

probably be enlarged and the aponeurosis stretched. Since, however, the patients will nearly always be children or young adults, it may be regarded as probable that the structures involved will recover when the source of weakness has been removed. In those cases where neither testis nor hernia has ever passed through the external ring this potential opening may be small and ill-developed.

Imperfect descent of the testicles is sometimes associated with other deformities due to ill-development. Thus it is likely to be present with ectopia vesicæ, and is occasionally found with epispadias, hypospadias and cleft scrotum (pseudo-hermaphroditism).

Many of the above anatomical points have a practical bearing upon operative attempts to transplant the imperfectly or abnormally descended testicle to the scrotum. It will be well here to enumerate the various structures which may mechanically hinder this proceeding, or which may, after the transplantation has been carried out, tend to draw the testicle back to its former position.

(1) *The Peritoneal Connection of the Testicle.*—It has been pointed out that, in practically all cases of imperfect descent, there is either a hernia or the sac of a potential hernia. The testicle is connected with the upper part of the sac rather than with the tunica vaginalis, and hence, to enable the testis to reach the scrotum, the hernial sac between it and the peritoneal cavity must be removed.

(2) *The Fibrous Remains of the Gubernaculum.*—These must be divided or torn through to efficiently free the testicle.

(3) *Fascial Bands, derived probably from the Infundibuliform or Intercolumnar Fasciæ.*—These can be cut across or torn through.

(4) *The Cremaster Muscle and Fascia.*—This also can be divided.

(5) *The Undeveloped Condition of the Scrotum.*—In unilateral imperfect descent, though the affected side may be badly developed, the opposite side will probably be well formed. Sometimes, in bilateral cases, the scrotum may be represented only by an area of corrugated skin.

(6) *Imperfect Development of the Inguinal Canal.*—If the