above normal. This was followed by a discharge from the vagina, described by the sister in charge as composed of blood and pus, and very offensive. Injections of carbolized water were ordered twice a day, and nothing more was heard of this symptom.

After this, improvement took place slowly, and the patient had completely recovered by September 10th, when she left the city for her home.

In the early stage, before an abdominal tumor is noticeable, hydronephrosis has to be diagnosed from renal abscess, perinephritic abscess, nd extravasation of blood. When of small size it may be mistaken for hydatid or serous cyst of the liver or spleen. Between hydronephrotic and pyonephrotic tumors the diagnosis is sometimes impossible. In some cases of the latter disease, however, pus appears in the urine. The treatment being similar in the last two, an error in diagnosis would not endanger the life of the patient, and no doubt, in many cases, suppuration is set up from accident, so that pyonephrosis is simply an advanced stage of hydronephrosis. The greatest difficulty is experienced in excluding ovarian cyst, and my object in this paper is to show that this is almost impossible. I mean in advanced cases where the cyst fills the abdominal cavity, as in the two last operations reported. In the first we have a history of pain in the side and an enlargement commencing, the patient tells us, in the lower part of the abdomen, a little to the right side. This enlarges in the short space of four or five weeks until it fills the abdomen. The measurement is greater below umbilicus, and the distance from this point to the iliac spines is equal on the two sides. There is fluctuation, dullness on percussion in the median line, and resonance in the flanks. Examination by the sound shows a healthy and movable uterus. In the first case, the smaller of the two, the tumor appeared to me to be just a little higher than the average ovarian cyst, but this was accounted for by an elongated pedicle. The absence of the cyst by a vaginal examination is explained in the same manner. The rapidity of growth, the size, and absence of urinary symptoms, together with the healthy condition of the urine, point to ovarian tumor, and negatives, we might also say, hydronephrosis. I cannot think that the mistake in diagnosis is due to carelessness. The first case had been examined by Dr. McWilliams, who sent her to me; then by three other physicians of experience and reputation, who all came to the same conclusion. The plea of carelessness certainly cannot be argued in the second case. This one came into the hospital while the first was in bed and not yet recovered from the operation. She was examined by two of the consultants called in the previous case. I mentioned to them to be sure and exclude hydronephrosis this time, and the examination was made with the probability of cyst of the kidney constantly in view and the diagnosis of ovarian tumor made. In this case the history of an enlargement of six months' duration, giving rise at first to no symptoms, and later on only those of pressure, measurements alike from umbilicus to iliac spines, girth greatest below umbilicus, fluctuation distinct, dullness in the median line, and resonance in the flanks; uterus movable, normal in size, and healthy; tumor filling the whole abdomen from the pubes to the ribs, and reaching to the same position on the two sides. I find from reading that there are at least fifteen cases on record in which hydronephrosis or simple renal cyst have been mistaken for ovarian tumors and laparotomy performed on the erroneous diagnosis. Out of the twelve cases in women collected by Morris, no less than seven of these were diagnosed as ovarian, and three of the seven were submitted to abdominal section on the strength of this wrong opinion. From a study of the literature of this subject and my experience of these two cases, I arrive at the conclusion that a diagnosis between advanced hydronephrosis and ovarian cyst is, to the average practitioner, an impossibility. If I am correct in taking this view, it has an important bearing on the subject of treatment, for the question the surgeon has to answer is not what is the best treatment for hydronephrosis, but, the abdomen having been opened on the supposition that an ovarian tumor exists, and a cyst of the kidney discovered, what are we to do? Shall we close the abdomen and call it an exploratory incision, or cannot we stitch up the wound after opening the cyst and drain from the loin? Can we perform nephrectomy by enucleating the tumor? I must confess that I am not partial to explora-