occasionally develop after laparotomy, and is due, doubtless, to the same cause, viz., injury to the abdominal wall in the region of the incision, leading to weakness and subsequent yielding of the scar.

A third variety of recurrence may be distinguished, which is simply a combination of the two already described. The explanation of the first form of recurrence is that at the operation the sac was not completely removed, so that a small pouch remained, allowing some abdominal structure still to pass into or through the internal abdominal ring. Mr. Battle also suggests, as explanations of this form of recurrence, that either, owing to laceration of the neck of the sac, the peritoneal cavity was not closed at the operation, or that, owing to straining, such as occurs in post-anæsthetic vomiting, the ligature may have been displaced. If these suppositions are true, the contents will escape through a rent in the peritoneum into the inguinal canal, and the recurrent sac will be of adventitious origin. The lesson to be learnt from this form of recurrence is that the sac must be completely removed, so that there is no pouch or depression of the peritoneum, and that the ligature must be securely tied after transfixion at a sufficiently high level.

If a recurrent hernia of the second type be operated upon, an examination of the parts will confirm the view that there is a giving of the scar, and that the hernia is essentially traumatic. Much scar tissue will be found, and the various muscular and aponeurotic structures are inseparably matted together. The scar tissue is very lax, and much of it will have to be excised before it is possible to bring the various layers of the abdominal wall together. The operation most commonly performed for inguinal hernia is Bassini's, or some modification of this. In this operation, in order to ensure complete removal of the sac, the inguinal canal is opened up by incising the external oblique aponeurosis from the external ring to where it covers over the internal ring. In doing this the decussating fibres of the intercolumnar ligament are divided. I have endeavoured to show the importance of this ligament, and also that it, as well as the lateral boundaries of the external ring, are an extremely important part of the insertion of the external oblique. It is true