weak spot in the abdominal wall, and if no hernial sac is present the strain alone will not lead to the formation of a hernia. The old view of the nature of an acquired hernia is epitomised in the popular term "Rupture," while, according to the saccular theory, this is a complete misnomer.

The view that all hernial sacs have a congenital origin allows, however, that when the protrusion of abdominal contents has taken place, the continuation of the strain in the absence of effective treatment may lead to an increase in size both of the hernia and the sac. It also allows that the existence of a hernia will in time, owing to the mechanical effect of the unnatural distension of the inguinal canal, produce a secondary weakness in the aponeurotic and muscular structures which enter into its formation. Such weakness is, however, not the cause of the hernia, but the effect. This secondary or acquired weakness of the muscular structures may be, as will be pointed out later, a most important factor in the recurrence of a hernia after operation.

Since the first appearance of a hernia during adult life is such a frequent occurrence, it must follow, assuming the saccular theory to be true, that many apparently normal persons must possess "potential herniæ"; that is, one, or possibly more, congenital sacs which are empty, but which are liable to have a piece of omentum or coil of intestine forced into them during some abnormal or unusual strain. That this is so has been definitely proved by pathological evidence. Thus Mr. Murray has published the results of two series of post-mortem examinations where there had been no history or evidence of hernia during life, and death had taken place from some other cause. In one series of 100 cases,* a sac was found in twenty-one, while in several there were two or more sacs. In the other series, of 200 cases,† sixty-eight peritoneal diverticula were found, of which fifty-two were femoral and thirteen inguinal. Mr. Hamilton Russell also recorded a case in which, though there was no evidence of hernia during life, there was found, after death, a peritoneal sac occupying the position of the sac of a direct

* *Lancet*, 1906, Vol. I., p. 363.
† *Lancet*, 1907, Vol. I., p. 228.