CHAPTER II.

The Operative Treatment of Inguinal Hernia.

The operation which will be described in the following pages attempts to carry out the principles stated at the close of the last chapter. The operation in children and young adults, where there is little or no secondary weakness, will be first described, and, subsequently, a modification which enables the conjoined tendon to be sutured to Poupart's ligament, as in Bassini's operation, which is employed in older patients and those where well-marked secondary weakness is present. The principle of the method is that the sac is approached from above, immediately below the internal abdominal ring, instead of dividing the external ring, slitting up the external oblique, and opening up the inguinal canal, as is usually done. Generally speaking, this particular operation is applicable between the ages of four and thirty years, but each case must be treated on its merits. Especially important is the examination for the presence and extent of any secondary weakness in the manner which has already been described. In infants and young children the inguinal canal is so short, and the internal and external abdominal rings are so nearly opposite one another, that it is possible to satisfactorily remove the sac by freeing and isolating it after it has emerged from the external ring, and then drawing it down and ligaturing it as high as possible. In older children and adults the canal is longer, and if this procedure were adopted there would almost certainly be left a funnel-shaped projection of peritoneum through the internal ring which would probably lead to a recurrence of the hernia.

I first employed the method of completely removing the hernial sac through an incision through the external oblique in the region of the internal ring about eight years ago. At first, I operated in this way in children, but have since used it more and more in adults, until at the present time, except where