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open. As soon as the edge of the sac is seen it is secured by a pair of Spencer Wells' forceps; if there is any difficulty in identifying this edge, the left forefinger should be placed beneath the cord and the structures be well spread out over it. When the edge of the sac has been identified and secured the veins and the vas are peeled away, in a transverse direction, with the help of a blunt dissector. A short length of the sac is, in this way, completely separated from the structures which form the cord, and, when this has been accomplished, the blunt dissector, aided by wiping movements with gauze, will readily complete the separation up to the level of the internal abdominal ring. The sac is ligatured in the way and at the level already described (p. 31), and after the sac, a little lower down, has been secured by a pair of Spencer Wells' forceps, it is divided between these and the ligature (Fig. 14). The stump slips up beneath the internal oblique, and the most essential part of the cure of the hernia has been completed.

(3) Closure of the Tunica Vaginalis.

The lower portion of the sac is now separated from the vas and veins until the level of the upper end of the epididymis is reached. It is here again transfixed, ligatured and cut through on the proximal side of the ligature (Fig. 14). In this way that part of the sac between the internal abdominal ring and the epididymis is removed, and the testicle remains enclosed in a peritoneal bag, which forms the tunica vaginalis (Fig. 15). This covering protects the testicle during the manipulations of the later stages of the operation, and also will allow it some degree of mobility when it is transplanted to its new position. Though desirable, this closure of the lower end of the sac is not essential, and if, owing to thinness of the peritoneum, the tunica vaginalis becomes lacerated to such an extent that it cannot be closed, either by transfixion and ligature, or by a simple purse-string suture, it is best to leave it open. Indeed, if a definite hydrocele be present, no attempt should be made to reconstruct the tunica vaginalis, but this should be treated as in the operation for the cure of hydrocele.