

of Poupart's ligament, and also from the upper part of Poupart's ligament to the lower part of the internal pillar. These decussating fibres are always present, but their strength and mode of arrangement varies considerably. Occasionally they are symmetrical, but often one band will be well-developed and the other only slightly marked. In most cases they are of much greater importance in securing the strength of this part of the ring than the intercolumnar fibres, and they are also responsible for the rounded character of the upper margin of the ring. Indeed, their structure is so definite and their importance so great, that this upper boundary of the ring seems worthy of a definite name. "Intercolumnar Ligament" expresses both its relation and function, and as such I shall refer to it on any subsequent occasion. In an aponeurotic structure, the fibres are chiefly developed in the line of the greatest strain, and hence, in the aponeurosis of the external oblique, the general direction of the fibres is downwards and inwards. The appearance of the decussating fibres at the upper margin of the external ring can only mean that this is a spot where there is considerable tension, and that the function of the intercolumnar ligament is to strengthen what would otherwise be a weak spot. When the external oblique contracts the decussating fibres of the ligament must counteract any tendency to split up the aponeurosis from the upper margin of the ring, and, indeed, it would seem quite possible that the effect of muscular contraction acting upon them is to slightly approximate the upper parts of the pillars of the ring.

From the above considerations we may conclude that the strength of the inguinal canal depends upon the normal development and the free and unimpeded action of the muscular and aponeurotic structures which enter into its formation.

It will now be necessary to discuss the nature and the causes of the secondary weakness which, we have seen, may appear in the inguinal canal as the result of the presence of a hernia. We have seen that the healthy inguinal canal is only a potential space, being completely occupied by normal structures; but when a hernia is present this is no longer the case, for abnormal structures, the sac and its varying contents, also occupy the canal.