parallel to and slightly above Poupart's ligament, ending below, just above the spine of the pubis. Skin and fasciæ are cleanly divided down to the aponeurosis of the external oblique, care being taken not to incise the latter structure at this stage. When any divided vessels have been secured the superficial structures are dissected back, so as to give a good view of the aponeurosis and of Poupart's ligament. The external

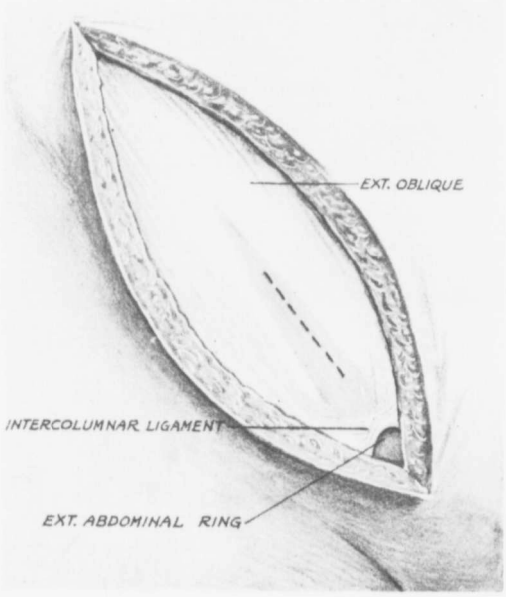

Fig. 4.

abdominal ring is not fully exposed, though its upper margin should be identified at the lower angle of the wound, and its size and general condition investigated by inspection and by digital examination.

(3) *Incising the External Oblique* (Fig. 4).—If the aponeurosis be examined the general direction of its fibres will be found to follow the long axis of the skin wound, though the intercolumnar fibres will be seen and also the interlacing fibres of the intercolumnar ligament. The aponeurosis is not of uniform thick-