Local Conditions.—A rounded tumor, about as large as a cocoanut, can be felt below the ribs on the left side, with its centre about midway between the nipple and sternal lines. The mass is tense to the feel, and elastic; but no distinct sense of fluctuation can be elicited.

Its relations to the pancreas are determined by the easy detection of stomach resonance above the tumor, and between it and the liver, and of colon resonance below. For the purpose of clearly making out the line of the colon, air was injected into it, per rectum, as recommended by Kocher.

Stomach resonance can also be detected between the tumor and the normal situation of the spleen, while the kidney is excluded as the seat of the disease by the presence of colic resonance in the flank below the last rib, as well as between the normal area of renal dulness and the tumor.

By pressing the tumor very firmly from the front, it can be felt at the back, below the twelfth rib. The mass descends very slightly on deep inspiration, but is clearly attached to the posterior abdominal wall. No pulsation can be felt.

Having, by careful differentiation, decided that the cyst was connected with the tail of the pancreas, we determined to open it, if possible, from behind, according to the advice and practice of Cathcart and Caird, of Edinburgh.

Operation.—An incision, about three inches long, was made from the margin of the erector spinæ forward, about parallel to the twelfth rib, and curving slightly upwards around its end in the direction of the margin of the costal cartilages. On rapidly deepening the wound the lumbar fascia was divided, the colon displaced forwards with the peritoneum, and the kidney, surrounded by its fat, was found lying in its normal position, and obviously quite healthy. The further dissection was done largely by the finger and the handle of the scalpel, keeping in front of the kidney and well clear of its vessels.

On pressing the finger, upwards, forwards and inwards, the cyst could now be reached when very firm pressure was made from the front. A long hypodermic needle was inserted, and a very peculiar, dirty-grey fluid was withdrawn. With the needle as a guide, the cyst was incised, with some difficulty, owing to its depth from the surface and the toughness and resistance of its wall. To one accustomed to dealing with hydatids I have no doubt that this condition of toughness would immediately have suggested the true nature of the cyst, but as hydatid disease is very rare in this country, this being our first experience of it, we did not recognize the parasitic character of the neoplasm until the hooklets were discovered subsequently under the microscope.