

eventful. The patient had no idea that this tumour existed, no sudden pain or any symptom whatever. On examination after completion of the labour and before the placenta was removed, we could feel no evidence of the tumour. She was watched very carefully and on the third day a train of symptoms almost identical with those of Dr. Shaw's patient presented themselves. There was pain on the right side, no tumour mass could be felt, but there was evidence of threatened intestinal obstruction and she had vomiting, in fact, a slight peritonitis. Fortunately for us the condition resolved itself and under appropriate treatment the patient has made an uneventful recovery, but for 48 hours or so the conditions were rather stormy. The danger of all ovarian tumours is that they will lead to hæmorrhage, through damage at labour, contortion, necrosis and other results of that nature, and the history is nearly always that as Dr. Shaw has recorded, though the outcome is not so satisfactory as in his case.

DR. ENGLAND: I was present at the time of the operation and Drs. Shaw and Springle are to be congratulated on the early recognition of this condition. It seems to me that we are recognising more complications of this kind following labour than we did some years ago, and I think it is not uncommon now to find pain and obstruction occurring after labor. I have seen recorded a number of such cases during the past year which no doubt years ago were put down to some puerperal complication. Pain is a common symptom in these cases, and one would expect this with this twisted pedicles. I saw this tumor and it was absolutely filled with blood; there was much congestion and a good deal of inflammation and peritonitis in the region. It was an inflamed ovarian cyst, though there was not much distension and vomiting was not prominent. By taking this case early and in a healthy woman the termination was as satisfactory as one could expect. The early recognition of these cases is very important, and it teaches us to be on the alert for complications in the way of twists of the bowel, bands and tumours.

DR. SMITH: Both our colleagues are to be congratulated on the happy termination of their case. The moral of all this is that anyone leaving a woman go on to pregnancy, or any women for the matter of that no matter what her condition, with an ovarian tumor of any kind is responsible for that woman's life. All such tumours should be removed when first discovered, the earlier the better, and certainly before the pregnancy comes to a termination, for the danger of torsion of the pedicle is a well known danger and is just as likely to happen as not and if the torsion is complete, there is necrosis of the tumour and a very serious peritonitis.