pain of to-morrow is all the greater from the anæsthesia of to-day. Of two patients suffering from dental caries and who are intent upon continuing the presence of the offending organ in the mouth, the one who submits to the pain without using anæsthetic remedies will get over the action which is causing the neuralgia much sooner, and will get better with a far less expenditure of patience in suffering than the man or woman who flies to stimulants for temporary relief from distress. The alcohol simply delays the action which is necessary for the removal of the exciting cause, and does not at all assist to its cure. In theorising, however, upon the subject of alcoholic indulgence, we must bear in mind that, as a rule, children are total abstainers; and I believe that, if we could separate those who have no hereditary taint in their dental appendages, and then follow the total abstainers through life, and compare them in their decline of years, it would be found that the total abstainers had suffered comparatively little from neuralgia or any painful malady in the dental organs, as compared with the wine-bibber.

I do not yet know enough of the alliance between dental diseases and rheumatism, or of the connection, if any, with the cancerous cachexia, to make any specific allusion to those tendencies, even if time would allow me to do so; but there is a field for observation in connection with the development of lactic acid in the constitution, and the rheumatic diathesis, which the state of the teeth might assist to determine. I leave that for others to follow out. If I have given lines for future thought to those who have a more immediate connection with the results of dental disease than I have, I shall have effected my object. I think that our design should be, not the establishment of a foregone conclusion by bending our facts to our theories, but a steady observance of facts, a correct registration of conditions; and then in the end a proper generalisation may be obtained, which will be based upon the truth. This should be the desire of every one of us to get established upon a sound and satisfactory line, even if its establishment should lead to a large diminution of that work, which diminution has already made conservative surgery of more importance than heroic performance, and which will materially diminish extractions, and render prevention of disease of greater importance even to the surgeon-dentist than its radical cure can ever be.

THE TREATMENT OF RHEUMATISM BY BLISTERS

By A. B. R. MYERS, M.R.C.S. Eng.,
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ABOUT twenty-five years ago, I had the opportunity of studying the treatment of rheumatic fever by two physicians in the same wards. One of them prescribed opium freely, and the other gave no internal remedies; both had the affected joints carefully enveloped in cotton-wool, as they became attacked, and then firmly bound with flannel bandages, free perspiration being encouraged also by blankets, etc. The result seemed to me to be much the same: that the affected joints rapidly ceased to be painful, and that the patients made, as a rule, a good recovery.

Since that time, my treatment of rheumatic fever has kept very much within those lines (with, in some cases, the addition of salicin); and though I have seen many methods of treatment tried, and much extolled, I cannot say that they have appeared to me to have any special recommendations. But against one treatment I cannot resist, at the present moment, raising my humble protest, viz., the "garter blister," as again advocated by Dr. Davies in the *JOURNAL* of October 28th. When so eminent a physician, with all the authority of long experience of a treatment originated by himself, can still advocate it, he must be very confident of its specially beneficial action, and no doubt must have many followers; but of all treatments (except packing) it is the one which I would not have tried upon myself. I had quite hoped that, long ere this, it had died a natural death. I have seen patients suffer such great discomfort from the raw surfaces of these circular blisters above the knee-joints when other joints have become affected, as to make them beg not to have any more applied. I ask, therefore, why should patients be given this additional suffering as a local treatment, when rapid freedom from pain can almost certainly be obtained by careful bandaging, as above stated; and if it be intended as a constitutional treatment, why choose such a specially painful form of blister as the "garter"?

It is some time since I have been able to watch closely this circular blister treatment; but it made a very decided impression upon me that it did not cut short the attack, and that it was very objectionable from the patient's point of view.

BRITISH MEDICAL ASSOCIATION.

FIFTIETH ANNUAL MEETING.

PROCEEDINGS OF SECTIONS.

ON THE RADICAL CURE OF HERNIA, BY REMOVAL OF THE SAC AND STITCHING TOGETHER THE PILLARS OF THE RING.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Worcester, August 1882.

By W. MITCHELL BANKS, F.R.C.S.,
Surgeon to the Liverpool Royal Infirmary.

A HERNIA which demands radical cure appears to me to be one which cannot be kept up by a truss, so that the patient shall be in comfort, and shall be able to follow his avocation. But, what is meant by a radical cure? In the strict sense, it means that the patient shall be restored to the original state of integrity in which he was before the hernia appeared. If a man have a hernia which no truss will keep up, which is a perpetual source of misery to him, and which prevents him from earning his living; and if, by an operation, you put that man in such a condition that, with a light truss, he can go about his work in comfort, I think the title of "radical" should hardly be grudged to such an operation. While, therefore, no patient, who, after an operation, is still obliged to wear a truss, can strictly be said to be radically cured, yet his condition is so little different from that of a sound man, and so enormously better than his previous state, when a truss was useless, that to him the operation has been much more than palliative. It has been practically curative, and so, in that sense, radical.

I need not enter into the history of the various operations for radical cure, beyond saying that the plan of invagination, practised by Wutzer, and that of injecting the neck of the sac, originated by Velpeau, and recently revived in America, are, to my thinking, useless. With Mr. John Wood's operation, you are all familiar; nevertheless, although it is twenty years since it was first brought out, it does not seem to have become a generally popular proceeding. Although, in the hands of the inventor, it is probably easy enough, to those who only read it up, it seems a complicated proceeding; and, moreover, there is a strong feeling that so large a percentage of cases turn out failures, that the game is not worth the candle. I am not in a position to adduce figures in support of this statement. I only mention it as a current opinion among operating surgeons, and as a reason why they do not more frequently perform the operation. Again, everything that can be got by Mr. Wood's operation, can be obtained by the simple and beautiful device of Mr. Spanton of Hanley, whose corkscrew operation fulfils all that is required for a simple case of inguinal hernia in a young person, where the sac is capable of being returned.

But, of late years, there has been a revival of one of the oldest method of cure—that by removing the hernial sac. That surgical bogie, the peritoneum, has been exposed; and we now know that, if not poisoned, it is a very tractable and inoffensive membrane. Indeed, even in cases of death after operation for strangulated hernia, it is very rarely that peritonitis kills the patient. Moreover, the confidence inspired by Listerism has made an astounding change in our views of the surgery of serous membranes; and to Lister is due the credit of having been early in the field, even in the department of curing hernia. So far back as 1871, he related two cases to the British Medical Association, at Plymouth, which stimulated many surgeons to follow in his footsteps. Among the most indefatigable has been Professor Annandale, who, in December 1880, contributed an admirable article on the radical treatment of rupture to the *Edinburgh Medical Journal*. He there enumerates four operations that have been performed upon the sac: 1. ligature of the neck of the sac alone; 2. ligature of the neck of the sac, with invagination of the ligatured sac into the abdominal opening; 3. Ligature of the neck of the sac, and excision of the sac below the ligature; 4. Ligature of the neck of the sac, with excision of the sac and stitching together the margins of the abdominal opening. He says: "Having used all these methods, I have no hesitation, from my experience, in giving the preference to the fourth plan." This is the plan which I have myself adopted; and I have no hesitation in saying that it is the best plan yet found out, and the one which will, in a short time, prove by far the most popular. It is applicable to every case of hernia that requires to be interfered with, and every surgeon can do it.

In performing it, I use thorough antiseptic treatment, and make a point of having the pubes, and parts around the anus, most carefully