

the fluid reaccumulates, some more radical operation must be undertaken. I have completely failed in two cases with incision and drainage, and I believe that nephrectomy is the proper treatment in all cases which do not improve after one or two tappings." Mr. Morris writes thus of drainage: "This practice has been very successful, and ought certainly to be adopted when aspiration fails and before nephrectomy is dreamt of. In a few cases a complete cure will be effected and the wound will quite close; in the majority, however, a fistula must be expected, and gives very little inconvenience to a person of ordinary intelligence and patience."

Barker writes "that free drainage for hydro-nephrosis is not much more successful than aspiration, and not devoid of risk. Of course a larger sac will be in a better position to contract if freely and continuously drained than if occasionally emptied, but the time consumed in the process of drainage, the necessity often lasting for months, for constantly changing the wet dressings; again, there is always the risk of suppuration in the sac, with subsequent septic infection." Mr. Barker, therefore, favors early nephrectomy. Jacobson recommends that in healthy patients nephrectomy should be had resource to after two months trial of drainage, providing the other kidney be healthy.

Spencer Wells, in his work on abdominal tumors, records the case of a woman, aged 43, who was operated upon at the Samaritan Hospital for supposed ovarian tumor and an enormous renal cyst found. This was tapped, but no attempt at removal was made. The wound was closed and the patient died thirty hours after the operation.

The authors quoted are evidently discussing the treatment of hydro-nephrosis in the early stages, when a diagnosis is possible, when we are able to say not only that a cyst of the kidney exists, but likewise the side of the body it is on. In the class of cases under consideration we approach the subject from a very different standpoint. We are expecting to find an ovarian tumor, and an incision has been made in the median line at least four inches long, preparation has been made for an operation, and the patient has gone under chloroform, with the understanding, no doubt, that she will soon be rid of her disease.