

the Saccular Theory. It is only necessary to state that, without altogether denying the possibility of a true acquired hernia, especially a direct hernia, in middle-aged and elderly men, I consider that the congenital origin of the sac in the vast majority of inguinal herniæ has been conclusively proved, and that this view of the etiology must be the foundation and starting-point of a discussion on treatment.

Before the days of the saccular theory, inguinal herniæ were divided into congenital and acquired. In the former, occurring almost entirely in infants and children, it was fully realised that the sac was a congenital structure, and that it was derived from an unobliterated funicular process : in the latter, which generally appeared during adult life, the hernia was regarded as due to the forcible tearing open of a weak part of the abdominal wall, and the protrusion, both of the peritoneal sac and abdominal contents, as the result of some sudden or long-continued strain. Acquired hernia was considered to be of much more frequent occurrence than congenital, and the following quotation from Holmes' "*Principles and Practice of Surgery*," a standard work of thirty years ago, gives a good idea of the old view of the origin of the acquired variety. "The non-congenital, or acquired, herniæ occur in consequence of a weakness of the abdominal wall at the seat of protrusion, and possibly also in consequence of an elongated state of the mesenteries of the viscera. The pressure of the viscera gradually pushes the peritoneum through the wall of the abdomen, and as it advances it contracts adhesions to the parts covering it ; and when it has emerged from the cavity of the abdomen it swells out into a pear-shaped tumour, the constricted part communicating with the general cavity, being its neck ; the dilated part, the fundus."

According to the saccular theory the sequence of events is totally different. At whatever age the hernia first appears the protrusion of viscera does not force out a peritoneal pouch before it, but the hernial sac is already present, and has been in existence since infancy owing to failure of obliteration of the funicular process. The effect of the sudden or long-continued muscular strain is merely to force out some intra-abdominal structure into this pre-formed and already existing sac. There is no primary