observations, that although a potential hernial sac exists in quite a large percentage of all persons, yet hernia does not necessarily occur. He contends that the main factor in the production of a hernia is a weak "inguinal sphincter," by which he refers to the structures guarding the internal abdominal ring. If the processus vaginalis is not obliterated and the internal abdominal ring is small and the muscles guarding it are powerful, the probability of a hernia occurring is slight. If, on the other hand, the ring be large and the muscles weak, the chances of a hernia occurring are considerable. This would account for the frequency of the inguinal variety in infants. The increased muscular strain at puberty and the weakening of the muscular fibres later on in life, would account for the onset of a hernia during these two periods.

Mr. Murray states that in infants, where the protrusion is not large, a cure may be brought about by a truss, because the instrument prevents the bowel or omentum descending, and maintaining the potency and dilating the funicular process and at the same time stretching the injured sphincter. The lumen of the process thus becomes extremely small and makes the descent of the bowel very difficult. It is improbable, however, that obliteration of the patent funicular process is ever brought about in this manner,

On account of the uncertainty of a cure by means of a truss, and the subsequent dangers of a potential hernial sac, the author strongly advocates operation during early life, in bottle-fed babies, even as early as three months; and in breast-fed infants, after the eighth month. He lays great stress upon tying the sac at the level of the internal ring, and to insure this he always splits the fibres of the external oblique aponeurosis to the level of the internal ring, ties off the sac as high as possible, in order to present as far as possible a smooth, flat, and unbroken peritoneal surface. He then overlaps the two flaps of the split external oblique, and in this way narrows and lengthens the inguinal canal. No attempt is made to stitch the conjoined tendon to Poupart's ligament.

The same principles of treatment hold good in adults. The essential point is to remove the sac, so as to avoid leaving a depression at the internal abdominal ring, and at the same time to do nothing to impair the action of an already weak and stretched inguinal sphincter.

The author finds fault with the majority of modern methods of cure by operation as being too elaborate and med-