

recurrences after one year; over 90 per cent. of the relapses appear in the first twelve months after operation. This early development of the recurrence is what one would expect if incomplete removal of the sac and trauma are regarded as the chief causes. If it were due to the formation of a new sac and the gradual opening up of the inguinal canal in the way an "acquired" hernia was formerly supposed to develop, one would expect a much slower process, and the majority of recurrences might be expected to appear at a much later date than twelve months after the operation.

The practical bearings of the saccular theory, and the considerations which arise from it on the operative treatment of hernia, may be summed up as follows:—

(1) The essential cause of inguinal hernia is the presence of the congenital sac. There is no primary weakness of the abdominal wall which causes the hernia to appear.

(2) Hence, to cure the hernia, it is essential to completely remove the sac. As there is no primary weakness, there is no need to attempt to strengthen the inguinal canal.

(3) The operation should be carried out as soon after the appearance of the hernia as possible, before the development of any secondary weakness.

(4) In cases where there is advanced and irrecoverable secondary weakness the sac should be completely removed and an attempt made to strengthen the inguinal canal.

(5) The operation should, in all cases, be carried out with the least possible damage to the structures entering into the formation of the inguinal canal.

(6) The external abdominal ring, since it is an important insertion of the external oblique, should not be divided, unless for some reason this is absolutely necessary for the satisfactory performance of the operation.