attained, and on its position in relation to the organ, and whether the organ has become sufficiently involved so as to have its function completely interfered with."*

The diagnosis of hydatid cyst of the pancreas in the case above reported is, of course, open to the criticism that there was no actual dissection to establish its location, but the clinical signs and symptoms seem to me to be sufficiently conclusive.

In regard to treatment of hydatid cysts, the very full discussion of Graham may be briefly summarized thus: Medicinal treatment by kamala, turpentine, iodide and bromide of potash, mercury, etc., is "absolutely without benefit." Practically the same may be said of electricity. Tapping has many advocates, and has scored some reliable cures; but the operation is not free from dangers of shock, peritonitis and hemorrhage, and a number of very sudden deaths are recorded.

By far the best results have followed direct incision with as complete an evacuation of the cyst contents as possible, and efficient drainage. Where it is possible to do so, the cyst wall should be stitched to the edges of the external wound at the time the incision is made, great care being observed to prevent escape of the cyst contents into the peritoneum or pleura. Where a cyst in the abdomen is so situated that its wall cannot be brought up to the anterior abdominal wall, one of two courses may be followed: (1) The operation may be done in two stages, aseptic gauze being packed at the time of the first incision in such a way as to excite adhesions, and thus create a sort of "coffer-dam" approach to the cyst, or (2) the cyst may be opened, as in this case, from behind.

In regard to the treatment of cyst of the pancreas, it seems to me contrary to the principles of surgery to approach it from the front if it can possibly be reached from behind. The pancreas is essentially a retro-peritoneal organ, and since in its enlargement a cyst of that organ almost always approaches the anterior abdominal wall by crowding the stomach upwards and the transverse colon downward, to reach it by a transperitoneal route involves dividing the peritoneum four times, viz., the parietal layer, two layers of the gastro-colic omentum, and the layer covering the cyst.

Moreover, it is easy and safe, by blunt dissection, to raise the peritoneum from the kidney and posterior wall of the abdomen, and I submit that any cyst of the pancreas which can be palpated from behind, or even *from the side*, can be opened and drained more effectively and more safely by that route than by the transperitoneal route. The difficulty would perhaps

* Graham, Hydatid Disease, Clinical Aspects. Young J. Pentland, Edin., 1897.