above the external abdominal ring and proceeding downwards and inwards. It was tense, tender, non-fluctuating and dull on percussion. It could not be reduced, nor was it translucent. No elevation of temperature and no symptoms of strangulated hernia were present. The child was admitted and next morning the tumour was only about half the size and much less tense. Next day it had disappeared entirely. The parents took the child home, but returned in a day or two with the tumour as large as ever. Operation was advised and consented to.

On June 24th the child was etherized and the parts prepared as if for a radical cure of hernia. An incision two inches long was made over the tumour, which was now of small size owing to the child having been quiet and in bed for twenty-four hours. After cutting through the skin, a thick layer of fat, and fascia, a sac was reached which contained fluid. This was dissected out and found to be connected with the peritoneum by a stalk-like process which passed up into the abdomen with the round ligament through the inguinal canal. The sac was tied off and the wound closed. The connection with the peritoneum was so fine that a small probe could not be passed, but water could be made to percolate into the sac below through minute openings. The wound closed by immediate union and the patient was rapidly convalescent and discharged from hospital in ten days.

This sac was without doubt a portion of the process of peritoneum which descended through the inguinal canal with the round ligament and remained unobliterated; in fact it was a persistent canal of Nuck.

CASE IV.—*Tumour of left side of scrotum suddenly appearing and simulating hernia.*

A. R., æt. four months, a healthy male infant, who had never any symptoms of swelling about the groin, was brought to me on June 28th, 1895, with a tumour in the left scrotum and with the following history: The night previous, after a severe crying fit, the nurse noticed a large swelling in left side of scrotum. This was tender and red, and ever since the child had been restless and uneasy.

On examining it I found a large tense swelling above the left testicle and which extended into the inguinal canal. It was tender and increased when the child cried or sat up. The tumour was very tense and elastic, irreducible and dull on percussion, but on testing it with transmitted light was found translucent, I immediately came to the conclusion that it was a case of re-opening of an imperfectly obliterated funicular process and advised a cooling lotion and rest. In a week I saw the child again. The tumour was somewhat smaller, but still as tense and elastic as ever.