

TRANSVERSE ECTOPY OF THE TESTIS.¹

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M. F., thirteen years old, was admitted to Mount Sinai Hospital July 31, 1902. Since his birth he had a left-sided rupture, which was always reducible. On admission, physical examination showed the boy to have healthy internal organs. The right side of the scrotum was poorly developed. There was a large scrotal hernia on the left side. The hernial orifice was large, the epigastric vessels lay along its inner margin. At the bottom of the left half of the scrotum was a fair-sized testicle; its free concave border pointed downward. From its right pole a normal-sized cord passed upward to near the root of the penis, then curved sharply to the left, and was lost near the opening of the hernial ring. On slight coughing, a small mass, size of almond, presented at the left external ring. It could be pulled down into the scrotum. Pressure upon it gave testicular sensation. A cord passed from it into the hernial ring. The right external inguinal ring was very small. No cord could be felt to enter it. On violent coughing, several loops of intestines prolapse through the left inguinal canal, pushing the smaller testicle before them, but not affecting the position of the larger and stationary one.

On August 4, 1903, the writer found at operation for the radical cure of the hernia the following relation of the testicles and their cords. Both testicles and cords were intimately connected with the hernial sac on the left side. Both cords passed through the left inguinal canal. The testicles were of unequal size. The smaller occupied the upper part of the sac, and its cord had a distinct mesentery; it passed up into the left inguinal canal, through the internal ring, across the space of Retzius, to the right inguinal region, whence it descended to the pelvis. The larger testicle lay in the bottom of the sac; its cord passed up into the

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left inguinal canal, and descended on the left side of the bladder to the pelvis. The right internal ring was exposed, palpated, and found closed. The scrotum showed no evidence of division into two compartments. Both testicles appearing normal, and there being no reason for transferring the right testicle into the right inguinal canal and right side of the scrotum, both cords and testicles were treated as one, and the radical cure of the hernia proceeded with by the House Surgeon, Dr. M. G. Seelig. The peritoneum forming the sac was divided transversely at the level of the internal ring, and the peritoneal cavity closed by catgut suture. The peritoneum forming the sac was then split in its entire length, and reflected around both cords and testicles, being, so to speak, turned inside out. Its edges were united behind the cords and testicles by four interrupted catgut sutures. This method of dealing with the sac of a congenital hernia, I have used for three years with perfect satisfaction. It saves time, avoids unnecessary dissection, and does away with the large raw surface of the cord which is left in the old method of dissecting off the sac from the cord. Radical cure according to Bassini completed the operation. Uneventful convalescence. Primary union in the wound. Six months later no return of the hernia. Both testicles movable and in the left scrotal pouch.

Lenhassek, quoted by Kocher and Quervain in the *Encyklopädie d. gesammten Chirurgie*, has described this type of ectopy of the testicle, and has called it "transverse ectopy of the testicle."