

anatomical development of the testicle, with absence of its chief function, is a question of great interest, and is still a matter of uncertainty. It may be primarily developmental; that is, from the first, there may be associated with the condition which leads to imperfect descent some abnormality of, or which reacts upon, the germinal epithelium and prevents its normal growth and development. In this case no treatment at any time can restore the spermatogenic function. Or it may be that full growth and functional development are possible, and do take place, up to the time of puberty; at this period, when the final stages should take place, the abnormal situation of the testicle in some way interferes with this and atrophy soon follows.

Another view is that full anatomical and functional development are possible, and may indeed take place, but that certain pathological processes, especially recurrent attacks of inflammation, which are particularly likely to occur in any malposition of the testis, lead to degenerative changes, accompanied by atrophy and loss of function.

Facts may be brought forward and cases quoted in support of each of these views, and it is possible that each of them may, upon occasions, be the actual cause of the loss of the spermatogenic function. In the two last it will be noticed there would be some hope that, if the testicle was transplanted into its normal position at an early stage before degeneration had occurred, the spermatogenic function might not be completely lost.

The important practical point to remember is that the abnormally placed testicle has usually the power of producing its important internal secretion, and that it may occasionally still possess its spermatogenic function. Conservative treatment should, therefore, be preferred to excision, even in unilateral cases, unless atrophy is excessive, and, in bilateral imperfect descent, it is still more important to preserve the organs by transplanting them to the scrotum or, if this is impossible, by returning them to the abdominal cavity.

In children, beyond the deformity, and possibly the presence of a hernia, there may be no symptoms, but in an adult it is extremely likely that there will be pain, which may be so severe