

Arrest of descent of one or both testicles may occur at any point between the lower border of the kidneys and the hollow of the scrotum.

The chief forms are (a) *Abdominal* (cryptorchism, unilateral or bilateral). The testicle may be situated on the posterior abdominal wall in close relation to the lower outer border of the kidney, and may be provided with a long mesorchium or mesentery, allowing it a free range of movement in the abdominal cavity, or it may lie in the iliac fossa close to the internal abdominal ring. (b) *Inguinal Retention*. The testicle may be arrested at the internal abdominal ring, in the inguinal canal or at the external abdominal ring. It is here usually freely movable unless fixed by subsequent inflammation and adhesions. (c) *Cruro-scrotal Retention*. Here the testicle passes through the external abdominal ring, but fails to descend completely, lying close to the ring or at varying distances below it. The second variety, or inguinal retention, is the commonest form of these.

Various causes to explain these forms have been given, such as pre-natal peritonitis, with resulting adhesions for the abdominal form; small size of the external ring or abdominal development and size of the epididymus for the inguinal variety; and undue shortness of the spermatic cord or any one of its constituents for the cruro-scrotal form.

Aberrant descent (ectopy) in which the testicle leaves its normal course may occur in one of several forms:

(a) In *peno-scrotal ectopy* the testicle is found above the penis under the skin of the abdominal wall. (b) In *perineal ectopy* the testicle is found on one side of the perineal raphe and in front of the anus. (c) *Femoral ectopy* appears as a movable tumor in the site of a femoral hernia over the saphenous opening. The testis may always be recognized by its physical characters and its peculiar sensitiveness and the absence of the corresponding organ from the scrotum of that side.

Of these forms the perineal variety is the commonest, and the cord may often be traced up from the misplaced testicle to the external abdominal ring.

Irregular development of the gubernaculum and abnormal attachments or overdevelopment serve to explain these latter forms.

In its bearing on the development and the course of hernia and inflammation, the relation of the misplaced testicle to the peritoneal pouch which accompanies it, is of great importance. The pouch may remain open to the general peritoneal cavity, predisposing to hernia or the extension of inflammation upwards. It may be closed above but open below, favoring the development of hydrocele; or it may be obliterated. Exceptionally the testicle may be retained and the funicular process of the peritoneum may extend to the bottom of the scrotum and