The bladder may be within the sac altogether, the intraperitoneal portion alone protruding, or there may be a hernia of both intra- and extraperitoneal portions. In all my cases it was evidently the extraperitoneal portion of the bladder which protruded, and the lower wall of the hernial sac was bounded by the bladder, the peritoneum forming this part of the sac being closely attached to the bladder and pulling that organ down with it as it protruded. In only one of the cases could any history be got connecting the hernia with the bladder.

CASE I.—E. T., aged fifty years, consulted me for a hernia from which he had suffered for some years, and for which he had never worn a truss. Whilst in the Northwest, he had, when lifting, felt something give way in the right groin, and he afterwards noticed a lump there; this lump on lying down disappeared. For the last year or two the swelling had become greater, and at times he has been seized with severe paroxysms of pain; has never had any difficulty in micturition.

On examination I found an inguinal hernia with a very large opening, through which the hernia could be reduced, leaving, however, a thickening supposed to be a sac. I ordered a truss for him, which he wore comfortably for some time, but of late, he tells me, the truss was quite inefficient and the cause of considerable pain. He could rarely reduce the tumor completely, and when reduced the truss would not hold it in place. Besides, he complained of much pain in the tumor, especially when wearing the truss, and demanded operation. This was agreed to, and he was admitted as a private patient into the Montreal General Hospital, November 22, 1901.

Operation.—On November 23, 1901, after the usual preparations, the patient was etherized and the usual incision made for the radical cure. The tumor was quickly come upon, and it was seen that the cord was to the outer side and not attached to the tumor, as is usually the case. The opening through which the sac protruded was very large, and there appeared to be no distinct neck to the sac. This sac was thin above, and through it could be seen the intestines, but below it appeared to be covered with fat, or rather a mass of fat surrounded the anterior part of the sac, which seemed to go towards the pubis. Not wishing to cut this off without knowing what it was, I began carefully to dissect it away.