

condition of the internal oblique and the conjoined tendon are now ascertained by inspection and palpation, and it is often as well not to finally decide as to the necessity of suturing the posterior wall of the canal until this has been done. The spermatic cord is exposed, the sac isolated and removed in exactly the manner already described. The spermatic cord, after removal of the sac, is drawn out through the incision in the

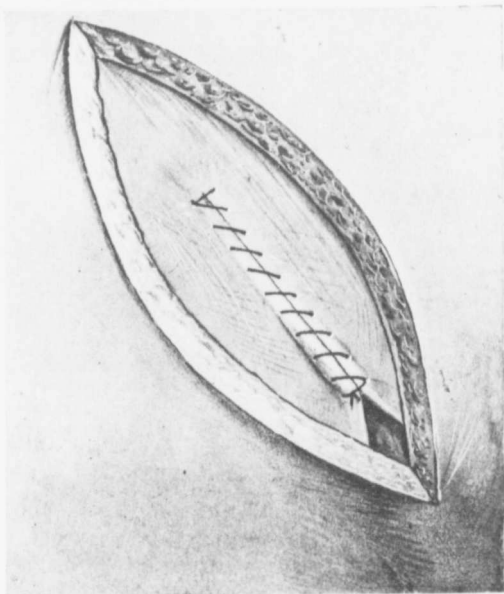


FIG. 12.

aponeurosis. Two pairs of Lane's tissue forceps are now made to encircle the whole of the structures which form the cord. These raise and retract the cord at the upper and the lower ends of the wound, and in this way a good view of the posterior wall of the canal is obtained (Fig. 11). The conjoined tendon can be distinctly brought into view, and a little dissection beneath the outer margin will expose the deep aspect of Poupart's ligament. Two or more mattress sutures can now be passed between these structures behind the spermatic cord, and, when