it, the following modification of the operation may be tried. It has been pointed out that in such cases the muscles are unlikely to recover their tone and that the weakness must be regarded as permanent. Under these circumstances, suture of the conjoined tendon to Poupart's ligament is unlikely to produce appreciable further weakness, and there is a reasonable prospect that an additional layer of fibrous tissue behind the cord will add to the

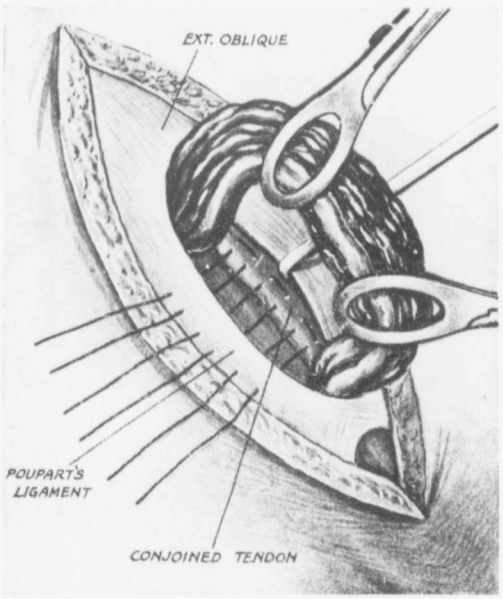

Fig. 11.

strength of this part of the inguinal canal. This, however, may be accomplished without dividing the intercolumnar ligament, which, as has been pointed out, is an important safeguard against giving and bulging of the scar and the development of the common form of recurrence after an operation for the cure of hernia. The operation closely follows the lines already described, but the incision in the external oblique is rather longer, and is continued right down to the intercolumnar ligament and a little to the outer side of the external abdominal ring. The actual