

pounds in flesh. The growth was evidently inflammatory, the result of an ulcer of the duodenum.

CASE IV.

Intestinal obstruction caused by twist of pedicle, left ovary (fibro-cystic) pressing on the cecum.

SPECIMEN REMOVED.—A fibro-cystic ovary larger than a normal kidney, containing blood, left Fallopian tube containing a half ounce of blood clot—a cyst in the broad ligament containing about twelve ounces of a sero-saneous fluid. The mass gangrenous.

RESULT.—Recovery. Operation, May, 1907. Patient under care of Dr. Campbell, Zurich.

HISTORY.—Mrs. P. (age 40).—Mother of five children. Had fairly good health till present illness.

On May 2nd, 1907, felt a very sudden, severe pain on the left side of the lower abdomen. The pain was colicky in character. micturition became frequent, and with it a scalding sensation.

When Dr. Campbell saw the patient shortly after, she was in a state of collapse. For the present, the symptoms were relieved by a hypodermic of morphia and strychnine. About two weeks later, when driving to Zurich, there was a second attack. The symptoms were of the same nature as the previous ones, but more severe—the shock more pronounced. Partial relief was again obtained by morphine and strychnine. On May 25th, two days later, there were severe pains in the region of the appendix. The abdomen was much distended and tympanitic, vomiting frequent, no gas or feces passed the lower bowel. Soon after the second attack Dr. Campbell detected a tumor, tender and dull to percussion, over the cecum, and advised an immediate operation, which was refused.

On May 26th, the fourth day from the onset, when consent to operation was granted, the pulse was 130, temperature about normal, vomiting persistent, and intestinal obstruction was complete, the bowels were much distended, and the gas could be seen to accumulate and recede at the point of obstruction.

OPERATION.—The abdomen was opened through the right rectus. A gangrenous mass presented, which, at first sight, gave the impression of a gangrenous bowel. On lifting the tumor, its pedicle could be traced to the left side of the uterus. The diagnosis being made, the mass was separated from the uterus, the pelvis cleansed, wound closed and a drain inserted which was left for 24 hours. A speedy and permanent recovery followed.

REMARKS.—This form of intestinal obstruction is sufficiently rare