

lecturer said it was considered one of the best specimens of serous cyst ever removed.

Hydatid Cyst.—The next was a case of hydatid cyst of the kidney. The patient had come in suffering from great pain in the right loin. She had had a slight hematuria. The kidney was felt to be very long and very tender. The patient had slight elevation of temperature. Incision showed a very long kidney extending into the renal fossa downward to the iliac fossa. It was very adherent to the diaphragm. The lower end of the kidney was somewhat curled. A beautiful white cyst the size of a duck's egg but round was seen. It seemed to spring from the junction between the kidney proper and its pelvis. This was opened and a large number of small white cysts escaped, running down by the side of the ureter and out of the wound. A piece of very white thickened membrane was found and removed from the inner part of the sac. It was a typical case of hydatid cyst with daughter cysts present. The outer side of the cyst wall was cut away and the remaining part was treated with pure carbolic acid, followed by alcohol. The patient had ether pneumonia after the operation, but later had a satisfactory recovery. The lecturer stated that at the time of writing his book he had found no other illustration of hydatid cyst of the kidney than this case of his and that the literature of the subject had been thoroughly gone over.

Polycystic Kidney.—The next slide showed the kidneys of a patient in one of his hospitals who died of uremia. This patient was 55 years of age and his kidneys had been gradually increasing in size for many years. The right was $10 \times 5\frac{1}{2}$ inches, weighing 56 ounces; the left $9\frac{1}{4} \times 5$ inches, weighing 49 ounces.

The next slide showed an illustration of the larger kidney split in two—a beautiful exhibition of cystic development. It seemed wonderful how anyone could go through life with such enormous kidneys suffering but little inconvenience excepting from their weight. The urine in these cases showed about the same changes as in interstitial nephritis. They were probably due to congenital causes, either beginning at the time of birth or shortly thereafter, increasing gradually but slowly in size. Such cases should be considered inoperable, unless an abscess is present, when it can be opened and drained. The removal of one such kidney is very fatal, and in case of an operation the patient would probably not live as long as if the kidney had been left alone.

Malignant tumors of the kidney were then considered and the first slide shown was that of a sarcoma. The patient had entered