mesh through the skin. Very often the subcutaneous tissue is very much thinned out over the hernia, and in places is entirely absent, the peritoneun being adherent to the skin itself. In these cases, however, there is generally enough redundant skin to permit resection back to skin that has underlying cutaneous tissue. If necessary, flaps can be mobilized by undercutting, and brought together over the implanted tantalum mesh.

CONCLUSION

A limited experience with the use of tantalum mesh in the repair of large and difficult ventral hernias leads to the belief that it will prove a most valuable material in the cure of this difficult condition.

REFERENCES

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DISCUSSION.—DR. J. M. T. FINNEY, JR., Baltimore: I cannot let this go by without giving a personal word of thanks to Amos Koontz for his interest in this problem of bad herniae. His experimental work in the healing of tissues after operative repair is classic. As you all know, he has been interested for many years in repair of difficult herniae, and anyone who does surgery knows such repair can be most difficult, particularly if there have been three or four previous operations to mess things up. He gave us preserved fascia and now this mesh. The coordinating clinical work is something for which we all, as operating surgeons, should be eternally grateful. I have not used the mesh yet, but if I run into any problems like those he showed on the screen, I shall certainly be glad to have him tell me how to handle them.

DR. WILLIAM H. PRIOLEAU, Charleston, S. C.: With Dr. Finney, I would like to commend Dr. Koontz for his continued pioneer work in this field. It appears that the use of tantalum mesh will prove to be a solution in the repair of a large number of ventral herniae. We are familiar with the value of alloy steel wire in the closure of grossly contaminated and even infected abdominal incisions. In such cases the wire is well tolerated by the tissues. It is seldom extruded or causes a persistency of the infection with sinus formation, as is so commonly the case with silk and cotton. It would be of interest and utmost importance to know how tantalum mesh would behave under such conditions. Would it be tolerated and serve as an effective support to the wound, or would it have to be removed? If well tolerated in the presence of infection and contamination, its field of usefulness will be greatly increased.

DR. AMOS R. KOONTZ, Baltimore (closing): I want to thank both Dr. Finney and Dr. Prioleau for their discussions, and also Dr. Prioleau for his suggestion with regard to trying out tantalum gauze in infected areas. I shall certainly follow through on this when I get back.