pushed right through into the scrotal wound. When the ends of the ligature have been secured, the forceps are unclipped, and are slowly withdrawn; while this is being done, the blades are opened out so as to stretch open the soft parts and make a

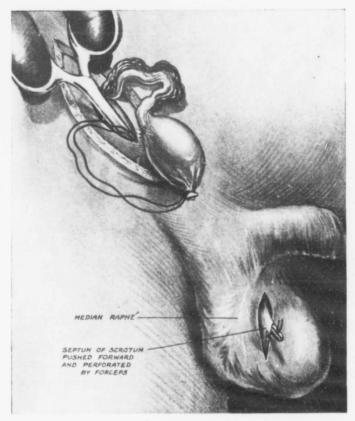


Fig. 17.

channel along which the testicle can pass to its bed on the left side of the scrotum. Though the passage from the inguinal canal to the septum may be freely dilated, care must be taken not to tear open the wound in the septum too widely; it is better to have this rather too small and to enlarge it later if the testis cannot be drawn through it.