

Radical Cure of Hernia.

W. T. Bull and W. B. Coley, in the *Journal of The American Medical Association* for September 21, give an account of the experience at the Hospital for Ruptured and Crippled, in New York, since the introduction of the Bassini and Halstead methods of the radical cure for hernia. They call attention to the fact that the modification of the Bassini operation in the male, often called the Ferguson operation, was used by them as early as 1892, and also discuss the charge that most of their patients were children; it is true that a majority (1,034) were children, but they have operated on 900 adult patients and have found very little difference in the results. In the 900 adults there have been 13 relapses, 1.4 per cent. Most of the Bassini relapses occurred in direct hernia cases in which the only way of closing the opening above the pubic bone is by transplanting the cord cases very difficult to cure by any method. Hence we have a larger proportion of relapses credited to the Bassini operation than would be the case were the direct hernia operated on by the non-transplanting method. They emphasize the necessity of absorbable suture material and say that dividing their cases into two periods, those before the use of rubber gloves and those after, they find a distinct improvement has followed the use of the gloves. They are also inclined to accept Hamilton Russell's view that all inguinal hernias, except the direct, are due to a preformed sac or unlitterated portion of the processus vaginalis. They would, therefore, abandon the terms "congenital" and "acquired" and use instead the classification of total or partial funicular sacs. The authors are inclined to believe that many children under four

years old with hernia, can be cured by a properly applied truss, and that there is little risk of strangulation in these cases, while the risk of operation is decidedly greater than in older children. If a child has reached the age of three or four years and still has hernia, they advise operation. In children over four, they do not advise preliminary truss treatment, as the chances of cure are less and those of relapse greater. Truss treatment is never advocated for femoral hernia. Umbilical hernia can nearly always be cured by mechanical means: the authors use a pad kept in place by adhesive plaster and changed every week or ten days. This treatment may have to be kept up for one or two years. Trusses are seldom of much use as they are very hard to keep in position. An analysis of the 2,032 operations for the radical cure of hernia performed at the hospital between May, 1890, and July, 1907, is given: 1,902 were for inguinal hernia, 76 for femoral hernia, and the others for umbilical, ventral, epigastric and lumbar hernia. In femoral hernia the usual operation was simple closing of the femoral ring with a purse-string suture, after high ligation of the sac and removal of overlying extra-peritoneal fat. The results of this method are entirely satisfactory in the author's experience. They have operated on 114 cases of undescended testis, 25 of which were of the inguino-superficial variety, which they believe to be much more common than has been supposed. The mortality in the 1,978 cases of inguinal and femoral hernia was only 5, or 0.25 per cent. Details of the fatal and relapsed cases are given.