subsequently diseased testis, suggests that the trauma only accelerated the tempo of the cancerization process to which the testis was predisposed congenitally.

The occurrence of malignancy in an abdominal testis following a traumatic injury to this organ deserves special attention. The development of a seminoma in a man, 35 years old, who had sustained 16 years previously a testicular injury resulting in the luxation of a scrotal testis into the abdominal cavity, was reported by Schürer-Waldheim. The possibility of a direct traumatic injury to a primary abdominal testis was illustrated by a case recorded by Merlin. This author noted in his case that a blow into the hypogastric region caused the luxation of a retroperitoneally located testis into the abdominal cavity, accompanied by a separation of this organ from its normal appendages and vascular connections. The accident was followed by the appearance of severe pain in the abdomen. There was a hemorrhagic ascites four weeks later. A fist-size seminoma with extensive intraabdominal metastases was diagnosed eight weeks after the accident. In view of the large size of the primary tumor and the widespread metastases found so soon after the accident, Merlin maintained that the neoplasm existed at the time of the accident and was not the result of it, but was activated in its development by the trauma.

These two citations illustrate rather strikingly the great uncertainty existing in adjudging the relations of the trauma to the time of the appearance of neoplastic symptoms and the extent of neoplastic involvements. In some instances of alleged traumatic testicular cancer the swelling of the testis after the accidental injury did not recede at all or only slightly, before a progressive neoplastic enlargement became manifest (Most). In other cases there was a complete recession of the traumatic effects for a prolonged period, extending from a few months to several years, before a cancerous growth in the testis was noted. In a comment upon this aspect Oberndorfer stated that general clinical experience has shown that after the inciting stimulus has acted the growth of the tumor may be slow in the beginning, so that the injured person may appear to be normal for an extended interval, but frequently a sudden rapid growth may follow such a period of slow proliferation (Loenhard).

There exist considerable differences in the average growth rate of different types of testicular cancers (embryonic carcinomas being the most rapidly growing ones). This factor must be given proper consideration in medico-legal decisions of cases of this type. It is advisable to remember that the great majority of testicular tumors have neither primary nor contributory etiological relations to a trauma, and that only a severe trauma to a neoplastic testis may be regarded as an aggravating factor. The severity of the particular trauma may be judged more reliably perhaps from the immediate symptomatic effects produced than by secondary anatomical manifestations. A testicular trauma elicits a peculiar "testicular" pain, which in severe trauma is progressive and may result in a shock persisting for a considerable period. In all instances in which a trauma causes a marked and persistent swelling and induration of