nective tissue. It is possible that the action of the gubernaculum may be still more passive; it may act simply as a ligament attaching the testicle to the scrotum, so that, as the surrounding parts grow and the ligament does not increase, the testicle gradually assumes a lower and lower position in relation to the abdominal wall and contents. It would seem that the descent of the testicle can be explained by a combination of the two last suppositions without assuming any active contraction of the gubernaculum. In any case, the known attachments of the gubernaculum in the fœtus; the relic of this structure, in the normal adult, connecting the testicle with the skin of the scrotum, and its arrangements and attachments in cases of imperfect descent, and especially in malposition or ectopia testis, strongly suggest that it has a very important function in the descent of the testicle from the fœtal to the adult position. For the purpose of comparison it may be pointed out that, in the female, the ovary undergoes a similar though less extensive process of descent.

The testicle attains a position opposite the internal abdominal ring in the sixth month, enters and traverses the inguinal canal during the seventh and eighth months, and reaches its permanent position in the scrotum at the end of the eighth month. That part of the peritoneal pouch which occupies the scrotum becomes the tunica vaginalis, while the channel of communication with the peritoneal cavity should rapidly atrophy and close, so that the whole process of descent of the testicles and closure of the processus vaginalis should be complete at birth.

Abnormal Positions of the Testicle.—The testicle may be arrested at any point in its descent between the abdominal cavity and the scrotum. Hence three stages of imperfect descent are recognised: (1) It may be retained within the abdominal cavity so that it cannot be felt on palpation. (2) It may be situated within the inguinal canal. (3) It may traverse the inguinal canal, but be arrested just below the external abdominal ring. In all varieties a certain amount of mobility is generally present. Thus the testicle may be occasionally palpable in the inguinal canal, and, at other times, completely disappear into the abdominal cavity, or, on the other hand,