

ness, and one or more narrow thinner areas, between strong bundles of longitudinal fibres, will nearly always be found just above Poupart's ligament to the outer side of the external ring. An incision, from three-quarters of an inch to one inch in length, should be made in the direction of the longitudinal fibres, commencing about a finger's breadth above the centre of Poupart's ligament, and extending downwards and inwards in the direction of the external ring. A thinned part of the aponeurosis should be chosen for the incision, if possible, and, in any case, the aponeurosis should be split in the direction of its fibres, and care should be taken to avoid division of important bundles of intercolumnar or oblique fibres. The lower end of the incision in the aponeurosis will end about half an inch from the margin of the external ring.

(4) *Exposure of the Spermatic Cord.*—If the margins of the incision in the external oblique be held apart, the fibres of the internal oblique will be seen curving from Poupart's ligament, downwards and inwards, to join the conjoined tendon. By means of a blunt dissector the aponeurosis is separated from the internal oblique below as far as the external ring, outwards as far as Poupart's ligament, and also to the inner side of the incision; there is no need to separate these structures in an upward direction. The lower border of the internal oblique, just above the external ring, will thus be brought into view. A small hook-shaped retractor is next introduced through the incision in the aponeurosis, and, with its help, the lower border of the muscle is strongly retracted by an assistant towards the upper end of the wound (Fig. 5). If a suitable retractor is not to hand, a small aneurysm needle can be employed quite satisfactorily for this purpose. When the internal oblique is retracted the region of the internal ring is exposed, and the cremaster can be seen extending down from the retracted muscle and covering the spermatic cord. A word of warning is necessary at this stage of the operation. If the hook of the retractor be made to press too deeply, and if it be not introduced quite in the long axis of the inguinal canal, the spermatic cord itself may be displaced inwards, puzzling the operator, and leading to an unnecessary delay, and probably laceration of the