bony cavity cleaned. The graft is then inserted. The edges of the skin incisions are then freshened and sutured.

(5) To stop haemorrhage from an injured lateral sinus. The graft, here, is used instead of the usual iodoform plug.

CASE OF HYDROCELE OF FEMORAL HERNIAL SAC.

BY T. MEYRICK THOMAS, M.CH., F.R.C.S.

WOMAN, aged 47.

Two years' history of lump, right groin, getting gradually larger and recently painful.

Past History.—Previous operation for cure of right inguinal hernia.

Examination showed an oval, soft, fluctuating, translucent, irreducible swelling, 1 1/2 in. by 1 in., in the right groin, lying for the most part below Poupart's ligament, but overlying it to a slight extent and to the outer side of the pubic spine.

There was a slight impulse on coughing.

Most of the candidates diagnosed femoral hernia, but considered it to be an irreducible epiplocele, whereas the soft cystic feel and translucency should have indicated the true nature of the condition.

One or two candidates, recognizing the fluid consistency of the swelling, made the diagnosis of cyst of the canal of Nuck. This condition should have been excluded by the situation of the swelling, particularly its relation to the pubic spine. The treatment advocated was in practically every instance correct—radical cure by the "high" operation (via the inguinal route), and suturing conjoined tendon to Astley Cooper's ligament.

This operation was carried out a few days after the demonstration and the diagnosis confirmed.

COMMENTS ON A CASE OF MULTIPLE CHRONIC INFLAMMATORY TUMOURS.

BY HERMON TAYLOR, M.CH., F.R.C.S.

This case which I showed at the Fellowship of Medicine provided a good exercise in examination procedure from the candidate's point of view. The case was that of a man, aged 54, who had his first illness in 1927, which consisted of an attack of painless haematuria. Following this, he had haematuria occasionally until June, 1930, when he was investigated in St. Thomas's Hospital. He was found to have multiple papillomata of the bladder. These were removed by suprapubic cystostomy.

He was subsequently followed-up for four months, after which he was lost sight of until November, 1931, when a further bout of severe haematuria brought him back to hospital, and a second suprapubic cystostomy revealed a totally inoperable and extensive carcinoma of the bladder.

While convalescing from the operation, he had a severe chest complication, which confined him to bed in hospital for fourteen weeks, after which time he was discharged and put on the waiting list for deep X-ray therapy.

Five months ago, in January, 1932, while he was still convalescing, he noticed swellings gradually increasing in size on the right knee and left elbow.

Five weeks ago another swelling developed on his right shin, and he began to get pain in the right hip. He was, however, much stronger than he had been, and had put on 3½ st. in weight since his last operation.

I first saw him on account of the swellings, which were getting bigger.