do not run in the same direction as those of the aponeurosis but cross at an angle beneath them, these muscles will, when they subsequently contract, pull in different directions, and hence their action may be compared to that of the abdominal muscles after the "gridiron" incision for appendicectomy. As the sac should be removed without injury to the veins there should be no hæmatoma, and any subsequent thickening of the cord due to hæmorrhage is very unusual. If the inguinal canal be again examined by invaginating the scrotum with the finger during convalescence, it will be found that the external ring has sharp and definite margins, and that both it and the canal show little or no evidence of any injury during the operation. This is very different to the feel of these structures after Bassini's operation, where, owing to the amount of scar formation, it is often impossible to identify the various structures. It is this scar tissue which may yield as the result of continued strain and produce a bulging and "recurrence" in the site of the operation. Another appreciable advantage is that the incision is slightly further from the groin, and hence the possibility of secondary infection of the wound from this region is less. Occasionally, after an operation for hernia, the patient has retention of urine for a day or two, due, I believe, to the extensive dressing which is employed and which often includes scrotum and penis. I have never known retention to occur after this operation, and I attribute this to the simple dressing required and to the fact that it is kept in position by an ordinary spica bandage.

I have heard it urged as a disadvantage that the operation has to be carried out through a "keyhole" incision, which does not admit of a satisfactory view and investigation of the parts concerned. This criticism is scarcely justified, for the only stage of the operation which is carried out through the small incision is the exposure and freeing of the spermatic cord. For the separation, isolation and ligature of the sac—the essential part of the operation—as much of the cord as is desired can be drawn out and exposed to view. It is always possible, too, in the event of any unexpected difficulty, to continue the skin incision an inch or two in a downward direction and, by dividing the external ring and opening the canal, to obtain a free view,