

been fully proven that children are more favorable subjects for the operation than adults. Certainly, if the weakness in the abdominal wall of the child be due to imperfect development of the structures, a cure may be obtained by the judicious pressure and support of a truss. But I think all will agree with me as to the difficulty of retaining a hernia in a restless, perhaps suffering child. The pressure irritation of the truss itself is also a factor not to be despised.

Age limit is indefinite. Marey has operated on children at 2 months and on men at 80. Infancy does not appear to militate against the operation. I have myself operated upon two cases of double inguinal hernia in children, one at 6 months, the other at 3 years. Both resulted in permanent cure.

Only last week, at the request of the attending physician, Dr. McPherson of this city, I operated on an infant at 2½ mos. for a very large congenital inguinal hernia, which they had utterly failed to retain by mechanical means. As to the opposite extreme of life to be selected for the limit, I should say that after the active period is passed it is a mere question of expediency which the patient must decide.

Dr. Garino, in analyzing 1,000 cases in private practice treated by truss, showed that about one-fourth were cured, i.e., remained so for six months without support. Mr. Spanton in his address before the International Medical Congress recorded the fact that out of a total of 96,866 persons relieved by trusses only 4.53 per cent. had been cured. Such facts might be multiplied, but to reduce our answer to question II. to categorical form I should say that the operation is indicated.

1. In children after a brief but careful trial of mechanical treatment has failed from any cause.

2. In adults with irreducible, inflamed, or strangulated hernia.

3. In adults who wish to enter the Civil Service.

4. In adults when the truss is painful or incompetent.

5. In adults when the truss interferes with the duties of life.

6. In all cases of femoral hernia (of this I shall speak later).

7. In all cases of umbilical hernia where a truss has failed to cure.

8. In cases complicated by a hydrocele or an abnormal position of the testicle.

9. In that large class of cases mentioned by Park where, owing to incompetency, ignorance, poverty or occupation, there is a lack of requisite time and care so necessary for the conduct of mechanical treatment.

Now as to the third question, with which the brief paper began, viz.: The method of operating. The plans by which the older surgeons endeavored to obtain closure of the ring and canal were as follows:

1. Irritation by injection near the pillars.

2. Irritation by pressure in the same location.

3. Subcutaneous suturing.

Since the advent of true aseptic surgery these methods are abandoned for obvious reasons and the modern open operation substituted. Among what may be called modern operators all are agreed upon certain points, viz.:

1. Strict asepsis is absolutely necessary.