

muscle, while it is sought for. This is quite easily avoided, and is, indeed, unlikely to occur if only the possibility of the displacement of the cord be borne in mind. With a pair of toothed dissecting forceps and a blunt dissector, the operator now tears through the cremaster, thus bringing into view the spermatic cord enclosed in the infundibuliform fascia just below the internal abdominal ring (Fig. 6).

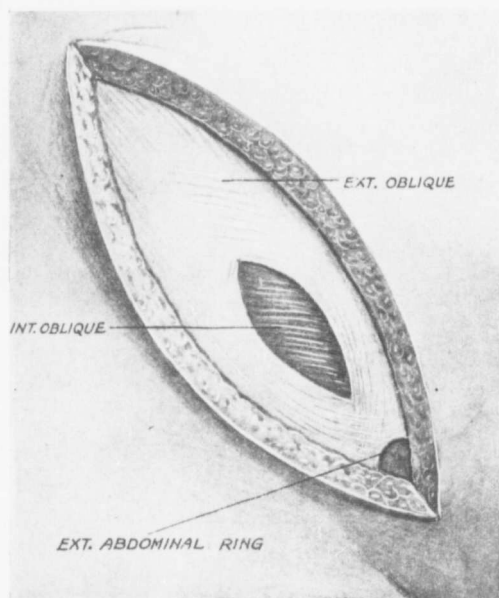


FIG. 5.

(5) *Isolation of the Spermatic Cord.*—The fascial sheath enclosing the spermatic cord and the hernial sac is then seized by dissecting forceps and drawn forwards into the wound. The cremaster is peeled off it, at first in a longitudinal direction and then transversely (Fig. 7). As the cord is gradually freed it is drawn, by traction on the dissecting forceps, more and more through the incision in the aponeurosis until at last it is completely freed behind, when it may be prevented from slipping back into the inguinal canal by passing a pair of Spencer-Wells'