of a pendulous lipoma of the colon is also described in the same paper.

It appears that some cases of so-called ventral herniæ are not true herniæ. In a true ventral hernia we have some of the abdominal contents protruding through the anterior portion of the belly wall, it may be through the linea alba or the rectus muscle. It is the form of ventral hernia described as omental which is occasionally the source of error. A case illustrating this came under my care last year; a man 26 years of age, a laborer, was admitted into the Toronto General Hospital, complaining of pain in the epigastrium. He had a small swelling about an inch and a-half in diameter, the centre of which was in the middle line three inches below the zyphi-sternal articulation. The bulk of the tumor could be diminished considerably on manipulation, one could not detect any impulse on coughing. The patient had some digestive trouble, vomiting occasionally after meals and complaining of nausea and some pain in the abdomen; the bowels were constipated. The diagnosis of ventral hernia was made and an operation performed. Immediately beneath the deep fascia was found a soft lobulated mass of fat about the size of a hazel nut, a distinct pedicle from this passed through the linea alba. A ligature was applied at the base of the pedicle and the fat tumor removed; another but smaller piece of fat with similar connections was dealt with in the same manner; deep sutures were introduced and the wound closed with a few superficial stitches. This tumor was situated immediately under the deep fascia and there was no serous sac covering it; there was an excessively thin capsule, from which septa passed between the lobules; the tumor was no doubt connected by its pedicle with the sub-peritoneal layer of fatty tissue and had passed out through the linea alba; it was therefore not omental, but sub-peritoneal fat. The man's digestive derangement was not affected by the operation.

These cases, then, occurring either in connection with the visceral peritoneum—as in the cases referred to of lipoma connected with the colon—or in connection with the parietal peritoneum, as in some cases erroneously described as ventral herniæ, illustrate the fact that lipomata occasionally develop from the sub-peritoneal fat, and we have therefore suggested to us a possible source for the development of certain fatty tumors occurring in the inguinal region, that group of lipomata which forms the subject of my paper.

My attention was drawn to the subject by the examination of the specimen which I now show you; it was found in an adult male subject in the dissecting room of the University of Toronto and was exhibited to me by a student who took it to be an inguinal hernia. During the dissection of the left spermatic cord, a piece of fat about the size of a walnut was found lying within the coverings of the cord, and in front of the constituents of the cord; this I examined carefully, and on failing to find any peritoneal sac, I investigated further by opening up the abdomen in the middle line and dividing the whole thickness of the wall transversely at the level of the umbilicus. I then examined carefully the inguinal pouches from within, and the structures lying in contact therewith. The omentum was lying free, as were also the intestines, and there was no protrusion whatever of the peritoneum through the internal ring or in its neighborhood. I then carefully dissected off the parietal peritoneum and found that there was no hernial sac engaged in the inguinal canal. Having thus stripped off the peritoneum entirely, the fatty tumor in the inguinal canal was still undisturbed, and I noted the following condition. The fatty tumor protruding at the external ring was attached to a long pedicle which lay in the inguinal canal, the pedicle passed through the entire length of the canal and was continuous with the sub-peritoneal layer of fatty tissue within the abdomen in the region of the internal ring and the deep epigastric artery. It at once occurred to me that the specimen was a valuable one, on account of the possible sources of error in diagnosing such a condition during life.

There are two difficulties which might be encountered in dealing with such a condition during life. 1. The fatty tumor might be mistaken for an omental hernia, and, 2, a true hernia might exist along with the tumor and might be overlooked. The latter difficulty is the more important, as an error in diagnosis might lead to serious consequences. Professor Annandale* records the case of a fatty tumor the size of an orange, which was clearly not omental, occurring in the femoral region; during an operation for its removal the fat was carefully examined and separated, and embed-

* *Edin. Med. Jour.*, March, 1870.