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in all cases, forcible compression of the abdominal contents, as in straining; and in the absence of such straining, there is no chance of the occurrence of hernia, for there is ample room in the quiescent abdomen for all the abdominal viscera, and a *vis-a-tergo* is required before any viscus can be forced out. Furthermore, in the normal condition of the inguinal canal, there is no opening, except such as is occupied and accurately filled by the spermatic cord; for the rest, the canal is a potential opening only, and does not become open until something is forced into it to make it so. Now, the compressing force which tends to the production of hernia we may, for practical purposes, regard as being invariably the contraction of the muscular system by which the abdominal contents are enclosed, but the contraction of the abdominal muscles involves also the contraction of the curved fibres which, we have seen, constitute what I have ventured to call the sphincter of the inguinal orifice."

We may add to the above description that the transversalis muscle probably has some similar action. The lower fibres of this muscle take origin from the outer third of Poupart's ligament, curve inwards just above the internal abdominal ring, and then downwards, where they are joined by the lower part of the internal oblique, with which they form the conjoined tendon, and gain insertion into the crest of the pubis. These curved fibres must also straighten when they contract, and must give a decided support to the inguinal canal as well as to the internal abdominal ring.

We have now to consider the part played by the aponeurosis of the external oblique. Two points are obviously of the greatest importance. The first is the presence of the external abdominal ring, and the second that the adjacent portion of the aponeurosis forms the most important insertion of the external oblique. This muscle, the fibres of which are directed downwards and inwards, arises from the lower eight ribs, and, though the posterior fibres have an insertion to the crest of the ilium, the greater part of the muscle ends in the aponeurosis, the only attachment of which to bone, at any rate below, is to the crest of the pubis and, through Poupart's ligament, to the pubic spine. The long axis of the muscle, and hence the line of most direct and