by means of warm water put into ox-bladders covered with flannel, and lard acroſs the abdomen.

To diminiſh the ſize of the tumor, remedies of an oppo­ſite quality from theſe have been uſed ; and though by ſome this practice has been conſidered as hazardous, yet by others, particularly by the late Dr Monro and Mr Benja­min Bell, more advantage has been found from cooling ap­plications than from thoſe of a different nature. Snow, ice, or cloths dipped in a recent ſolution of ſal ammoniac in water and vinegar, or cold ſaturnine applications, or cold water and vinegar, have been employed with advan­tage. If, notwithſtanding theſe remedies, the diſeaſe be­comes worſe, and no probability remains of ſucceſs, the diviſion of the parts producing the ſtricture can alone ſave the life of the patient.

To determine the exact time at which to proceed to an operation, has been conſidered as one of the niceſt points in ſurgery. In general, when every attempt has failed, and no repetition of the former remedies is likely to ſucceed, the ſurgeon ought certainly to proceed to the operation. A few hours, even when aſſiſtance has been early applied, is perhaps all the time which ought ever to be confirmed in trials of this nature. But however necessary this operation may be when a patient’s life is in danger, as it is always at­tended with ſome degree of hazard, it ought never to be practiſed where ſymptoms of ſtrangulation do not exiſt.

In that kind of hernia called *chronic,* the circulation of the part forming the hernia, as well as the periſtaltic mo­tion of ſuch parts of the alimentary canal as have been pro­truded, go freely and regularly on. There are many instances of large herniæ falling down even to the bottom of the ſcrotum, and continuing there for many years, without producing any interruption to the uſual diſcharge by ſtool. All that can be done here is, to prevent any accumulation of feces in the inteſtine, by preſcribing a proper diet, and the occaſional uſe of gentle laxatives ; and obviating any in­convenience which might ariſe from the weight of the tu­mor, by the application of a proper truſs or ſuſpenſary ban­dage ; to warn them of the riſk to which they are conſtantly liable, and to caution them againſt violent exerciſe, parti­cularly leaping, and every sudden exertion. The truſs ought to be fitted exactly to the part for which it is in­tended, for without the utmoſt nicety in this reſpect, it muſt always do more harm than good : for the ſole purpoſe of a bandage, in caſes of hernia, is to prevent effectually the fall­ing down of ſuch parts as have been newly replaced. If therefore the pad or bolſter of the bandage does not bear properly againſt the opening upon which it is placed, a por­tion of gut may slip out, and be materially injured by the pressure of the pad. Fig. 74. repreſents a truſs for an in­guinal or femoral hernia of one side, fig. 75. a truſs for the same diſeaſe in both ſides, and fig. 76. a truſs for an umbilical hernia.

We ſhall now proceed to deſcribe the circumſtances to be attended to in performing the operation for hernia in ge­neral. A table of convenient ſize and height being placed in a proper light, the patient muſt be ſo laid on it as to re­lax the diſeaſed parts as much as poſſible, and then ſecured by proper aſſiſtance. To lessen the contents of the abdo­men as much as poſſible, the bladder ought to be emptied previous to the operation. An inciſion is to be made with a common round-edged ſcalpel through the ſkin and part of the cellular ſubſtance, long enough to allow the ſtricture to be fully expoſed. The rest of the cellular ſubſtance is then to be divided with the greateſt attention. That part of the muſcle forming the ſtricture or ring muſt next be laid diſtinctly in view. A ſmall portion of the protruding ſac muſt alſo be expoſed ; after which the directory (fig. 73.) is to be paſſed between the ring and the ſac. A ſtraight probe-pointed ſcalpel 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 finger is here conſidered as the ſafeſt director ; for it being insinuated into the aperture in the tendon immediately above the pro­truded parts, the point of the knife is eaſily introduced upon it ; and by keeping the end of the finger always a little be­fore the knife, the opening may be enlarged to any neceſſary extent without riſk of wounding any of the contiguous parts.

By the eaſe with which the finger is introduced, the ope­rator will be enabled to judge when the ring is sufficiently dilated ; and if the ſtrangulation was entirely in the ring, it will now be evident that every obſtacle to the reduction muſt be removed, and of conſequence that the prolapſed parts maybe returned with little difficulty. If the patient be young, or if the diſeaſe has continued a conſiderable time, ſuch a degree of inflammation frequently entues in the neck of the ſac as to produce thickening and ſtraitness ; ſo that, after the ſac and its contents have been entirely freed from the ſtricture of the ring, the inteſtines cannot be redu­ced. We judge this to be the case when, after the ſtricture of the ring has been removed, the parts prolapſed do not ex­pand into their natural ſize, and farther, when they make reſiſtance when we attempt to return them. In this caſe, the neck of the ſac muſt be opened with the utmoſt caution, to avoid wounding the parts within it.

If the herniary ſac, under the ſtraitened place of its neck, be thin and tranſparent, and there is little or no reaſon to ſuſpect an adheſion of the bowels to the ſac, the beſt me­thod, as Dr Monro, in his publication on the Bursae Mucosae, obſerves, will be to make a ſmall hole in the ſac below the ſtricture, and then to introduce a ſmall furrowed probe, and to cut cautiouſly upon it. But if the ſac be thick and dark coloured, and there is likewiſe a ſuſpicion that the bowels may adhere to it, the eaſieſt and ſafeſt manner will be to make the hole in the peritoneum above the ſtricture ; then to introduce a common probe, bent near its point into a ſemicircle, with its point directed downwards through the ſtricture into the ſac ; and upon the point of it to make, with great caution, another ſmall hole ; after which we may either cut upon the probe, or introduce a furrowed probe, and divide the neck of the ſac.

After this, the bowels are to be returned by pressure up­on the ſac, without opening it farther ; and the ſides of the wound in the ſkin are to be brought together, and kept ſo by means of slips of adheſive plaſter, though ſtitches made at the diſtance of a finger-breadth from each other will ex­clude the air, and prevent the return of the bowels more ef­fectually. Over theſe are to be laid ſeveral folds of charpee, and the whole is to be ſecured by a bandage adapted to the nature of the part.

The patient, upon being carried to bed, ſhould be ſo pla­ced as to have the part upon which the operation was per­formed higher than the reſt of his body, or at leaſt as high as the ſituation of the part operated upon will allow, in or­der to prevent a return of the diſeaſe. After the opera­tion, opiates are particularly uſeful, and ought to be re­peated as circumſtances may require. It is likewiſe necessary that the patient be kept cool. In plethoric habits, blood lotting is proper, together with a rigid attention to low diet. A frequent uſe of clyſters and gentle laxatives, to keep the belly moderately open, ought not to be neglected. When the conſtitution has been previously much reduced, inſtead of blood letting and a low diet, a nouriſhing regi­men is neceſſary. The dreſſings ought not to be removed till the third or fourth day after the operation, when the