after this stage, it is unlikely that there will be any particular difficulty, but a little extra time and care expended upon the isolation of the sac from the vas and veins and their fascial connections will save much time and trouble at later stages of the operation. It is of the greatest importance that the sac shall not be lacerated, for, should this happen and the rents extend up to the internal ring, considerable difficulty may be experienced in closing off the peritoneal cavity. Injury to the veins of the cord is easily avoided, but should this occur owing to undue haste or insufficient care, there may be a hæmatoma causing a long-standing thickening of the cord, and which may lead to an unnecessarily prolonged convalescence. Difficulty with the contents of the sac is not likely to arise, for an irreducible hernia is, generally speaking, a contra-indication to this particular operation. When the separated sac is drawn down preliminary to transfixion and removal, it is as well to carefully inspect the upper end and make sure that the bladder is not drawn down with the neck of the sac. This is very unlikely to happen with the type of hernia for which this operation is indicated, but I have seen it on several occasions. The bladder can be recognised by the presence of muscular fibres. It should be separated from the sac, and care must be taken that it is not pierced by the needle or encircled by the ligature.

Advantages of the Operation.

The sac is completely removed, and, as the ligature is applied above the level of the neck, there is no protrusion of the stump through the internal ring. The operation is simple, easy and neat, and is rapidly performed. With a little practice, it will be found that the time required for the majority of cases is less than a quarter of an hour. The sac is removed with the minimum amount of injury to, or interference with, the structures which form the inguinal canal; indeed, the sac is exposed by drawing the muscles which form its anterior wall aside rather than by dividing them, for the incision in the external oblique does not open the canal, but enables it to be reached by drawing the internal oblique aside. Since the fibres of the internal oblique