mor is compoſed of both gut and omentum, and then the diſtinguiſhing ſymptoms of each can never be ſo clearly marked.

Bubonocele may be confounded with certain other diſeaſes ; but may be diſtinguiſhed by the following marks which are preſent in theſe disorders, while the ſymptoms of hernia are abſent : From venereal bubo, by the preſence of that incompreſſible hardneſs with which all ſuch ſwellings are at first attended, and by the fluidity of matter which in the suppurative ſtate is always obſervable ; From hernia humeralis, or ſwelling of the teſtes, by the abſence of the hardened and enlarged ſtate of the teſtis and epidydimus, and likewiſe of the pain, the tumor of the teſticle being re­markably heavy in proportion to the bulk, the ſpermatic proceſs being commonly free from the ſwelling. In the her­nia humeralis also the inteſtines are unobſtructed, and the general ſymptoms of hernia are wanting. From the hydro­cele of the tunica vaginalis teſtis, by the tumor generally feel­ing more ſmooth to the touch than in hernia, by the ſwelling here beginning in the under part of the ſcrotum and aſcending, by the ſpermatic cord being always free and diſtinct, and by a fluctuation being evident. From hydrocele of the ſpermatic cord, ſometimes with much difficulty, and therefore it re­quires here particular attention. In every case of tumor in the teſtes, where the moſt perfect certainty is not obtained, and when it is neceſſary to have recourſe to an operation, the ſurgeon ought to proceed as in a case of real hernia.

The treatment of bubonocele is the same with that already adviſed in the treatment of hernia in general, only making allowance for the ſituation of the diſeaſe. In attempting the reduction by means of the hand, the preſſure ſhould be obliquely upwards and outwards, correſponding with the ring of the abdominal muſcle. In performing the operation, the patient ſhould be laid on a table, with his head and body almoſt horizontal, whilſt at the same time his buttocks are ſomewhat elevated by pillows placed beneath them. The legs hanging over the edge of the table ought to be ſeparated, ſo as to admit the operator between them ; and ſhould in that ſituation be firmly ſecured by an aſſiſtant on each side, who ſhould take care to keep the thighs so far raiſed as to relax all the abdominal muſcles. The parts being previouſly ſhaved, an inciſion muſt be made with a common round-edged ſcalpel through the ſkin and part of the cellular ſubſtance, beginning at leaſt an inch above the ſuperior end of the tumor, and continuing it down to between two and three inches below the ring.

Although in by much the greateſt proportion of hernial ſwellings the ſpermatic vessels lie behind the protruded parts, yet on ſome occaſions they have been found on the anterior part of the tumor ; so that in order to avoid the risk of wounding them, as ſoon as the skin is divided, the remain­der of the operation ought to be done in the moſt cautious manner, care being taken to avoid every large blood-veſſel which makes its appearance. The ring muſt now be laid diſtinctly in view ; a ſmall portion of the protruding sac muſt allo be expoſed; after which the directory is to be in­troduced between the ring and the ſac, placing the point of the inſtrument obliquely upwards and outwards. A blunt pointed biſtoury is now to be introduced into the groove of the directory, and by it the ring is to be dilated till the point of the finger can be introduced. The directory is now to be laid aſide, and the finger uſed in place of it through the reſt of the operation. After the operation is finiſhed, the dreſſings are to be applied, and the whole ſecured by a T bandage, or ſuſpenſory bag, properly ſtuffed with ſoft lint.

The patient, on being carried to bed, ſhould have a pillow under the buttocks, to elevate them a little above the reſt of the body, and ſhould be treated in the manner which has been already directed. As ſoon as the wound is firm­ly cicatrized, a truſs ought to be properly fitted and uſed through the reſt of the perſon’s life. Females are liable to this ſpecies of rupture as well as men ; and as the opening in the external oblique muſcles is exceedingly similar in both ſexes, the treatment of this ſpecies of hernia in females is very ſimilar to what is found to anſwer in men. When clyſters, blood-letting, and the other remedies formerly enumerated, fail, the same operation of enlarging the opening in the tendon of the oblique muſcle is here equally proper as in the other ſex.

As modeſt women are apt to conceal disorders of this kind, they may frequently happen when the ſurgeon receives no in­formation about them. Whenever, therefore, ſuch ſymptoms of colic occur as give reaſon to ſuſpect the exiſtence of her­nia, a particular examination ought always to be made, in order, if poſſible, to detect the cauſe of the miſchief, from the removal of which alone a cure can be expected.

Sect. III. *Of Hernia Congenita.*

The teſtes in the fœtus are, till near the time of delivery, lodged in the cavity of the abdomen. When they deſcend into the ſcrotum, they puſh before them a portion of the peritonaeum, which afterwards forms the vaginal coat. The paſſages by which they deſcend are ſoon ſhut up ; but ſome­times the contrary happens, and then a portion of ſome of the abdominal viſcera paſſing down, forms that ſpecies of hernia to which new-born infants are liable, termed by Haller the *hernia congenita.* The teſticle and protruded inteſtine being here in contact with one another, the tunica vaginalis teſtis forms the hernial ſac.

It has been affirmed by ſome of the lateſt writers, that hernia congenita cannot be diſtinguiſhed from that contain­ed in the common herniary ſac ; and that though there was a diſtinction, it could be of no material uſe in practice. But Dr Monro obſerves, that a hernia congenita may be diſtin­guiſhed in an adult by an evident external mark ; which is, that the bowels puſh down between the ſac and the fore­part and ſides of the teſticle, ſo as often in a great meaſure to conceal it ; whereas, in the common hernia, every part of the teſticle can be felt diſtinctly : And that it is of material uſe to make the diſtinction; because in whatever manner we operate in hernia congenita, unleſs we take the utmoſt care to exclude the air, there will be a more violent inflammation and greater diſtreſs than in common cases, becauſe the teſticle will partake of the inflammation.

In the treatment of ruptures of the congenital kind, little difference occurs from the management of the common scrotal hernia ; only a truſs ought never to be applied to in­fants, unleſs the teſticle can be felt in the ſcrotum, after the contents of the hernia have been reduced ; as it would en­tirely prevent the descent of the teſticle, which yet remains in the abdomen. If any operation has been performed, the teſticle ſhould, immediately after the bowels are reduced, be covered with the vaginal coat, and at each dreſſing care ſhould be taken that the air be excluded. In every other reſpect the treatment of congenita hernia is the same with that of hernia in general.

Sect. IV. *Of Femoral or Crural Hernia.*

The seat of this ſpecies of hernia is upon the upper and fore part of the thigh ; the protruded bowels passing out atthe same opening through which the large blood-vessels of the thigh are tranſmitted from the abdomen, and of conſequence under that part of the tendon at the under end of the abdomen known by the name of *Poupart’s* or *Fallopius's ligament.* Sometimes the bowels which protrude are ſituated