CHAPTER V.

The Operative Treatment of the Imperfectly Descended Testicle.

The treatment of the abnormally placed testicle is essentially operative. Palliative treatment may, however, be required in cases where a hernia is present and where it is thought to be advisable to postpone the operation on account of the age of the patient; it will also be called for if operation is refused, or if, for any special reasons, this is considered undesirable. The wearing of a truss is often attended with considerable difficulty. In some cases, where the testicle is below the external ring, the pad of the truss may be arranged so as to support the hernia without pressing on the testicle; in other cases, where the arrest is either abdominal or inguino-abdominal, both hernia and testis may be kept back in the abdominal cavity. Pressure on the testicle by the truss is likely to cause pain, or even severe attacks of orchitis, and this is most likely to occur where the testicle is retained in the inguinal canal; when these complications occur it is impossible for the truss to be worn.

Three methods of operative treatment are possible. (1) The testicle may be transplanted to the scrotum. (2) It may be excised. (3) It may be freed from its attachments and returned to the abdominal cavity. It is often impossible to be certain as to which of these procedures should be adopted until the testicle is seen and its connections examined in the course of the operation; much will depend upon the degree of atrophy present, and the length of the veins and the vas, conditions which cannot be determined by an ordinary clinical examination.* The patient or his relations should, accordingly, always

* It is certainly very unusual for there to be any difficulty in transplanting the testicle to the scrotum, provided that the methods described later are carried out, when the testicle is arrested in, or just below, the inguinal canal. When the testicle cannot be felt, and has never left the abdominal cavity, this difficulty may be met with. I cannot help thinking that in some cases, where the veins are considered to be unduly short, the tense bands which hinder replacement are really fascial bands derived from the sheath of the spermatic cord.