

health, or some special circumstances, contra-indicate immediate operation. (3) A truss should, of course, be used if the patients or the parents refuse operation, or if there are any permanent contraindications to operative treatment. From what has been said above it will be seen that one of the chief safeguards against the recurrence of a hernia after a radical cure is that the muscular structures shall recover their power and tone. As a truss may hinder this, and as it may be a source of acquired weakness, it should not be used after operation in those cases where there is a reasonable prospect of the success of the operation. It must be remembered, however, in many of those cases where the acquired weakness is excessive, and especially where the hernia is of long-standing, or of large size, or only partly reducible, and the patient past the prime of life, that the object of the operation may be rather to enable the patient to wear a truss in comfort than to obtain a true radical cure of the hernia. Needless to say, in such cases the wearing of a well-fitting truss is part of the necessary after-treatment of the operation.

Injury to the structures bounding the inguinal canal may be a cause of acquired weakness, and, as such injury is only likely to occur during operation, and must have an important bearing upon the ultimate result, this matter is of great importance, and calls for careful consideration. That trauma applied to the abdominal muscles may result in the appearance of a hernia is well known, and such a result is occasionally seen after operations for appendicitis and other conditions, especially where pus is present and drainage is necessary, and where incisions are required in the lower part of the abdominal wall.

When a muscle is injured, whether by division or laceration of its fibres, repair takes place by the formation of fibrous tissue; no new muscle fibres are developed. In order to avoid injury and consequent weakening of muscles in the exposure of deep structures during operations, the incision is always carried, if possible, between muscles, and, if this cannot be done, the muscle is split in the direction of its fibres. In the same way, when an aponeurotic structure is divided, it also should be split in the direction of its fibres. Otherwise there will be tension on the scar, and the newly-formed fibrous tissue will be liable to stretch.