Cancer of Undescended Testicle (Abdominal Ectopia)—Ch. Kæppelin considers, from a survey of the literature of the subject, that the majority of authors are in error when they state that cancer occurs only in the inguinal form of undescended testicle, and that deep cryptorchism is exempt. While observations have been few, they have nevertheless shown that abdominal cryptorchism is no guarantee against malignant neoplasms. In view of the difficulties besetting the diagnosis, the lesion is, perhaps, not so rare as is thought. Etiology is obscure; except in retro-parietal situation, abdominal testicle is not exposed to injury. As in normally descended gland, cancer occurs between ages of 25 and 45. Heredity does not seem to play any part, nor is there any determining cause discoverable, as a rule. The tumour is situated laterally, partially or completely occupying the iliac fossa, sometimes encroaching on opposite side; it may also extend into small pelvis, or lodge itself there entirely. The mass is a rounded oval, varying in size from turkey's egg to that of the fetal head; surface is smooth, or, exceptionally, bossy; capsule is formed by thickened albuginea, and consistence of mass is for most part soft and uniform. The cut surface resembles encephaloid tumour. The epididymis is often involved, forming a secondary mass, which preserves the shape of the organ. The tumour possesses a vascular pedicle (constituents of cord) surrounded by a short mesentery. Adhesions are constant to intestines, omentum, bladder, recto-vesical pouch, and femoral arch; they are more or less vascular. Rectum or bladder may be compressed, nodules are sometimes present on peritoneum, and sometimes ascites, but always in small degree. Visceral deposits are uncommon, but glands are often affected. One reported case presented an inguinal varicocele.

Histologically.—Only four out of seven cases were examined. Of these, two were epithelial; one a globo-cellular sarcoma, and one a large-celled sarcoma. Kæppelin looks on them as probably all epithelial.

Symptoms.—Severe pain, spontaneous or elicited on effort, is first sign. It is seated in abdomen, whence it radiates to loin, thigh, perineum, and scrotum. Probably tumour has been growing quietly for some time previously, with perhaps vague, intermittent lumbar pain. In one or two months, tumour becomes appreciable as lateral swelling; functional troubles arise, and health breaks down. The tumour is felt in the iliac region, is not very movable, and, if it descends into pelvis, may be felt per rectum. Inguinal glands are not enlarged, and abdominal rarely distinctly so; sometimes supraclavicular are affected (Picqué). Patient generally says nothing about cryptorchism, and the surgeon has to be on the look-out for it. Functional symptoms:—Pain is never absent, either sharp, or slight at first and progressive; it is situated in abdomen, radiating to loin, thigh, perineum, or scrotum; it is spontaneous, but is made worse by fatigue, labour, repeated efforts, or prolonged standing. Tenderness is rare. Pressure on vessels or nerves occurs only at advanced stage, if tumour bulky. Distension and vomiting are observed, and emaciation and cachexia set in, and are marked before death.

Diagnosis.—Examine inguinal canal and scrotum in every case of abdominal tumour in the male. If testicle is in neither situation, probable diagnosis is new-growth of retained testicle. Movable kidney is possessed of mobility, and perfect reducibility; cancer of kidney—pain, and haematuria (varicocele of little value, as it may occur in cancer of ectopic testicle); hydronephrosis—bulk varying with discharge of quantities of urine, less likely to cause mistakes. Colon, in affections of this gut, digestive troubles are more marked, faeces may contain blood and cancerous débris; subacute obstruction and chronic enteritis predominate; colicky pain, and no irradiation. Appendicitis may be eliminated by absence of pain at McBurney's point, absence of fever, and by examination of tumour.
Abstracts from Current Medical Literature.

Treatment.—(a) Preventive.—When gland is accessible to palpation behind internal ring, it should be drawn down into empty scrotum, and fixed there. If not felt, leave alone, unless child is cryptorchid. Hypothetical malignant degeneration is not sufficient reason for operation, but impotence, with double ectopia, is. (b) Once the lesion has occurred, abstention means death, and interference is necessary. There are two methods of operating:—(1) Lateral incision parallel to the arcade of Fallopius exposes tumour, but does not facilitate removal, and only imperfectly permits examination of lumbar and iliac fossae. (2) Median, sub-umbilical, with patient in Trendelenberg’s position, is better. On exposing tumour, adhesions are to be separated. Visceral adhesions are softer and easily broken down by hands; parietal are firm and vascular, and require ligature. This having been done, the pedicle is sought for (behind, usually), ligatured, and cut. Glands are examined and abdomen closed. If haemostasis imperfect, packing may be used. When performed early, results of operation are good, so far; wound heals quickly and well. The case reported by Deprès was well four years later; that of Guyon, ten years. In advanced cases, intervention hastens the end, and should be abstained from, unless the surgeon’s hand is forced by the suffering of the patient.—(Gaz. des Hôpitaux, 11th January, 1902.)

Malignant New Growths of the Imperfectly Descended Testis.—The majority of these growths are sarcomatous. This may depend on the abnormal structure of testes which are imperfectly descended, viz., atrophic or undeveloped seminiferous tubules, with increase of cells in interstitial tissue. These cells may be epithelial or mesoblastic, probably the latter.

Sarcoma of testis, descended or not, is comparatively rare. Varieties usually met with are—round-celled, spindle-celled, mixed, and myxo-sarcoma. Round-celled are commonest, then mixed-celled; both are rapidly growing, commencing generally in testes, rarely in epididymis. At first confined by tunica albuginea, and often surrounded by blood-stained fluid in tunica vaginalis; later, involves surrounding structures, after having previously infected lumbar lymphatic glands, or caused deposits in viscera. Presence of cartilage has not yet been recorded (cf. descended organ). Disease is one of middle-life (20 to 40 years), occurs most commonly in inguinal, then in abdominal position. This is interesting, as showing independence of growth on injury, since abdominal inclusion protects from injury, but not from sarcoma. Previous inflammation, other than traumatic, is apparently rare in cases of tumour in arrested testis. Carcinoma is less common, and appears, more than sarcoma, to be associated with injury. Several varieties met with are—encephaloid, scirrhous, colloid, and, rarely, chondro-carcinoma. Cells are spheroidal, oval, or polygonal, are rich in protoplasm, and have not, as a rule, distinct outlines. Most probably the cells arise from imperfectly formed epithelial elements of the seminal tubules. The infrequency of carcinoma is probably due to the fact that there is little active epithelium in the poorly-developed organ. It occurs later in life than sarcoma (30 to 50 years). It has not been recorded as occurring in the testis lying in perineum, or in Scarpa’s triangle.—(M’Adam Eccles, “Hunterian Lectures,” Lancet, 15th Mar., 1902.)

Retro-peritoneal Hæmatoma, probably Originating in Hæmorrhagic Pancreatitis.—Victor Pauchet communicates a case, of which the following is a summary:—

The patient, a married woman, aged 51, had had a normal pregnancy when aged 25. She was obese, and had suffered during last two or three years from “hepatic colic,” so-called. The last attack occurred in May, 1898, when her medical attendant diagnosed infective cholangitis. Two months later, the liver was of normal size again, and patient had resumed business. She was, without any traumatism, suddenly seized with violent pain in epigastrium, when out walking. She was conveyed home in a cab, and morphine was administered. Rigidity of abdominal muscles prevented palpation of viscera;
Diseases of the Skin.

By W. R. Jack, M.D., B.Sc.

Microbacillus of Seborrhœa.—Schamberg (Jour. Cut. and Gen.-Ur. Dis., March, 1902) in examining the sebum from the nasal follicles of 50 individuals, some healthy, others affected with various types of skin disease, found this bacillus present in 45. In 27 of these the skin was oily, in 16 it was dry, while in 2 the condition of the skin was not noted. The bacillus was