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with hernia of long duration and great secondary weakness, and in older patients whose muscles are permanently stretched and weakened. Here one feels that there is no possibility of the muscles regaining their normal power and function. Owing to the lax and thinned-out conjoined tendon, the tension on the stitches will be less, and while it is unlikely that the additional injury will appreciably increase the muscular weakness already present, it is possible that benefit may accrue from the additional fibrous support to the posterior wall of the canal.

Mr. Battle, in the paper quoted above, discusses the causes of recurrence. Suppuration is commonly regarded as responsible for many cases of recurrence, but Mr. Battle found, in 107 cases of recurrent hernia which he collected, that there had been suppuration in only twenty-two. Undoubtedly the hernia reappears in some cases, which have become infected during operation, but in many recurrent hernias the wound healed by primary union at the original operation. Suppuration, injudicious after-treatment, post-anæsthetic bronchitis and vomiting may be contributory causes of failure, but the chief causes of recurrence of hernia after operation are: (1) Incomplete removal of the sac; (2) the existence of an advanced condition of secondary or acquired weakness, often in an elderly patient, or in one not particularly suitable for operation; (3) trauma, or faulty technique, during the operation.

It is generally agreed, if an operation for the radical cure of hernia is a failure, that the recurrence will appear within a few months of the operation. Mr. Battle found that as many as 85 per cent. of recurrences were noticed within twelve months. Coley * gives statistics to prove that patients very rarely get

* "The Results of 1,000 Operations for the Radical Cure of Inguinal and Femoral Hernia performed between 1891 and 1902," by W. B. Coley, M.D., *Annals of Surgery*, June, 1903. Dr. Coley writes: "In former papers I have stated that by far the greatest proportion of relapses occur within the first year after operation, and that most of them occur within the first six months. This opinion was based on an analysis of 365 cases of relapsed hernia observed in the out-door department of the Hospital for the Ruptured and Crippled, and operated upon by various methods. This series of cases showed that 85 per cent. of relapses occurred within the first year following the operation, and that 65 per cent. occurred within the first six months. I have recently made a study of 165 new cases of relapse observed since the previous statistics were completed. This series shows that in 26 cases the interval between operation and relapse was unknown, leaving 139 cases as a basis of calculation. It was found that 91, or 65 per cent., relapsed within the first six months, and 111, or 80 per cent., within the first year after operation."