

I wish to thank Dr. S. M. Hay for kindly loaning me patients, and Dr. J. C. Beatty for taking the photographs of them.

So far as I know, I am the originator of the method, as I have never seen it described, and I have demonstrated it to several competent surgeons, who were convinced of its utility. I believe that its value lies not only in the fact that it is an alternative method to those commonly used, but it will show a hard-to-detect hernia which is far the most dangerous, when other methods fail.

I hope the method will prove as uniformly trustworthy and helpful to the profession as it has to me.

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UNDESCENDED TESTICLE AND ITS TREATMENT.

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THE changes of location which the testicle undergoes is a conspicuous feature of its development. To understand this clearly it is necessary to recall the relation of the mesonephros or Wolffian body and the genital gland to the peritoneum. Since both of these bodies arise from the outer wall of the body, necessarily they lie between the body wall and the parietal peritoneum, that is, behind the peritoneum and covered by it.

The testicles until near the end of intrauterine life are placed in the abdominal cavity, lying at first on the posterior wall of the abdomen at the level of the two upper lumbar vertebræ and just below the level of the future permanent kidneys. The testis is held in place by a fold of peritoneum or mesentery known as the mesorchium.

This mesorchium is prolonged up to the diaphragm as the diaphragmatic ligament and also downwards towards the inguinal region as the inguinal ligament of the primitive kidney, since the latter organ is the largest constituent of the projecting mass. When the primitive kidney has disappeared as such, the inguinal ligament mentioned seems to connect the testicle with the inguinal region of the abdominal wall. This ligament contains between its folds connective tissue and some unstriated muscle fibres. These become the gubernaculum testis in the male. As the body of the foetus continues to grow while the tissues of the ligament remain stationary or grow less rapidly, the testicle is gradually displaced from its position at the side of the lumbar spine and by the third month of intrauterine life reaches the false pelvis, and at the fifth month it is in contact with the abdominal wall near the internal