

testis has a very great tendency to mount again into the region of the superficial ring, if not actually into the inguinal canal itself, particularly if the case is observed some years after the initial operation. With regard to the second half of the question (that of the possibility of further growth and development), if the testis does remain in position, it will in some instances undergo development; but, on the other hand, should it be retracted, it will as certainly become more atrophied, or, at any rate, not develop. There is here, once more, a significant want of definite record of the subsequent history of these cases, and those that have been traced have not given the operator too much satisfaction."

To sum up, the reasons for the disappointing results of orchidopexy, as performed in the usual way, are as follows:—

(1) Injury to the testicular tissues by sutures. There must always be a good deal of tension on these, and this must cause injury and laceration, which will be followed by an inflammatory reaction.

(2) Injury to the veins and interference with the blood supply. Apart from division of any veins, the suture, especially when attached to the thigh or a wire cage, must tightly stretch these vessels and seriously interfere with the circulation.

(3) The lack of any persistent force to counteract the tendency of the testicle to retract after removal of the retaining suture.

(4) Injury to the vas. This structure is very rarely so short as to prevent transplantation. Indeed, it very often forms a loop below the testicle, and may be here injured during the division of its lower attachments. It has also been recommended, when the vas is unduly short, that the epididymis may be dissected away from the testicle with a view to providing additional length, so that the globus minor is uppermost. Such a proceeding is unlikely to be successful, and the injury is likely to lead to atrophy.

(5) Failure to divide the gubernaculum or fascial bands.

(6) An undeveloped condition of the affected side of the scrotum. This is often an important factor, especially in unilateral cases.

For the past few years I have attempted to overcome these