

takes. *First*, the inguinal opening is always large, out of proportion to the size of the protruding intestines. *Second*, the cord is not intimately associated with the sac of the tumor, but can be readily held aside without dissection; it is usually to the outer side of the tumor. *Third*, in two at least of my cases the hernia was a direct one, and in all had been produced by a sudden strain. *Fourth*, the difficulty of finding a neck to the sac, for the anterior portion of the sac stretches away towards the pubis, and is perhaps covered with granular and very vascular fat. In my fourth case the condition was complicated by the presence of a collection of fluid in front of the sac, which extended into the scrotum.

Having once wounded the bladder, as I did in my first case, the surgeon is always on the lookout for this complication, and readily recognizes it.