

it may be said that orchidopexy is only applicable in mild cases, and perhaps even then may not often be called for; while orchidectomy is only justifiable under special pathological conditions, e.g., torsion, severe neuralgia, extreme atrophy, and in older cases, that is after puberty and a possible and problematical period of testicular activity and spermatogenesis has passed, say from 23 upwards. Replacement in the abdomen is indicated in far the majority of cases, and should be always done before puberty, and, perhaps, up to the age of 20 or thereabouts. It would appear the earlier the operation the better should be the result. No operation may be called for in mild cases when the testis is close to the bottom of the scrotum, or when the testes are abdominally retained. Operative interference is demanded in most cases on account of secondary changes of an inflammatory and sclerotic nature in the testis, which the position of imperfect descent leads to. There is also the frequent coexistence of a hernia, and in cases where it does not often or never has come down previously, the narrow opening or neck of the sac may cause one of the most dangerous varieties of strangulation.

The acquired imperfectly-descended testis is almost always the result of an operation for the radical cure of a hernia, and depends upon one of three causes. The testis may be really an imperfectly-descended one, made to assume the normal position by means of the propulsion of the hernia, and so, when the hernia is cured, the testis is apt to assume its original position. Again, if the hernia sac is not well freed from the cord, on returning the sac into the abdomen the testis may be pulled up into a higher position. Lastly, by an improperly applied bandage the testis may become adherent to the scar of the operation. It is important to remember that imperfect descent of the testis is frequently accompanied by a hernia, and that a hernia may be accompanied by an imperfectly-descended testis, especially in children when the sac is a congenital one.

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Durh., L.R.C.P., Lond., M.R.C.S. Eng. "A Case of Perforated  
Gastric Ulcer in a Boy Aged Thirteen Years; Diseased Appendix;  
Operation; Recovery." *Lancet*, June 11, 1904.

The interest of this case lies, in the first place, in the occurrence of a perforating gastric ulcer in a boy aged 13 years. The ulcer was a typical peptic ulcer. Gastric ulcers have been found in children, but apparently only of a tuberculous character. As to the cause of the ulcer, no suggestions are made, as there was an entire absence of any previous symptoms pointing to the stomach. The second point of interest is