the wall of the sac, and these apparently represented the rudimentary epididymis. In this case, macroscopically, the testicle had completely disappeared.

The epididymis is also generally small, ill-developed and loosely connected with the body of the testicle.

As a rule, the testicle is attached to the back of its peritoneal sac by a well-developed mesorchium, and, on this account, it may have a considerable amount of mobility. This mesorchium is a persistence of the fœtal structure, which is always present at an early stage of development. Its association with an imperfectly descended testis in an adult may possibly be due to failure on the part of the gubernaculum to draw the testicle down behind the peritoneum to its normal position within the tunica vaginalis.

In the normally placed testicle in the adult fibrous remains of the gubernaculum can be recognised, attaching the lower part of the tunica vaginalis and the testicle to the bottom of the scrotum. In the same way, in the imperfectly descended organ, the remains of this structure can be recognised, though its main attachment will probably be to the superficial tissues of the groin or to some other of the insertions already described.

The scrotum may be fully developed, but is often only imperfectly formed. This is especially likely to be the case where the imperfect descent is unilateral. In this case the side of the scrotum which contains the fully descended testis is well developed, but the other side, which has never been occupied, may be so small that the median raphé is more nearly horizontal than vertical.

As might be anticipated, there is generally a good deal of weakness and stretching of the structures which bound the inguinal canal, the result of the presence of the testicle and, very probably, also, of a hernia. This is shown chiefly by the increased size of the internal abdominal ring and a thinning out and laxity of the lower fibres of the internal oblique. The condition of the external oblique and of the external ring will depend largely upon the situation of the testicle and the size of the hernia, but, if the hernia is of fair size, or if the position of the testis varies between the canal and the groin, the ring will