

must be of sufficient length, say, three-quarters of an inch, more of the cord being drawn out into the wound if necessary. At this stage of the operation care must be taken not to lacerate the sac itself, under the impression that it is only a fascial layer. This is hardly likely to occur in the type of adult patient we are at present considering, as the sac will probably be a fairly strong, firm and definite structure. Occasionally, however, in adults,

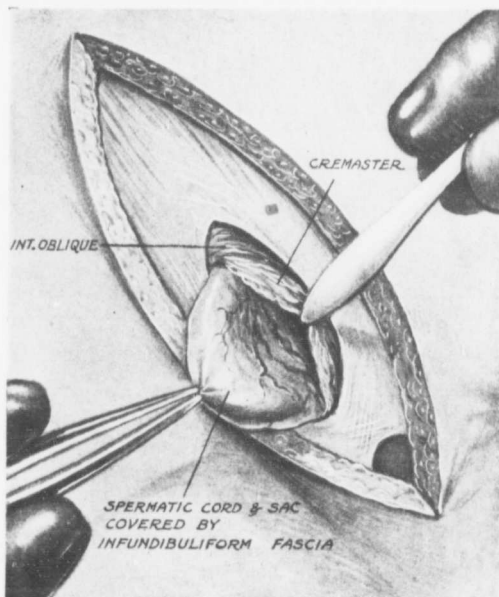


FIG. 7.

and not infrequently in children, the sac may be an extremely thin and delicate structure. Under these circumstances the edge may be transparent and indistinct, and it may then be accidentally opened. This may be recognised by the smooth, shiny appearance of the inner serous lining of the sac, and probably also by the escape of a little clear fluid. In doubtful cases, too, a probe may be passed through the opening into the peritoneal cavity, and also along the distal part of the sac towards the scrotum. Should this accident happen the margins