I found this fatty tissue very granular, vascular, and difficult to separate; suddenly I opened into a smooth cavity, from which escaped an amber-colored fluid. I then immediately recognized that I had to deal with an opened bladder. The rent was several inches long, and the bladder beneath had much the appearance of a hernial sac, so thin was it.

Rather startled by this accident, I at once knew I had to deal with a hernia of the bladder. The rent was sewn up with a double row of Lembert sutures; the upper part of the sac when opened showed its anterior wall to be the outer and posterior wall of the bladder. The large opening, after transplanting the cord, was closed with chromicized-gut sutures, a space being left for a drainage-tube in case there should be a leak from the sutured bladder. A small, soft rubber catheter was placed in the bladder and left there for two days, to act as a drain and prevent tension in the sutured bladder.

The patient recovered well from the operation; had no temperature or pain; the tube was removed on the second day, and also the catheter, and from that time his recovery was uninterrupted. At present he is well, and there has been no return of the hernia. I have questioned him since carefully, and he tells me he has never had any trouble with his bladder, nor had he ever noticed any diminution of the size of the tumor after micturition; in fact, he had never the slightest trouble with his bladder, nor did he ever connect the bladder with the tumor.

CASE II.—*Right Inguinal Hernia with Hernia of Bladder, recognized before Ligating the Sac.*

M. L., aged forty years, has been suffering for some years from a rupture on the right side; he thinks it came from a strain received several years ago. The hernia could not be satisfactorily controlled by a truss, and he was sent to the Montreal General Hospital for operation.

On admission, January 15, 1902, it was found that he was suffering from a right inguinal hernia which could not be completely reduced. The opening was out of proportion to the size of the hernia. He had never noticed any connection between the size of the tumor and micturition.

Operation, January 16, 1902.—The usual incision for Bassini's operation was made, the external ring exposed, the aponeurosis of the external abdominal oblique slit up, and the sac ex-