

If the fluid does not disappear tapping may be resorted to, and if this does not do the sac can be dissected out. Encysted hydroceles of the cord often originate, in this way the upper opening again closing—but of course, as a rule, their growth is slow and is due to the secretions from the unobliterated tubular portion of peritoneum between the internal ring and epididymis of the testicle.

In not a few of these cases of persistence of the funicular process there is also present an infantile sac which may or may not contain bowel. This sac is also congenital, as shown by its close connection with the spermatic cord, and it is situated behind the funicular process. I have operated on several such cases, but always for the radical cure of hernia. On cutting down one first reaches a sac which may contain fluid, as does a hydrocele sac, and bulging into this is a second sac which contains the enterocele. In such cases care must be exercised not to inadvertently cut the vas deferens, which above at the neck of the sac is always internal and behind, but below, may cross over the fundus of the sac, and so run the risk of being wounded.

I have seen many cases of these fluid tumours treated by a truss in the belief that a hernia existed. If the truss be put on in the morning before the fluid has re-accumulated a cure may result, but in other cases the fluid accumulates in spite of the truss and causes much pain.

CASE I.—*Hernia of omentum with the funicular process—Recurrent attacks of pain—Operation—Cure.*

H. L., *æt.* 22, a tall, strong, healthy-looking young man, was sent to me for radical cure of hernia on March 26th, 1896, with the following history: In March, 1887, following exposure to cold, he was seized with severe pains in the left inguinal region, which after some time extended to the lower zone of the abdomen. This pain was accompanied by severe purging, the stools being very watery. Soon after he noticed a swelling in the left groin; this swelling at times disappeared, but always returned when lying down, especially at night. There has always been a dull, aching pain in the left groin since he first noticed the lump. Since the first attack of pain and purging in 1887 he has often been laid up with similar attacks, but none so severe as the first. Sometimes these attacks last two or three days, sometimes two weeks. Since the first week in January he has dragging pains in his groin, but has not noticed any swelling. Wears a truss. On examining him I found some thickening about the left cord in the inguinal canal and some what beyond it; there was also a slight varicocele. Nothing like a hernia to be felt. He says the dragging pains are now constant in inguinal region and lower part of