immediately over the femoral vessels, ſometimes on the outſide of thefe, but more frequently they lie upon their inner side. The diſeaſe is more frequent in women than in men, on account of the width of the female pelvis, and of consequence the length and laxity of the ligament. The femoral hernia is more in danger of being confounded with inguinal hernia than with any other ; the tumor, however, is deeper, and the ring of the abdominal muſcles, which lies entirely above the tumor in femoral hernia, completely surrounds the parts in that of the inguinal kind.

In the treatment of femoral hernia, when ſymptoms of ſtrangulation occur, we muſt uſe all the remedies commonly practiſed for hernia in general ; only that here, in attempt­ing to reduce the parts by the hand, the preſſure ſhould be made directly upwards. An inciſion of sufficient length is to be made through the integuments, ſo as to allow that part of the tendon which forms the ſtricture to be laid fairly in view ; and after dividing the integuments, we are cautiouſly to cut the faſcia lata of the thigh, and ſeparate any glands which may come in the way till the ſtricture and part of the ſac diſtinctly appear. The ſtricture is then to be di­vided, by cutting fibre after fibre ſucceſſively. The ſpermatic veſſels in the male, or round ligament in the uterus in the female, may be avoided by cutting in a direction to­wards the umbilicus, carefully dividing the tendon tranſversely. Some authors, from a ſense of the danger attend­ing this part of the operation, have recommended merely to dilate the paſſage, inſtead of dividing the tendon ; but in inch a ſituation, to attempt a farther dilatation without the aſſiſtance of the knife, would probably be seldom attended with any advantage. After the parts are reduced, the wound is to be dreſſed as directed in the treatment of hernia in ge­neral: a piece of thin leather ſpread with ſome adhesive plaſter retains the dreſſings better, and with much more ease, than any other bandage.

Sect. V. *Of other Species of Hernia.*

In umbilical hernia the parts protruded paſs out at the umbilicus, and are commonly the inteſtines, or omentum, or both ; ſometimes part of the ſtomach, the liver, and even the ſpleen, have been found in the ſac. Here, as in other ruptures, the peritonæum forms the ſac, and in recent cases it is generally very evident ; but by the size of its contents, or a long continuance of the diſorder, it sometimes becomes ſo connected with the ſurrounding parts, that by many its exiſtence has been doubted, and ſometimes the ſwelling has increaſed to ſuch a degree as to burſt even the ſkin itſelf. The diſeaſe occurs moſt frequently in infancy, ſoon after birth. In the adult ſtate corpulent people are more subject to it than thoſe of a contrary habit ; and pregnant women are particularly ſubject to it, on account of the size of the uterus. The diagnosis in this diſeaſe is readily made, as the diſorder can scarcely be confounded with any other. If the diſeaſe be attended to in due time, a bandage properly fitted will generally effect a cure ; and in such swellings as Occur in pregnancy, delivery will commonly remove the dis­order ; but even in cases of pregnant women, a bandage ear­ly applied and properly used will give considerable relief, till a cure can be obtained by delivery. In this diſeaſe the omentum is more frequently puſhed out than any other viſcus; hence umbilical herniæ in general are not productive of ſuch bad ſymptoms as uſually occur in the other kinds of rupture. When, however, the inteſtines protrude, the uſual ſymptoms of a ſtrangulated hernia are apt to be induced ; and when the means uſually employed for returning the gut into the abdomen do not ſucceed, a cure it is evident muſt depend entirely on a thorough removal of the ſtricture. In performing this operation, an inciſion through the integu­ments is the first ſtep to be taken, ſo as to expose the ſtric­ture of the tendon and the neck of the ſac. The ſtricture is to be removed in the manner already deſcribed ; and as the tendon completely ſurrounds the neck of the ſac, the ſtricture may be cut wherever it can be moſt readily dilated. A radical cure ſimilar to that for the other ſpecies has been propoſed, but with as little probability of ſucceſs.

Ventral rupture is a protrusion of ſome of the bowels through the interſtices of the abdominal muſcles, and is moſt frequently obſerved in ſome of the parts moſt contigu­ous to the linea alba. The treatment of this ſpecies of diſ­eaſe is exactly the ſame with that of exomphalos.

Hernia of the bladder of urine, though leſs frequent than that of the omentum or inteſtines, is not very uncom­mon. The ſituation in which it occurs is in the groin, through the abdominal ring, in the fore part of the thigh, under Poupart’s ligament, ſo as to form inguinal or crural hernia. Inſtances have likewiſe occurred of the bladder be­ing puſhed into the perinæum. Sometimes it occurs by it­ſelf, without any complication; at other times it is accompa­nied with inteſtines and omentum, both in inguinal and femo­ral herniæ : when complicated with bubonocele, the protru­ded part of the bladder is ſituated between the inteſtine and ſpermatic cord.

The uſual ſymptoms are a tumor, attended with fluctua­tion either in the groin, in the fore part of the thigh, or perinæum, which generally ſubſides when the patient voids urine. When the ſwelling is large, before water can be made with freedom, it is commonly neceſſary to have recourſe to preſſure, at the ſame time that the tumor, when in the groin or thigh, is as much elevated as poſſible ; but when the ſwelling is ſmall, and eſpecially when no ſtricture is as yet produced, the patient generally makes water with great case, and without any aſſiſtance from external preſſure. When the diſeaſe occurs without any complication, it is commonly owing to a ſuppreſſion of urine. In the diagnoſis care ought to be taken not to miſtake it for a hydrocele. In recent cases, the part protruding may in general be eaſily reduced, eſpecially if we attend to the ſuppreſſion of urine, which probably gave riſe to the diſeaſe. A proper truss ought afterwards to be worn for a conſiderable time. When the diſeaſe has been of long ſtanding, adhesion takes place between the bladder and cellular ſubſtance of the ſcrotum. In this caſe, therefore, as long as no ſymptoms occur to render the operation neceſſary, a ſuſpenſory bandage, ſo fit­ted as effectually to ſupport the prolapſed parts, is the only probable means of relief.

Sometimes the bladder, owing to a ſuppreſſion of urine, at other times part of the inteſtines, have been found to protrude through the vagina. In the former caſe a fluctu­ation of water is perceptible to the touch.

The reduction is made by laying the patient on her back with her loins somewhat raised, and preſſing with the fore­finger from the vagina. Deſcents may in future be gene­rally prevented, by evacuating the urine often, and by the uſe of a peſſary introduced into the vagina. Nearly the ſame means are employed in reducing the inteſtine when it is found to protrude.

Chap. XXIV. *Of Hydrocele.*

Every tumor formed by a collection of water might with propriety be named *hydrocele,* but the chirurgical accepta­tion of the term implies a watery ſwelling ſituated in the ſcrotum or ſpermatic cord. Hydrocele is either anaſarcous or encyſted. In the former, the serum is chiefly diffuſed in the cellular ſubſtance : In the latter, the water is collected in a diſtinct bag. The ſcrotum with its contents are liable