

within the abdomen, and, in any case, they will have been recognised at an earlier stage in the operation, and the testicle will then be disposed of upon the lines already indicated. The testicle, enclosed in the tunica vaginalis, is now only attached by the vessels and the vas, and it is covered with gauze soaked in hot sterile saline during the next stage of the operation.

(5) Preparation of a Bed for the Testicle in the opposite side of the Scrotum.

An incision, about an inch in length, is made in a vertical direction on the anterior aspect of the opposite side of the scrotum (Fig. 16). Since we are considering an operation for right imperfectly descended testicle, this incision will be on the left side; it is most conveniently made by squeezing the left testicle forwards, so as to make the skin tense. The superficial tissues are divided through the whole length down to the fibrous sheath of the tunica vaginalis, but care must be taken not to injure this structure. When the cellular tissue has been well opened up the margins of the skin incision are retracted by two pairs of tissue forceps, and, after any bleeding vessels have been secured, a space is cleared, either by a blunt dissector or the finger, between the septum of the scrotum and the left tunica vaginalis. The connective tissue is very loose, and an ample bed can readily be prepared; while doing this, there is no danger either of opening the tunica vaginalis or of damaging the testis.

(6) Transplanting the Testicle.

The forceps, gripping the ends of the long ligature, are now passed through the incision in the external oblique aponeurosis, and are pushed through the external abdominal ring well down into the scrotum. The closed blades of the forceps are next pressed inwards so as to impinge upon the right side of the septum of the scrotum near its centre, and then, by manipulation of the handle, they are made to present in the scrotal wound, pushing the septum before them (Fig. 17). A small incision is now made with a knife in the septum over the end of the forceps, with the result that the blades, with the ends of the ligature, are