

adverse conditions by transplanting the testicle through the septum to the opposite side of the scrotum. In unilateral cases the affected side of the scrotum is often badly developed, and frequently the median raphé will be found to be directed obliquely or even nearly horizontally. In any case there is always plenty of room for both testicles in one compartment of the scrotum.

No stitches are required to hold the testis in its new position ; it is prevented from retracting by the smallness of the opening in the septum. The elastic action of the septum, and the weight of the scrotum and the normal testicle, supply a slight but



FIG. 13.

continuous force of indefinite duration, which counteracts the tendency to retraction (Fig. 13). The importance of free division of the gubernaculum and fascial bands, extreme care in manipulating the testis, and preservation of the vas and veins has already been insisted upon, and these, together with the enclosure, whenever possible, of the testicle in a tunica vaginalis, are all carefully attended to in the course of the operation.

Where both sides are affected, it is possible, in some cases, to operate upon one side, transplanting the testicle to the opposite side of the scrotum, and then, after a suitable interval, to repeat the process on the other side, so that the right testicle occupies the left, and the left testicle the right, compartment of the scrotum.