

of the sac is usually quite easy; the veins generally peel away without difficulty and without any bleeding, and in many cases the sac can be separated without the vas deferens ever coming into view at all. This structure can be readily recognised by its characteristic appearance and feel, and it is well always, after separation of the sac, to recognise its presence in the cord by these means. Occasionally the freeing of the vas from the sac is a matter of some difficulty. It is often much more closely connected with the sac than are the veins. Indeed, sometimes the vas almost projects into the sac, and when this happens with a thin-walled sac laceration can only be avoided by the exercise of great patience and care. Needless to say, the vas must on no account be seized with the forceps. The parts are well stretched out, and the blunt dissector, working longitudinally, is gradually insinuated through the fascia which connects the two structures. When once the separation has been effected it can be readily extended, both in an upward and a downward direction.

The sac is now completely separated from the accompanying structures for a short distance. The lower end is next pulled upon, and the separation is continued in a downward direction until the lower end of the sac is reached and freed. This is accomplished by the same means, viz., by keeping the constituents of the cord and the sac well spread out, and by the use of the blunt dissector. The lower part of the sac is likely to be more adherent, and sometimes there will be found a solid fibrous cord extending downwards from its lower end, which doubtless represents an obliterated portion of the processus vaginalis. The blunt dissector will suffice even for the separation of this adherent part, and it is as well to avoid the use of any sharp instrument, which may be followed by hæmorrhage, whereas, if the blunt instrument is used, any small vessels will be lacerated and will not bleed. Indeed, the whole process of separation ought to be a bloodless proceeding. The lower free end of the sac is now secured by forceps and is drawn downwards while the upper end of the sac is freed by dissecting the vas and the veins away in the same manner. The sac must be strongly pulled upon until the extraperitoneal tissue in the region of the internal