made by the manufacturers and retailers, the difference should be overwhelming. But the item of palatability is something to be considered, and the slight difference in the percentage of starch might well be waived in favor of the great difference in taste.

There is another and more serious side to this question of diabetic foods. That they are in the highest degree fraudulent has, I consider, been proved. They are in addition a positive danger, for the diabetic accepting as truth the assertions that they are nonstarchy, takes into his system that which even the circulars of the manufacturers admit to be virtually a poison in its effect on the course of the disease, and thus innocently more than counteracts the benefit which he otherwise would derive from his medical adviser. In conclusion, I have to express the hope that every practitioner will do his utmost to discourage the use of these fraudulent and dangerous foods, and to drive them out of the market.

A CASE OF MACEWEN'S OPERATION FOR THE RADICAL CURE OF INGUINAL HERNIA IN A WOMAN SIXTY-THREE YEARS OF AGE.¹

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Carney Hospital.

The patient was admitted to the Carney Hospital on October 1, 1887, at a time when I was temporarily in charge of the surgical wards. She was small in stature, but well nourished and in remarkable good physical condition for one of her years. She could not remember that she had ever been sick in bed before.

She attributed the hernia from which she suffered to a fall about six years previously, shortly after which she experienced occasional "sickening pains" in the lower part of the abdomen, on the left side. The left labium became gradually enlarged, and there was pain in that region more or less constant, particularly severe during defecation. The patient had been advised to wear a truss, but she stated that with the use of one she had never been able to satisfactorily control the rupture. Eventually, the swelling became so large and troublesome that she was unable to get about. Being at this time in no condition to help herself, and becoming more and more a burden to her family and friends, she came to the Hospital, fully resolved to have anything done which offered a chance of cure.

An examination showed the existence of an inguinal hernia on the left side, of the size and shape of a large pear, the body occupying the left labium, and the neck extending to the external ring. The ring was so large that three fingers could be inserted without difficulty. The hernia was readily reducible.

Dr. A. T. Cabot saw the case in consultation, and, under the circumstances, advised operation. On October 12th, after the patient had been properly prepared, ether was given and the operation was carried out with thorough antiseptic precautions, Drs. Whitman and Monro kindly assisting.

The parts were shaved and rendered aseptic by washing with ether, and then with corrosive sublimate solution, with soap. A straight incision was made from the region of the ring to the lower extremity of the hernial protrusion, and this was deepened until

¹ Read before the Suffolk District Medical Society, Surgical Section, January 4, 1888.

the sac was reached. The sac, which was unusually adherent, was then separated as carefully as possible from the adjacent tissues, partly by cutting and partly by tearing. The index finger introduced into the canal freed the neck of the sac.

It was then possible to separate with the finger-tip the peritoneum from the abdominal margins of the internal ring. The sac was now puckered up by a continuous suture of stout chromicized catgut, in the manner recommended by MacEwen, and the needle was pushed through the abdominal wall from behind forwards. On drawing upon this suture, the puckered sac was with the assistance of the finger made to occupy a position within the abdomen, where it considerably overlapped the margins of the inner ring. The suture, thus drawn tight, was made fast in the muscles of the abdomen. The walls of the canal were now drawn together with chromicized gut, so that the conjoined tendon and Poupart's ligament should be approximated as closely as possible. It was now evident that it would be impossible, on account of the size of the cavity left after removal of the sac, to sew up the wound in the ordinary way without leaving pockets. A large number of sutures of fine catgut were, therefore, buried, and the margins of the wound brought together with a continuous silk suture. No drainage was used. Iodoform was sprinkled on the wound, and flexible collodion, layer after layer, with strips of cotton. This was covered with a large pad of absorbent cotton kept in place by a firm Tbandage.

The patient rallied from the immediate effects of the operation, but the recovery was complicated by a failure of the wound to unite in that part superficial to the external ring. It is difficult to say whether this was due to some defect in the antiseptic precautions or to the age of the patient, which was certainly unfavorable for rapid repair. The deep sutures apparently held the walls of the inguinal canal in perfect apposition. The condition of the parts gradually improved by the free use of antiseptic solutions, and the wound slowly healed by granulation. The patient now sits up a few hours each day.

There has never been any sign of a recurrence, though no bandage or pad of any kind has been used since the first few days succeeding the operation.

I report this case as interesting on account of the age of the patient, but am well aware that no case should be considered cured until a period of, at least, one year has passed without recurrence, during which time no artificial support of any kind has been worn. It certainly does not seem to be advisable to attempt a radical cure in old persons, except in such cases as insist upon an operation, after they have been made acquainted with the dangers, as well as with the chances of recovery and of a permanent cure.

A CASE OF MACEWEN'S OPERATION FOR THE RADICAL CURE OF CONGENITAL INGUINAL HERNIA IN A BOY.¹

BY ROYAL WHITMAN, M.D.,
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The patient, a boy eleven years of age, was brought to me with a left scrotal hernia, which had existed since birth. Various trusses had been applied with

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