

of life, two things stand out prominently: The great number of deaths from congenital weakness can be reduced only by care of the mother during her pregnancy; the number of stillbirths and the deaths from causes connected with parturition can be largely reduced by good obstetrics."

OVARIAN CYST WITH TWISTED PEDICLE.

Dr. G. W. Bandler reported this case, which was interesting because of the onset and duration before operation. The patient, a woman about 40 years of age, a multipara, noted during the summer that her abdomen had become enlarged. In September she had an attack of abdominal pain which confined her to bed for three days. In October she had another severe attack of abdominal pain, equally severe on both sides. Her family physician suspected kidney stone. After suffering for five weeks the patient was able to be up and about. Her abdomen was hard and she suffered from obstinate constipation. When he first saw the patient Dr. Bandler said he made a diagnosis of ovarian cyst. At operation a little more than two weeks ago he found a large cyst reaching far above the umbilicus and intimately adherent to the anterior abdominal cavity. This tumor, greenish chocolate in color, was carefully loosened from its attachments to the anterior abdominal wall, the lateral wall of the pelvis, the great omentum, numerous coils of intestine, and particularly the sigmoid flexure. There was no point, except a certain area on its posterior surface, that was not glued to some interabdominal tissue. After extraction the tumor was seen to have originated from the left side, forming a complete twist of the pedicle, which was no thicker than a thumb. After removal considerable time was spent in applying hot abdominal pads to the numerous oozing surfaces. A large Morris drain was introduced down to the left side. The patient made an uninterrupted recovery.

ENDOMETRITIS.

R Ichthyolis ʒj
 Tinct. Iodi f. ʒiij
 Glycerit. Hydrastis f. ʒv
 Glycerit. Boroglycerini ʒvjss

M. Sig.; Apply on tampons.—Candler.