There are also two other causes of acquired weakness which are of great importance, for they have a very important bearing on the treatment of inguinal hernia.

Acquired weakness may be due to long-continued pressure by a truss. The effect of this pressure in children is to hinder the normal muscular development in the region pressed upon, and, in adults, to lead to atrophy of the muscle fibres. In advanced cases, both in children and adults, there may be found, on examination, a soft area in the abdominal wall in the region of the inguinal canal as the result of this pressure. Such muscular wasting is doubtless, in both children and healthy adults, capable of recovery; but, on the other hand, it may, especially in later life, have an adverse effect upon the result of an operation. This suggests certain practical rules which may be followed with advantage in the use of trusses.

In the first place, after the first year of life, there is no evidence that a truss really "cures" a hernia. The utmost it does is to keep the sac empty, and if the sac be kept in an undistended condition for some months or years the relation of the neck of the sac and the abdominal cavity may become so altered, probably in part owing to a relative diminution in size of the opening, and in part to the viscus which previously descended having become accustomed to some other part of the abdominal cavity, that an apparent "cure" may result. The sac, however, remains, and there is always a chance of the hernia reappearing later in life. It is no uncommon thing, when a hernia develops during adult life, to get a history of a hernia during childhood, which had been "cured" after wearing a truss. Thus, in children and young adults, a hernia should always be treated by operation, and a truss should only be employed under the following circumstances: (1) In infants, where it is thought that there is a possibility of the processus vaginalis closing if the filling of the sac is prevented by some form of soft india-rubber truss. If, however, the hernia is large, if it becomes irreducible, or if it is with difficulty controlled by the truss, operative treatment should be carried out, even in infancy, provided the general condition of the child is satisfactory. (2) In older patients, a truss may be employed as a temporary measure if the general