

thus allow a hernia to pass beyond the position of a retained testicle.

Complications which may arise: The misplaced testicle may become twisted on its longitudinal axis and bring about torsion, an accident which usually affects undescended testicles, but is not confined to them. In slight cases the epididymus alone becomes infiltrated by constriction, to which the vessels are subjected, but in severe cases the entire gland with its epididymus becomes gangrenous.

A misplaced testicle is much exposed to injury, and a sub-acute traumatic orchitis often occurs. It is stated, but the accuracy of which is open to doubt, that such organs are very prone to become the seat of malignant changes. Any of the inflammatory or pathological conditions of the testicle, cord or epididymus may, of course, involve the misplaced organ and give rise to considerable and even dangerous consequences, especially when the testicle is lying in close proximity to the peritoneum.

In all cases of retained or misplaced testicle in the adult the organ is atrophic and often functionally useless. At first it is normal in texture, but as a result of repeated and continued pressure it is likely to undergo degenerative changes. If only one organ is affected it matters little, but if both are involved the individual is probably sterile. It has, moreover, been shown that a misplaced testicle does not develop properly, but if transplanted to its normal scrotal position, that it will develop and functionate.

*Treatment.* Palliative. When the condition is discovered at birth and the testicle is partly descended or abnormal in position, repeated gentle traction by the mother on the testicle and cord towards the root of the scrotum practised twice daily for several minutes at a time may at last be rewarded by success in causing the organ to assume its normal position in the scrotum.

The writer has noticed in several cases that as the baby develops the partially descended testicle may gradually descend until it reaches the scrotum, the process of descent being simply retarded.

No apprehension need be felt for the testicles, usually both, that are high up in the scrotum and are already outside of the abdominal ring, for with the development of the rest of the body the testicles usually descend still further.

When the testis becomes diseased or torsion occurs, then operative interference is indicated. The testicle had better be removed, together with the cord, and the inguinal canal closed.

When a hernia develops in childhood, a retained testicle also being present, the hernia is dealt with by operation and at the same time the testicle is transplanted into the scrotum.