

are present in the sac the hernia is known as an entero-epiplocele.

Heretofore the treatment of femoral hernia by means of an operation designed to effect a radical cure has not been so successful as in the case of inguinal hernia. The more frequent occurrence of the latter has directed attention particularly to its needs, and has led to development of several operative procedures, each one of which has met with a fair success in accomplishing the result arrived at.

In the case before us we will apply one of the most recently devised, and probably the most effective operations for the radical cure of femoral hernia. The method is known as that of Fabricius, and its technic includes the following stages:—

1. The incision is planned so as to expose the insertion of that portion of the aponeurosis of the external oblique known as Poupart's ligament at the spine of the pubes, and the line where that structure blends with the fascial structures of the thigh, as well as the sheath of the vessels at the crural opening.

2. The sac of the hernia is exposed and cleared to its neck.

3. The sac is opened and emptied, after which it is ligated at its neck, and the latter, in suitable cases, inverted toward the abdominal cavity.

4. The edge of the aponeurosis of the external oblique is forced backward to the level of the upper margin of the horizontal ramus of the pubes, and there sutured to the periosteum and the origin of the pectineus muscle. By this means the space between the bone and the downward projection of the aponeurosis, in which space a femoral hernia forms before making its appearance externally, is obliterated.

The patient is placed in the Trendelenburg position, the intestines thus being caused to gravitate to the upper portion of the abdominal cavity, where they are out of harm's way during the steps of the manipulation subsequent to opening the sac. The incision commences at the spine of the pubic bone, and is carried parallel

with Poupart's ligament for a distance of from four and a half to five inches, or sufficiently far to reach a point well to the outer side of the femoral vessels. (Fig. 1.) The skin, fat, and superficial fascia are divided, the superficial epigastric vein, as it passes in a vertical direction, being sometimes sufficiently large to come into sight before division, in which case it is divided between two ligatures.

The hernial sac, in some instances, projects directly beneath the lesser falciform process, in which case it comes into view with its coverings at this stage of the operation. In other cases, however, it lies beneath the superficial layer of the deep fascia of the thigh, or the fascia lata, as it is called, because of its broad ramifications. Under these circumstances it will be found to be covered by the cribriform fascia, which must also be incised.

The sac being exposed and isolated well down to its neck, it is opened and its contents reduced. (Fig. 2.) In the case before us the sac is found to contain a portion of omentum which has become adherent, and some fluid. The presence of the latter explains the sense of fluctuation imparted when the protrusion was palpitated. The distal portion of the omentum is free within the sac, and acts as a ball valve, thus preventing the fluid which has been secreted by the sac from being forced into the peritoneal cavity when pressure was made upon the protrusion. This condition constitutes what is known as a "hydrocele of the sac." Lifting up this ball valve arrangement of the omentum the orifice of the hernial sac is readily disclosed.

The adherent omentum is now freed and the sac emptied. The latter is drawn forward, its neck ligated with catgut, and the ligated portion of the sac cut away. (Fig. 3.) In order to more fully expose the crural canal preparatory to its obliteration, the attachment of Poupart's ligament at the spine of the pubes is first detached, and the separation carried on in an outward direction until this structure is separated from the superficial layer