46, the subject of a tumor in the right inguinal region, the history of which was the following, came under my care.

About fifteenth months ago she fell out of a waggon on a Tuesday, and on the Sunday after noticed, for the first time, a small tumor, about the size of a marble, in the right groin. It was not at any time painful; it increased gradually in size, and she began to suffer from habitual constipation and uneasiness in the epigastric region—symptoms which she then thought owing to the tumor, and which she refers to it still. The tumor never disappeared since its first discovery; she never heard borborygmus, nor felt the motion of wind in it; never suffered severe pain in loins, sacrum, or abdomen.

Present state, 2nd August, 1852.—A tumor about the size of a turkey's egg occupies the right inguinal region, its long diameter lying parallel to and over Poupart's ligament, and extending from a point half an inch on outside of pubic spine, to one within an inch and a half of antero-sup. iliac spine. The integument does not adhere to it, but its middle seems fastened to middle of Poupart's ligament, for the fingers cannot be here passed under the tumor, though they can be at each end. It is highly elastic, and somewhat moveable; can be brought down nearly to the saphenous opening; becomes larger and more prominent during coughing, but is not expanded laterally thereby; is not painful when squeezed, and cannot be reduced, if a hernia.

While examining the patient again on the 5th, I noticed what had escaped me before, viz., another tumor about the size of a plum, situated between the antero-superior spine of ilium, and the large tumor, but apparently not continuous with the latter, or if so, merely by a pedicle, for the fingers could be sunk considerably between them. This smaller tumor was very distinctly *enlarged*, as well as rendered prominent by coughing. Nothing abnormal could be felt per vaginam or rectum. There was not any tenderness along the lumbar region, nor in iliac fossa. On the 9th, at a consultation of the hospital staff, the propriety of removing the tumor was agreed upon; and, assisted by Drs. Campbell and Scott, I proceeded to dissect it out cautiously, lest it might prove a hernial protrusion. On reaching the tendon of the external oblique muscle, the tumor was found situated beneath it, loosely attached, however, except at the middle of Poupart's ligament, to which it was firmly adherent by condensed tissue. The smaller tumor could not be yet seen, but was easily felt at a greater depth, and with the view of removing it also, the incision was prolonged up to the iliac spine, the tendon of the external oblique and the muscular fibres of the internal oblique and transversalis being divided in succession. The fascia transversalis was now bare, when it became obvious to the eye and the touch that the supposed second tumor was intra-peritoneal, and was doubtless nothing but the intestines,