

especially true of an inguinal hernia. How we can make these various forces serve our purpose in making the abdominal wall lax and hence the hernial opening as large as possible, I shall show later.

On the other side, the femoral or crural canal may be enlarged or diminished in proportion to the relaxation occurring in the fascia lata. This relaxation can be readily accomplished by certain definite postures, and hence those factors most favorable for the enlargement of the canal are produced and, on the one hand, the most advantageous condition for the pushing back of a reducible femoral hernia or, on the other hand, for a viscus or piece of omentum to be pushed out through this opening by the force of intra abdominal pressure and gravity, produced intentionally for the purpose of demonstrating a femoral hernia. Appropos of this, Cunningham says: "When attempts are made to reduce a femoral hernia the position of the limb during the procedure must be attended to. When the thigh is fully extended and rotated outwards, all the fascial structures in the neighborhood of the crural canal are rendered tight and tense. When the limb is flexed at the hip joint and rotated inward, on the other hand, the superior corner of the falciform edge of the saphenous opening and even Gimbernat's ligament are relaxed. This, then, is the position in which the limb should be placed during the reduction of a hernia." And, I will add, that this is the position, more or less, in which the thigh should be placed when trying to demonstrate a femoral hernia, though the body position in attempting *reduction* of a femoral hernia should be horizontal or with hips higher than the head, whereas, in trying *production* of a hernia intentionally, the body should be almost vertical and slightly forwards to bring the force of gravity into play, and remove the strain of standing erect.

My procedure aims at certain definite anatomical positions which cause a relaxation of certain groups of muscles and fascia and takes advantage of natural laws to aid in the production of those conditions favorable to and the elimination of adverse factors from the deliberate and intentional production of a hernia for purposes of demonstration or diagnosis in those cases where a hernial opening actually does exist or positive proof to the contrary.

These favorable conditions are:

- (1) As lax an abdominal wall, Poupart's ligament and fascia lata, as possible.
- (2) Well-emptied intestines and bladder.
- (3) The bringing into play of the force of gravity.
- (4) The removal of that abdominal strain due to an erect or vertical position.