posed. The first thing that was noticed was that the cord was to the outer side of the sac, and was not involved in it; indeed, it was quite apart from it. This condition, being the same as in Case I, excited my suspicions, and I carefully examined the sac and found that it could not readily be separated anteriorly and internally; that, in fact, it spread itself towards the pubis so that no distinct neck could be found. The upper and posterior part of the sac was freed and opened, and then it was found that the anterior wall of the sac was the posterior wall of the bladder, and the part internal and anterior was a very thin part of protruded bladder; this was proved by the introduction of a sound and making it enter the lower part of the sac outside the oblique muscle. The posterior part of the sac was ligated and the anterior returned, the cord transplanted and the opening closed, as usual, with chromicized-gut sutures.

The patient's recovery was normal and uneventful, and I have since heard that the result has been most satisfactory.

CASE III.—*Right Inguinal Hernia with Hernia of Bladder; Sac Bilobate.*

J. C., aged fifty-four years, was admitted into the Montreal General Hospital, April 5, 1902, complaining of a swelling in the right inguinal region.

The patient, who is rather an undersized, poorly developed man, says he has not felt well for some years. About seven years ago he noticed that after lifting a heavy weight a swelling appeared in the right inguinal region. This swelling disappeared on lying down, and reappeared on exerting himself in any way when in the erect position. It gradually became larger, and its appearance was accompanied by a dragging sensation. He noticed that after micturition the size of the tumor somewhat diminished, but never entirely disappeared, except when in the recumbent position. He had worn several trusses, but none were satisfactory, all causing pain. Many years ago he had a bubo in the right groin, which was incised, and there is a large scar in that region.

On examination, and getting him to cough whilst standing, a considerable tumor appears in the right inguinal region, the opening through which it comes being very large.

Operation, April 11, 1902.—The usual incision having been made, the sac was exposed. After splitting up the external oblique muscle, a very large opening was seen, through which a mass