

Selected Articles.

RADICAL CURE OF INGUINAL AND FEMORAL HERNIA.*

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I shall not spend any of my limited time in discussing the propriety of radical cure operations, as I consider that question settled. Five years ago there was room for honest doubts, and the writer candidly admits that he shared them, as to whether herniotomy should be done except in conditions of strangulation. New methods carried out in a thoroughly aseptic way now yield results quite as good as follow other well-established and unquestioned surgical procedures. The term "radical cure" has led many surgeons to expect permanent relief in every case operated upon, a position which is unfair and not true of other operative measures in surgery.

I shall endeavor to prove that herniotomy is less dangerous than any of the major operations, and followed by lasting results which compare favorably with the best of them. What more can be reasonably asked or expected? The question, then, is not whether we should operate at all, but when to do so, and what method to choose.

At the present day surgeons are more optimistic than they have ever been, and are doing a far greater number of herniotomies than was ever known in the world's history. The limits of the operation, therefore, are becoming enlarged rather than restricted. Cases which were formerly considered inoperable and treated by mechanical means are now promptly submitted to the knife as yielding better and quicker results. Surgeons agree in the main as to the conditions requiring a radical operation.

First. An operation for the relief of a strangulated hernia should, whenever practicable, be supplemented by a radical cure.

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