

Examination of the scrotum shows absence of the right testicle and the mass felt was thought to be the undescended testicle in the inguinal canal.

*Operation.* The patient was anaesthetised with ether and an incision made over the mass in the course of the inguinal canal. The subcutaneous tissue was found hyperaemic and the bleeding points were secured. The aponeurosis of the external oblique and the internal oblique muscles were then divided. The tumour was found to consist of an inflamed mass about the size of a walnut, firm to the touch, and adherent to the surrounding tissues. It was impossible to dissect out the spermatic cord on account of the adhesion, so the tissue was ligated

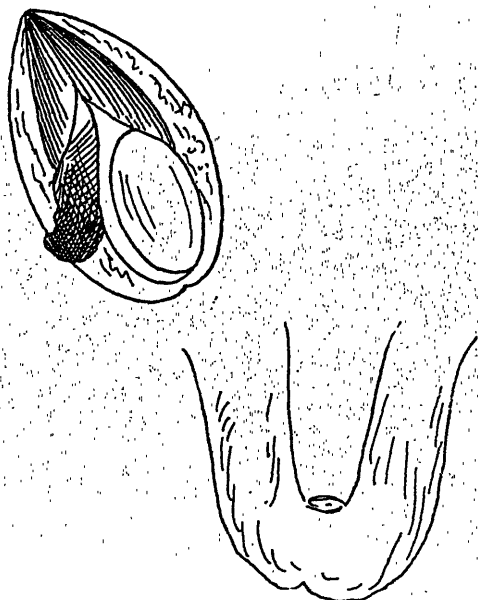


FIG. I. Shows the strangulated gut lying behind an undescended testicle. Right half of scrotum empty.

above, *en masse*, and the testicle removed. Portions of gangrenous tissue, some of which presented the appearance of having a covering of peritoneum, were found adherent to the walls of the canal. The bowel was found to be completely sloughed across and only about a half inch of gut could be secured and but one lumen made out. For further exploration, a few fibres of the transversalis muscle were snipped with scissors, and on then pulling out the portion of bowel a little more, it was found to join the intestine at right angles and to allow a probe, introduced through it, to be passed up and down the course of the bowel. (See the drawing.) The condition was diagnosed as a strangulated Meckel's diverticulum under an undescended testicle. The gan-