

of the fascia lata up to the crural sheath. At the latter point, although this layer of the fascia of the thigh is somewhat tense, yet it does not lie directly upon the vessels. With the index finger introduced to guard the vessels the separation of the fascia lata from Poupart's ligament is completed with the scissors and the former structure reflected in a downward direction. (Fig. 4.) In a strangulated case this stage of the operation should precede the one last described, for the reason that relief of the constriction follows at once when Poupart's ligament and the remainder of the aponeurosis of the external oblique has been detached and freed.

A funnel-shaped cavity formed by the recession of the horizontal ramus of the pubic bone is now revealed, constituting the femoral canal. This now contains the ligated neck of the sac, some fatty and areolar tissue, and a lymphatic gland or two. These latter are to be removed. In cases of old unreduced hernia the peritoneum has become stretched, and bulges forward considerably at this point. Grasping the neck of the sac, this is drawn forward and a portion of the superfluous tissues, consisting of peritoneum and sub-peritoneal fat, removed, a transverse peritoneal section resulting. This is not a part of the original operation of Fabricius, but I have thought it best to add it in cases where it is indicated. Such a condition exists in this case, and we will proceed to execute the maneuver.

The gap thus made is now sutured. The edges are grasped with catch forceps and drawn forward so as to secure broad approximation of the peritoneal surfaces. The method employed by myself in accomplishing this is to hold the surfaces in contact, and sew through and through, and not over and over, as peritoneum is usually sutured.

The essential and important step of the operation is now to be taken. This consists in attaching Poupart's ligament to the point of origin of the pectineus muscle and the periosteum of the horizontal

ramus of the pubes. By this maneuver Poupart's ligament is made to describe a backward curve, to follow the recession of the bone at this point, imitating in this respect that portion of this structure which is reflected obliquely outward and backward after its insertion into the spine of the pubes, and known as Gimbernat's ligament. In this manner the femoral canal, or space which lies normally between Poupart's ligament and the bone, is obliterated.

Some substantial suture material must be employed at this stage. While catgut may be used in suturing the peritoneal surfaces, this is far too unstable to serve our present purpose. My own preference is for kangaroo tendon. Kangaroo tendons placed in "U"-shaped glass tubes, with ninety-five per cent. alcohol, hermetically sealed and afterward sterilized by exposure to a temperature of about 300° F., a method devised originally by myself, are now prepared by the Ellwood Lee Company, Conshohocken, Pa., and are reliable for all the purposes of a hernia suture. (See the Brooklyn Medical Journal, vol. vi, page 164, 1892.) According to Coley, of New York, who has had a large experience with this material, it will hold with unimpaired strength for a sufficiently long time for the purposes of hernia operations, disappearing only after a period of months.

In applying the suture the crural sheath and its contained vessels should be displaced well to the outer side, and above the iliopectineal eminence, and there held by the operator's disengaged index-finger or a blunt hook in the hands of an assistant. (Fig. 5.) In this manner an increased area for the attachment of Poupart's ligament to the horizontal ramus of the pubes is made available. The obturator artery and vein may come into view, and care should be taken not to injure these.

A stout and strongly curved needle, with a sharp point, is armed with a strand of the kangaroo tendon, and passed through the aponeurosis of the external