not recognized at the time that the cyst was a diverticulum and that the bladder was wounded.

Dr. Farquhar Curtis (ANNALS OF SURGERY, Vol. xxi, 1895) has written a most interesting article on "Bladder Wounds in Operations for Hernia." He collected forty-one cases in which there was a mortality of 25 per cent. In twelve out of eighteen cases sutured, primary union was obtained. In many of the cases in which a leakage of urine occurred after operation, the sinus closed spontaneously in from a few days to four months.

Many of these cases occurred prior to the introduction of antiseptic surgery, so it would not be fair to draw too many conclusions from them as to the fatality of bladder wounds. The danger chiefly lies in the tying-off of the sac with the thinned bladder and returning the stump to the abdominal cavity, where, after a short time, there may be an escape of urine into the peritoneal cavity. Many of these fatal cases are not reported. I know of at least two. When it is recognized that the bladder is wounded, prompt closure with a couple of rows of suture will usually result satisfactorily, and the placing of a small drain for a day or two down to the sutured bladder will, if there be leakage, prevent any serious consequences. Curtis mentions cases where, even when the protruding portion of the bladder was tied off, the wound healed without a sinus. It is not necessary to keep a catheter in the bladder after operation.

Jaboulay and Villard (*Lyon Médicale*, 1895) report three cases of hernia of the bladder where in two cases the bladder was wounded and one died. In one case the whole bladder with the prostate was herniated.

The commonest form of hernia of the bladder is the extraperitoneal, where the bladder protrudes towards the lower and inner part of the sac,—the posterior and inner wall of the bladder forming the lower and anterior wall of the sac containing the bowel. In most cases the sac containing the bowel protrudes beyond the bladder, but its lower wall is continuous with the peritoneum covering the posterior wall of the bladder.