

that, after the removal of the sac, the aponeurosis is sutured and the ring reconstructed so that it is reduced to about the normal size. No suturing, however, can bring these fibres together so that they shall unite and form as strong a structure as the original ligament. The result is that when the external oblique begins to act the mechanism which draws the pillars of the ring together has been destroyed, and is represented only by some soft newly formed scar tissue at the upper border of the new and artificial external ring. It is easy to understand how, as the result of strain, the pillars of the ring may separate and the scar tissue repairing the incision in the external oblique may stretch, leading on eventually to the condition found in the second type of recurrent hernia.

An essential part of Bassini's operation is an attempt to strengthen the inguinal canal, based upon the assumption that weakness of this structure was the primary cause of the hernia. The method adopted is to suture the outer free border of the conjoined tendon to Poupart's ligament, thus increasing the area of the posterior wall formed by the former structure, and diminishing the size of the internal ring. Certainly, if, at the close of the operation, the posterior wall of the canal be examined with the finger, it feels much firmer and more resistant than it did before, but the amount of permanent good is open to doubt. There is a good deal of tension on the stitches, and it is probable that in many cases they quickly cut through. In any case, the conjoined tendon is mainly a muscular structure, and, as the result of the laceration and strangulation of its fibres by the sutures, the eventual addition to the posterior wall of the canal will be a thin layer of scar tissue which is liable to give and bulge when again subjected to strain. Now we have seen that the strength of the inguinal canal depends upon the normal and free action of the muscles which take part in its formation. Hence we may infer that, in children in whom the muscles have not reached their full development, and in adults with good muscular development and no marked secondary weakness, these attempts to strengthen the canal are not necessary, and that the laceration and interference with the functions of the muscles is more likely to be harmful than beneficial. The case is different in patients