

versalis muscles at *Poupart's ligament* is a direct cause of the rupture returning in this angle after operation for the radical cure. I then (January, 1898) began the semi-lunar incision in every hernial operation, and to look for the deficient origin of the internal oblique and transversalis muscles. They were always deficient in origin.

**FIRST STEP.** *Semi-lunar Skin Incision.* Begin the incision over *Poupart's ligament*, one and a half inches below the anterior superior spinous process of the ilium; extend inwards and downwards in a semi-lunar manner, circumventing the internal abdominal ring, and terminate it over the conjoined tendon near the pubic bone. Cut carefully backwards with a very sharp knife and expose the vessels and pick them up with forceps before severing them, and thus prevent blood-staining of the tissues. Having passed through the skin, two layers of superficial fascia, fat between them and superficial epigastric vessels down to the aponeurosis of the external oblique muscle, it will be noticed that it is not necessary to cut the superficial circumflex iliac, nor the superficial pudic vessels. Take a pledget of gauze and with it turn the flap of skin, subjacent fat and fascia downwards and outwards over the thigh. This procedure brings into view the aponeurosis of the external oblique muscle, the external abdominal ring, with its pillars and intercolumnar fascia, the hernial sac, if it has descended through the external ring, external surface of *Poupart's ligament*, the under surface of the flap covered by the deep layer of superficial fascia, and the superficial vessels.

**SECOND STEP.** Cut through the external abdominal ring and intercolumnar fascia; separate the longitudinal fibres of the aponeurosis of the external oblique muscle directly over the inguinal canal, far beyond the internal ring, over the surface of the internal abdominal oblique muscle, and up under the skin, to a point nearly opposite the anterior superior spine of the ilium. Delicate transverse fibres are encountered and severed. Retract the aponeurosis of the external oblique muscle and thereby bring into sight the deep structures, viz., the contents of the inguinal canal, the whole sac, with its adhesions, the spermatic cord, ilio-inguinal nerve, internal abdominal ring usually enlarged, frequently an accumulation of subserous fat, the cremasteric muscle, conjoined tendon, internal oblique muscle, and its deficient origin