-

tical minds sifts and analyses for him; so much diversity of opinion separating what is conservative and judicious from that which is rash and reckless; so enabling him to carry away knowledge complete and condensed to be utilized when the emergency arises. Nor need he tire of waiting recollecting that the great test of truth is time, nowhere more fully realized than by this subject.

When coming here I asked a very good friend of mine to come with me offering as an inducement that I was to read a paper. He replied, "I think not; all you fellows who read papers fly too high." I will fly low; perhaps I have too well fulfilled the promise.

My anticipations have been made agreeable by the fact that there has been associated with me men of well-known surgical skill and experience of acknowledged reputation.

I must express my gratitude to the President, by whose courteous consideration I have been honored with the position of initiating this discussion, more particularly when he might readily have had men much better qualified to perform the duty.

Finally, I thank the members for their forbearance, which I feel I have over-taxed. Their well-known good natured kindness justifies me in expecting that to all the defects of this review they will extend a palliative, if not a medical, cure.

NOTE REGARDING OPERATIONS FOR LACERATED PERINÆUM.

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It is amusing to look over the text-books and read the mystical accounts given of a supposed mystical operation. I would like to enumerate the operations for the repair of a simple injury. Their name is legion. Take, to begin with, Emmet's book. The preliminary directions given are so complicated that the ordinary practitioner would require great courage before he dare attempt to repair a ruptured perinæum. The patient is to have purgatives for a whole week before the operation; an enema is to be given in the knee chest position; then follows