

When a hernia complicating a displaced testis is met with in an adult, on account of the non-development of the organ and its probable uselessness, and where the other testicle is healthy, it is better to remove the atrophied organ and do a radical operation for hernia by closing the inguinal canal and rings.

In early life when the child has reached the age of five years and the testis shows no sign of further descent, it is advisable to operate and **transplant** the displaced organ into the scrotum.

The writer now has had eighteen cases which have gone on to operation. The first attempts were aimed at freeing the testicle and trying by various means to increase the length of the cord or by loosening the epididymus from the body of the testicle, but it was found that the organ later on found its way back to its former mal-position.

Attempts to suture the mobilized testicle to the bottom of the scrotum or to the skin of the thigh by traction sutures through the bottom of the scrotum or fixing the testicle by sutures to wire appliances buried or to splints applied to the perineum all ended in failure or at best only partial success.

It is essential for the success of all operative work of a plastic nature that there shall be no tension whatever on any sutures or to any retentive apparatus used. So all the above operations were discarded as wrong in principle.

The writer was induced to follow the technique described hereafter from experience gained at an operation carried out on an aged patient referred to me by Dr. C. J. Copp. This patient had been operated on twice in the Old Country without success. A third attempt on my part was followed by a recurrence of the hernia, due to a weak scarred abdominal wall and the presence of a very bulky spermatic cord. A fourth operation was then done after getting the patient's consent to a removal of the testicle if it was deemed necessary to the success of the operation. The cord was divided at the internal ring and at the root of the scrotum and removed, and the testis was returned to its bed. Then the entire length of the inguinal canal was securely closed after removal of the scar tissue which was abundant. The testicle was now deprived of all its blood supply, except that through the scrotal tissues behind and the organ was carefully watched. The testis eight months afterwards was slightly softer and a little smaller than its fellow.

It was thus made plainly evident that the testicle could survive with but a fraction of its normal blood supply, and this led to the procedure outlined below.

This operation was first performed by the writer in July, 1902, but at that time I was unaware that Bevan, of Chicago, had read a paper