

it may be impossible to stretch them to their former length sufficiently to cover the weak place in the abdominal wall. I think this statement particularly applies to the lateral muscles on the spinal side of a hernia following an incision through the upper right rectus in an operation for treatment of some hepatic disease.

The hernia which occupy the middle line below the umbilicus sometimes assume rather startling proportions, falling down between the thighs and causing distress both from the dragging of their contents and their occasional disturbance or inflammation. Their formation is therefore a real danger to be guarded against.

In the hernia which follow incisions for the relief of appendix abscesses, although much may be done to prevent them by the gridiron method, the skin and peritoneum become joined together in a thin cicatricial layer to which the omentum is often adherent. This covering may be dangerously thin, for sometimes it does not much exceed the thickness of paper. Hernia is rare after operations on the kidney by the lumbar route, if the incision is made obliquely from above downwards and the fascial planes are sutured after the operation.

Never cut across muscular fibres unless it is absolutely necessary from the particular needs of the case; muscular fibres must always be separated, not cut, and as the aponeurosis of the external oblique forms the strongest layer in the lateral wall, incisions should follow the direction of that muscle. There are nerves likewise to be considered, and often a little care in the arrangement of a wound will result in the avoidance of any injury to them. In some instances when the fibres of the rectus have been split in the performance of cholecystotomy or gastro-enterostomy, without reference to the position of the nerves, that part of the muscle to the inner side of the incision has undergone atrophy and a hernia has consequently developed. At Czerny's instance Assmy investigated the after-results of cases in which a wide vertical splitting of the rectus fibres had been performed, and he showed that an atrophy of that part of the muscle dissociated from its nerve supply always followed.¹

¹ Moynihan, "Abdominal Operations," p. 91.