that a considerable number of cases of congenital hernia show no tendency to spontaneous cure, even when a suitable truss has been worn for long periods and the child has had every needful attention. Among the children of the poor the tendency to spontaneous cure is even smaller, owing to the want of the necessary care and attention.

I should recommend an operation for all cases of congenital hernia in which the hernia persists at 2 years of age and over—especially so if the hernia be large and if other measures have been adequately tried and failed. I should not urge the operation very strongly if the hernia were small, and if other measures had not been adequately tried, provided that such measures were at once tried and persisted in, say for six months; but, if afterwards the hernia remained uncured, I should strongly recommend operation. In children of the working classes, who when grown up would have to work hard for their living, I have no sort of doubt that a radical operation is the right thing to recommend in all cases after 2 years of age, and in some large herniæ even short of that age. Among the better classes a hernia is a grievous infliction; during school life a hernia makes participation in outdoor exercises more than usually dangerous; and a little later in life bars the entrance to many a career, which would otherwise be open, and for which the individual is in other respects well qualified.

The Listerian doctrine has brought about such a remarkable change in the results of surgical operation, has placed success on such a secure footing that it can now be relied upon almost with certainty, and has reduced mortality so much by demonstrating the real sources of danger, that an operative measure can now be recommended with much greater confidence than was the case even in the near past. Hence a greater confidence in recommending the radical cure of hernia in cases in which formerly the surgeon might reasonably have hesitated to do so.

The results of operations are already very satisfactory, and it can hardly be doubted that improvements in our procedures will continue, and so constantly reduce the minimum of danger which is still an element to be reckoned with, though hardly a substantial argument against operation in a considerable number of the total cases. I venture to hope that within a few years it will be quite an exception to meet with congenital herniæ in adults, and that all such deformities will be treated during early childhood, while the tissues are healthy and in the best conditions to secure a perfect result.

As to the method of operating, probably every surgeon has his own method and prefers it to that of others. I incline to think that a method which is well adapted for adults with large scrotal herniæ cannot be applied with equal fitness to a young child. Some of the methods described appear to me unnecessarily complicated; this may, however, be necessitated by the amount of the deformity and the distortion which the parts have undergone anatomically, and which are seldom or never seen in young children.

The operation I have practised now for many years is exceedingly simple. An incision about 2 inches long is made, the upper portion of which corresponds with the position of the external abdominal ring, and the sac is exposed; the latter is then cleared of its looser and more external layers. I do not dissect off all the adventitious structures of the sac, for the sac proper, peritoneum, in children is exceedingly thin and liable to tear; moreover, I think the result is firmer and less liable to relapse. Then, after getting the spermatic cord well out of the way, I pull down the sac as far as possible, and put in three or four stitches, drawing the neck of the sac firmly together, but not tight enough to strangle it. My object is to retain the silk ligatures permanently *in situ* or as long as possible; if they are drawn very tightly together the stitches are liable to cut their way out, and so lead to failure. The neck of the sac is now allowed to retract itself back within the external abdominal ring, after which the pillars of the latter are sewn together and the wound closed, being first well irrigated and all bleeding arrested.

I prefer silk which has been well boiled in carbolic lotion, 1 to 20 to any other material; the longer it remains unabsorbed the better, for thus we have the mechanical help which its presence gives until complete adhesion of the sac walls has been brought about.

ON THE TREATMENT OF CERTAIN CASES OF RECENT HERNIA BY ASPIRATION OF THE PROTRUDED GUT.

By JOHN HERN, M.D. EDIN., F.R.C.S. ED.,
Surgeon, Darlington Hospital.

ON being called some years since to a case of recently strangulated hernia which I failed, under chloroform, to reduce by taxis, finding the tension in and distension of the protruded gut apparently the main obstacle to reduction, I emptied it by means of my hypodermic syringe, with the result that reduction was at once easily accomplished. I have since repeated the operation on thirty-two occasions, in twenty-eight of which reduction was readily accomplished, and in the remaining four three were, subsequent to aspiration, subjected to the usual operation (with one death from gangrenous gut), and one steadfastly preferred death to further operation, and succumbed on the tenth day. In neither of the three cases of herniotomy could any traces be found of the previous aspiration, due, I think, to two causes (1) the small size of the needle used—small hypodermic syringe; (2) the arrangement of the fibres (muscular) in the wall of the gut.

The class of cases which have appeared to me most suitable for the operation are (1) recent cases—36 to 48 hours or less; (2) where the patient or friends refuse to submit to herniotomy. The simple aspiration can be designated “doing a little something.” The advantages claimed for this procedure are:—

1. It avoids the delay almost inseparable from the herniotomy, for example, gaining consent of friends, procuring adequate assistance, etc.

2. It avoids rough and heroic attempts at reduction by taxis by placing in the hands of the general practitioner a means of reduction easy of application, and requiring no extensive surgical skill for its performance, and, moreover, a proceeding which, by reducing the tension of the protrusion, lessens the danger of the taxis subsequently employed.

3. It avoids the risks of pyæmia and septicæmia, inseparable from all operations in which the skin is divided.

Let us consider in how far this operation is based on a consideration of the anatomical and pathological conditions present. We must remember that the internal abdominal ring, the inguinal canal, the external abdominal ring, the crural ring, the crural canal, and the saphenous opening in the fascia lata of the thigh are all bounded chiefly, if not solely, by aponeurotic structures, which have become thickened and resistant although the openings have all become dilated. The margins of these openings forced back and thickened offer a strong passive resistance, so that if the protrusion becomes distended in any way by feces or flatus, the neck or narrow portion is so wedged into these fascial openings or canals that it becomes compressed, the venous circulation impeded (both arteries and veins are, of course, compressed, but the thicker coats of, and the greater force of circulation in, the former render them less affected by the pressure), the proportion between the protrusion and the opening or canal through which it has descended becomes so altered, that the hernia becomes irreducible. Now, seeing that (in recent cases, at any rate) it must be the distension of the protrusion which is the main obstacle to reduction, there having elapsed no time for the effusion of lymph or other inflammatory changes to occur, having failed to reduce by taxis, it appears to me to be a perfectly justifiable proceeding to at once empty the protrusion of whatever fluid or flatus it may contain, and, having thus lessened its bulk, to reduce by taxis.

CASE OF FATAL REVOLVER WOUND OF THE SKULL.

By PAUL SWAIN, F.R.C.S.,
Surgeon, South Devon and East Cornwall Hospital, Plymouth.

ON Sunday evening, November 30th, 1890, J. C., aged 28, went up into his bedroom and, in a fit of alcoholic mania, shot himself with a revolver. He was found lying on the