

A TYPICAL OPERATION FOR THE RADICAL CURE OF OBLIQUE INGUINAL HERNIA.

LAST October, when visiting Chicago, it was my privilege to see a good deal of the surgical work of a distinguished Canadian, who, by virtue of his undoubted skill and enthusiastic devotion to his profession, is rapidly attaining the front rank among the surgeons of the West. I refer to Dr. Alexander Hugh Ferguson, (M.D., C.M., Trinity), Professor of Surgery, Chicago Post-Graduate Medical School.

Among other suggestions as to new procedures in surgical operations, Dr. Ferguson very kindly detailed to me the steps of a new operation for the radical cure of inguinal hernia, and I have very much pleasure in giving the readers of the Quarterly the author's description of the various steps.

Dr. Ferguson says: "In investigating several relapses of the rupture after different methods of operating, the first important observation I made was that the return hernial protrusion began at the upper and outer portion of the seat of operation above the cord, and usually near Poupart's ligament. This I recollected had been referred to by other surgeons. While operating on these relapses I found a slit in the aponeurosis of the external abdominal muscle through which the sac and usually some fat protruded. Determining upon a search for the causes of these failures, it was thought advisable to make a semi-lunar incision and raise a flap of skin, fascia and aponeurosis of the external oblique muscle, in order to bring into view the whole sac, and deeper structures with their relations. To my astonishment, I found an angle between the lower border of the internal abdominal oblique muscle and inner aspect of Poupart's ligament wholly unprotected by the internal oblique and transversalis muscles. In the sixth case the unprotected angle extended upward and outward to the anterior superior spine of the ilium, there being no connection whatever between Poupart's ligament and these muscles, the space being occupied by some fat and a hernial sac. This is how I made the important discovery that a *deficient origin of the internal abdominal oblique* and of the trans-