

I may mention a very interesting case occurring in a young unmarried woman; I operated for a moveable kidney and found a cystic tumour with a distinct pedicle which was attached to the capsule of the right kidney. It was apparently a cyst of the Wolffian body, as the contents contained urea and it was the size and shape of a kidney. Here was a case of a right kidney which had never been moveable, to the capsule of which was attached this wandering cyst, and the patient had very definite appendical attacks, evidently due to the mechanical action of this cyst pressing upon the appendix very much as a moveable kidney would do. I do think that it is quite possible that the pulling on the duodenum and bile ducts, in a case of moveable kidney, might produce an obstruction and so set up pathological conditions of a grave nature in the gall-bladder.

#### HYPERTROPHY OF THE PROSTATE.

A. E. GARROW, M.D., read a paper upon the diagnosis and treatment of chronic hypertrophy of the Prostate.

F. J. SHEPHERD, M.D. I have listened with a great deal of interest to Dr. Garrow's paper and must congratulate him on his success though apparently in no one case has there been a perfect result except in the case with the large tumour. It was soon after McGill's paper came out that I did my first operation, that is suprapubically, in 1885 or 1886. The patient was a man of 45 years of age complaining of great frequency and pain during micturition; the urine was normal. I had no difficulty in performing the enucleation of the gland which was about the size of a walnut on each side of the urethra; there was a little hæmorrhage but not much; the spaces occupied by the tumour were filled with gauze. The operation was most successful and the man is still alive and perfectly well. Curiously enough the next two cases I had both died. They were old subjects with damaged kidneys; it is most important to select your cases and statistics show good results when this rule is followed—that is, operation performed before any grave disease of the genito-urinary system exists. It is well known that most of the fatal cases die not from the result of the operation but from the accompanying disturbance. I have had several cases where after the operation was performed the growth was found to be a cancer of the prostate. I have no doubt that the best operation is by way of the perineum though in many cases the suprapubic is advisable and especially where you have a bladder which is not diseased. In this country patients are not so eager for operation as they are across the border, we are a good deal more conservative, and cases do not offer so readily. In the case of an enlarged