

ing to the same position on both sides. I find from reading that there are at least fifteen cases on record in which hydro-nephrosis or simple renal cysts have been mistaken for ovarian tumors, and laparotomy performed on the erroneous diagnosis. Out of twelve cases in women collected by Morris, no less than seven were diagnosed as ovarian, and three of the seven 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 hydro-nephrosis and ovarian cyst is, to the 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 hydro-nephrosis, 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 next? Shall we close the abdomen and call it an exploratory incision, or can we not 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 exploratory incisions for diagnostic purposes in private practice. My patients call them operations; the friends imagine a mistake has been made, and say "they do not want to be cut open to satisfy the curiosity of the doctor." I am of opinion, therefore, that something should be done to get rid of the disease. If the distension increases, death will result from the effects of pressure on neighboring organs, from rupture into the peritoneum or suppression of urine or uræmia. I might here revert to the means of different operators in the treatment of hydro-nephrosis in general.

"Puncture," writes Knowsley Thornton, "may also be tried as a means of treatment, though I believe there is no good evidence that cures are often effected by it. It should be performed by the aspirator, the needle being introduced far back in the loin to avoid risk of puncturing the colon, the peritoneum, or allowing extravasation of urine into the cavity of the latter. If relief follows, it may be repeated from time to time; but if