

two, or three inches, according to the fatness of the subject. A considerable thickness of subcutaneous fat is now met with, which must be cut through by subsequent incisions until the pearly glistening tendon of the external oblique muscle is reached. Midway through the fatty tissue an aponeurosis sometimes appears, so firm and smooth that it may cause the operator to think he is deep enough; and if he begins to poke about here, as I have done and have seen done, it is little wonder no ligaments can there be found. The first stage of the operation consists simply in cutting down upon the tendon of the external oblique muscle until it appears clear and shining at the bottom of the wound. If the operator succeeded in hitting the spine, the external inguinal canal, with the intercolumnar fibres crossing it, can also be seen. If not, the aperture made down to the muscles can be dragged over an extensive area by retractors, so that the region can be searched until the ring is found. The finger, passed to the bottom of the wound, may be used to detect the spine and the ring outside, the former by its hardness, and the latter by its lessened resistance compared with that of the aponeurosis around it. The anatomical knowledge of the operator should always be equal to the recognition of these structures—that is, the spine and the external abdominal ring. There are other apertures, as the aponeurosis, and a depression filled with fat below Poupart's ligament, that sometimes simulate the external ring. Poupart's ligament below, the intercolumnar fascia running across, and the spine at the inner side, are sufficient landmarks. When in doubt, a slow deliberate survey of the position should be taken, and no gropings in the dark made, as these are certain to lead to failure. Having clearly isolated the external abdominal wound, and tied or compressed any little vessels necessary to be attended to, the next step in the operation may be entered upon—viz., to find the end of the ligament. The intercolumnar fascia, which is generally pushed forward by the fat and other structures beneath, is to be cut through over all the extent of the external ring and in the direction of its longest diameter: a nerve, some vessels, fat, some tendinous bands, and the round ligament springs out of the canal immediately.