may sometimes leave the canal below and be felt just below the external ring.

To these three varieties may perhaps be added a fourth, and a less serious. The testicle has reached the scrotum, but hangs at a higher level than normal and is probably decidedly smaller. This condition is often associated with a hernia, and it is while examining the latter that the condition of the testicle is noticed. Attention was drawn to this by Mr. J. G. Calverley,* who points out the desirability of calling the attention of the patient to the condition of the testicle before operating on the hernia, lest the difference in size should be noticed afterwards by the patient, who would then probably attribute it to the operation.

In addition to imperfect descent of the testicle, abnormal descent, or ectopia testis, is occasionally met with. Here the testicle passes through the inguinal canal, but, instead of entering the scrotum, reaches some abnormal situation. Four varieties of this condition are recognised. (1) It may, after leaving the external ring, pass upwards and outwards towards the anterior superior spine of the ilium. (2) It may pass inwards in front of the pubis to the root of the penis. (3) It may pass backwards into the perineum. (4) It may pass downwards and outwards into Scarpa's triangle; it is often stated that, in these cases, the spermatic cord traverses the crural canal instead of the inguinal canal. If it happens at all, this is certainly a very rare occurrence, and, as a rule, the testicle has followed its normal course through the inguinal canal in spite of its unusual destination.†

Many causes have been suggested, both for imperfect descent

* J. G. Calverley, *Lancet*, 1917, Vol. I., p. 277.

† The statement that the testicle may pass through the crural canal and so reach Scarpa's triangle occurs in many standard works on surgery, including several published during the last few years. As a rule no reference is given to any recorded case, but if any such is given, it generally turns out, on looking up the original reference, to be a clinical example of an abnormally descended testicle situated in Scarpa's triangle in which descent through the crural canal is inferred, but is not verified by operation or dissection. For example, Mr. Jacobson, in his book "Diseases of the Male Organs of Generation," quotes as an example of "ectopia testis cruralis" a case shown by Dr. W. Fowler (*Lancet*, 1890, Vol. I., p. 909). Though in this case the testicle was situated in Scarpa's triangle, there is no evidence from the published account of the case that the testicle and the spermatic cord had traversed the crural canal instead of the inguinal canal. Mr. McAdam Eccles (*loc. supra cit.*) regards the occurrence of this abnormality as very doubtful, a statement with which I thoroughly agree. I have never met with such a case and know of no museum preparation which shows it. There is no example in the Royal College of Surgeons' collection.