plan for his relief, and would have been performed had I then been acquainted with Mr. Hamilton's case.

It is foreign to my purpose to enquire whether the non-descent of the testicle in the first case I have given, is to be attributed to the arrest of development of the spermatic artery, or if the non-development of the spermatic artery is a consequence of the retention of the testicle, the important fact for the surgeon to know is, that whereas ample provision for the arterial supply of the healthy testicle has been made, by giving it a special artery, remarkable for its origin, size, and course, and that it also obtains for itself and its envelopes, nourishment from the spermatic branches of the epigastric and the deferential branches, of the superior-vesical, yet in the cases alluded to, there was an absence of these vessels, and that in a case mentioned by Broca, and quoted by Curling, where the left testicle was within the abdomen, about an inch above the inguinal ring, it was "small, flattened, resembling a haricot bean," and "the spermatic artery was as fine as a thread."* In Mr. Hamilton's case, it is distinctly stated that there was *no hæmorrhage, and no vessels to be tied*, and the same remark is made by Mr. Spry, surgeon to the Royal Cornwall Infirmary, who removed a recently descended testicle, that had become the seat of encephaloid disease. He also observes, "the hæmorrhage attending the operation was so slight, that no vessels required to be ligatured.† These defects in the arterial supply, taken in connection with the arrests of development of other structures, intimately connected with the testicle, as the epididymis, vas deferens, and seminal tubes; the atrophied and mis-shapen form of the organ itself, and the absence of spermatozoa in all those cases in which those bodies were sought for, clearly show that the organ is in most cases a useless and withered gland, incapable of performing its functions,‡ and acting, when it suddenly leaves its original position, *as a foreign body*, causing excessive pain and inconvenience from the inflammation it excites in neighbouring parts, rather than from the inflammation of its own structure, for in the case of Mr. Hamilton and in mine, the testicle itself was free from disease, though it had caused effusion of serum in two of them, and of badly formed plastic matter in the third. We have no reason then to hesitate about removing these bodies under the circumstances I have mentioned, whenever they give rise to frequent and severe attacks of inflammation. It would appear that in some of these cases, the patient seems conscious of the organic imperfection, for we can hardly explain on any other supposition, the readiness with which a patient submits to castration, and even urges its performance on his medical adviser.

It may not be out of place to allude to opinions lately expressed at a meeting of the Royal Medico-Chirurgical Society, and reported in the Lancet for Jany. 22, 1858. A great many cases were detailed to show that retention of one testicle was not injurious to the procreative powers of the patient, and some of the speakers asserted that the retention of both, should not be considered a bar to matrimony. Mr. Coulson said, the minds of the public should be disabused

* Curling, on the Testis, Second American Edition, p. 72.

† Lancet for 22nd January, 1858.

‡ See cases by Cloquet, Follin, quoted by Curling.