tion, as there is diversity of opinion in the profession as to the operation to be preferred in hydro-nephrosis.

Case I.—Mrs. P., aged 31, married six years and the mother of two children; residing in Thamesford, Middlesex County, but a native of England. Parents living and healthy. No family history of ill-health or hereditary disease. Patient below the average in height and weight, and of pale complexion. She gives a history of fair health in childhood, but during the past fifteen years has suffered from pain in the right side, beneath the liver, and before coming to Canada she attended the out-patient department of St. Bartholomew's Hospital, but got no relief from treatment. About the first week of May, 1889, discovered an enlargement in the abdomen, which steadily increased in size. On the 18th of June, five weeks after this, she was admitted into St. Joseph's Hospital and presented a letter from her family physician, Dr. McWilliam, who had examined her and made the diagnosis of ovarian cyst. There was dulness in the median line, fluctuation, and resonance in the flanks. The measurement greatest below the umbilicus; distance from umbilicus to iliac spines equal on the two sides. The tumor occupied all the abdomen from the pubes to the sternum, but the patient said she thought it was more to the right side at first; no tumor could be felt in the pelvis. Examination of the heart, lungs and liver negative. Catamenia regular; uterus normal in size and movable; specific gravity of urine 1028, no albumen or sugar. The patient was carefully examined by Drs. Moore, Macarthur and Waugh, and the diagnosis of Dr. McWilliam confirmed. I wrote him saying the disease appeared to be ovarian, but the tumor seemed to me to be a little higher up than other cases I had operated upon. On June 20th chloroform was given, an incision made in the median line, and an enormous cyst of the right kidney discovered, which, fortunately, had no adhesions to surrounding parts. The incision was enlarged upwards, the intestines drawn toward the left side, the peritoneum divided over the tumor, and enucleation commenced. The ureter was tied and cut off. Much difficulty was experienced in securing the vessels and separating the upper end of the tumor from surrounding