irritation had completely disappeared. There was a definite history of allergy in this patient, when as a young girl she suffered with severe asthma.

COMMENT

Not infrequently pregnant women exhibit urticaria, but in most cases it can be related to an external cause, the removal of which brings about the disappearance of the rash, sometimes accelerated by the use of antihistamines. In the three cases described above, lichen urticatus was due to the foetus or placenta only, and persisted until the cause was removed with the expulsion of the child and placenta. In all three cases relief from irritation occurred soon after, and the papular urticaria began to fade as quickly, finally disappearing when the last traces of the antigenic substances were removed from the blood.

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Range of Movement of Testicle

One of the peculiarities of present habits of thought in our profession is that matters of demonstrable fact are treated as matters of opinion. Anatomy is essentially concerned with matters of fact, yet I have found in a number of instances that assertions of the inaccuracy of generally accepted anatomical teaching are treated as if they had to do with religion or politics—subjects in which opinions incapable of proof are held on grounds of habit or emotion. An instance is that of the range of movements of the testicle. It is common knowledge that in all children and many adults the testicles can move upwards out of the scrotum over the pubic bone. The anatomists have not described any cavity into which they could go, and in consequence the strange idea has arisen that the cremaster dragged them into the inguinal canal. I say the idea was strange, since the normal testicle is far too big to go into the normal external ring at any age; and to bring it into the canal the cremaster would need a contractility totally unlike that possessed by similar muscle elsewhere.

What actually happens can easily be demonstrated at an operation for inguinal hernia on a child, if the testicle is pushed upwards out of the scrotum and held there by an assistant pressing from below while the surgeon cautiously dissects down on it. The fascia of Scarpa is first defined, and when it is opened the testicle will be found lying in an extremely loose areolar space between it and the external oblique. (Incidentally the nature of tissue which permits such extreme mobility would be an interesting study.)

I described this upward prolongation of the scrotal cavity as the "superficial inguinal pouch" (Browne, 1938) and suggested that much bad treatment and inaccurate prognoses in cases of maldescent of the testicle could be avoided if it were understood. My statement produced an annotation and many letters disagreeing with it; but no one then or since suggested examining the human body to see who was right. I do not think that in sciences such as physics or chemistry a similar question would be left similarly in the air; it would be promptly settled one way or the other.

An interesting and important paper by Mr. John Baty (1956) illustrates the persistence of the anatomical error and throws a light on the significance of this upward extension of the scrotum. He states that it is well known that in small boys the testicle may temporarily disappear up the inguinal canal or into the abdominal cavity; actually, as I have said, this is not a well-known fact but a widespread delusion. The purpose of his paper, however, is to describe a painful spasm of the cremaster dragging the testicle upwards and jamming it against the pubic bone. This spasm is apt to occur in mental stress, and it seems to me quite possible that it is an involuntary atavistic reflex to withdraw

the organ into the pouch away from possible danger; and that if this withdrawal could be completed the spasm would not occur. It is a common observation that the testicle tends to withdraw upwards in extreme cold; and, although the prudery so marked in our country and profession makes it difficult to obtain information, it does the same in certain males during sexual excitement.

The illustrations show a normal male in whom, as is not uncommon, the early range of movement has been retained. They show the remarkable nature of the belief that a testicle of that size could pass through the external ring.

FIG. 1.—Testicles in usual position at bottom of scrotum.

FIG. 2.—Right testicle pushed up out of scrotum into the superficial inguinal pouch.

This particular question raises a much larger one—that of the mechanism of distribution of knowledge throughout the profession. How long will it take for this piece of knowledge to get into the anatomy books, from thence to the students, and finally be applied to the benefit of the general population? We are all so conditioned by our medical education to reciting the orthodox anatomy by rote as gospel that surgeons are very unwilling to move without the authority of the professors. The professors, apart from the loss of face involved in admitting that they have been reproducing errors and omissions for generations, must all move together or not at all, since otherwise one of them might fail the students of another in an examination for reproducing what they had been taught. From my experience in several other cases, notably the pointing out of the dangerous vessel in tonsillectomy (Browne, 1928), I anticipate that it will take many years and be done gently in stages. The first stage probably will be a statement that, though the retracting testicle usually goes into the inguinal canal, in certain cases it goes into the recess I have described.

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