and to carry out any other operative procedure which was thought desirable.

Another possible advantage, applying chiefly to cases where there is a slight degree of secondary weakness, was pointed out by Sir G. Makins. It is that, in the event of failure, the inguinal canal would not have suffered any permanent damage. A recurrent hernia is nearly always an unsatisfactory case to operate upon—possibly because, in the majority of cases, some other surgeon has generally performed the original operation—but after the operation described above there would probably be but little scarring, and the parts would be in a favourable condition for some further and more extensive procedure.

In conclusion, it may again be pointed out that the operation is intended for favourable cases in children and healthy young adults and not for large hernias where there is great secondary weakness, or for hernias in middle-aged or elderly people, where the muscles are unlikely to regain strength and tone. There is, of course, every gradation between these groups of cases, and it is especially in these doubtful ones that the modification may be employed.

This method should not be employed for cases of strangulated hernia, for this is essentially an operation for intestinal obstruction, the cure of the hernia being a minor consideration; free exposure of the canal is necessary for the examination and manipulation of the congested and inflamed contents.

For similar reasons, and also on account of liability of laceration of the sac, it should not be employed for incarcerated or irreducible hernias. The importance of making sure that the sac is empty during the operation in ordinary cases has already been insisted upon.