

Bryant, of Bellevue, with admirable dexterity, dissects off the sac, and weaves it in plaits with the pillars of the ring.

Another operation by McBurney, of St. Luke's, New York, is worth mentioning. He submitted an account of it last February, with 38 cases, nearly all successful. He cuts down, raises the sac, separates adhesions, if existing, carefully removes contents, opens it, pushes his finger in the ring; ligates with catgut even with abdominal peritoneum, letting the ligature slip off his finger, ensuring absence of contents; cuts off to allow secure stump to hold ligatures; then with 4 to 6 sutures binds skin, fascia, external oblique, conj. tendon, same on the other side; packs the wound with iodoform gauze; puts in tension sutures with pledgets of iodoform gauze; stitches, and if need, drains scrotal wound; puts on package of gauze and cotton, secures tightly with bandage, leaves it two weeks, and after six weeks expects a solid scar support. Plaster of Paris is used with children, coated with shellac, and draws off the urine for the first few days.

In the discussion which followed, Stimson, Gerster, Abbe, Hartley, Syms, Kein, and others, strongly commended the operation, and gave it marked preference over McEwen's or Ball's. No truss is employed; he thinks it might interfere with development of scar. It is easy of performance. Dr. Gibney stated he had seen fewer patients with returns come to his hospital after Mr. McBurney's than any other operation. In addition to those I have given, we have the operations of Stokes, who opens the sac, stitches canal and pillars, leaving the sac in position; Alexander, of Liverpool, who ligates sac, flush with peritoneum; divides the neck, leaves sac in and does not suture the pillars. Annandale ties the sac, cuts it away, and stitches the opening. McCormac endorses Alexander's method. Many others might be mentioned with slight differences; they are all on the same principle. Since writing the above, I had the good fortune to meet in the *New York Record*, of last week, a paper on the subject of radical cure, read before the Surgical Association, at Washington, on the 15th of May last, by the eminent surgeon, Dr. W. T. Bull, of New York. Nothing could better illustrate the merits and standing of the operation than this does. It epitomizes a large

amount of labor, and gives what, in considering this subject, one would wish to have, to enable him to form an honest opinion, viz., a large number of different cases, operated on by an experienced surgeon, with every facility and aids to success at his command; not done by one particular mode, but by different ones, and tested by the important test of time. Therefore a summary of it will be a fitting conclusion to this subject. Dr. Bull's cases number 134 operations, extended over a period of seven years; they consisted of 77 reducible, 42 irreducible, strangulated 15. He arranged them in four series: first, 40, in which he ligated the sac at its highest point possible (this was an essential feature in all his cases); the portion below he cut out when small; when large, or containing the testis, he drained it for four days.

The second series, 39 cases, ligated sac as before, with catgut, also sutured the pillars of the ring, and the divided aponeurosis.

Third series: The main feature of this was that the anterior ball only was divided when impossible to reach the neck in any other way. This consisted of 19 cases.

Fourth series, 16 operations, all on children from 4 to 14 years, and all had been done during the past six months. Here he employed a variety of methods. Nineteen of his subjects were over 50 years. He had three deaths, and on four occasions, opened the intestine while separating adhesions, which however did well after being carefully sutured. Primary union was obtained in half of the first three series and in all of the fourth. As to results, in first series he traced 22, and of these, in the first year, there were 7 cases and 6 relapses; 1 to 5 years, 12 cases and 2 relapses. The second series showed, under one year, 5 cases and 4 relapses; from 1 to 4 years, 15 cases and 6 relapses. Third series, 20 cases in first year and 11 relapses; of the fourth series, 16 children and 5 relapses. In percentages, the first method gives 62.63 per cent. recoveries; the second, 60 per cent. Some used a truss after operation, some did not. He recommends a light one for some time after the operation.

His opinion, given with the remarkable candor and fairness, is "that the operation is justifiable; it gives relief for a time, and is not