

DR. LE SAGE brought up the question of feeding milch cows with refuse from breweries.

DR. DAGENAIS said he saw no inconvenience following the practise.

DR. CORMIER detailed the several disadvantages of such feeding when the milk was to be used for infant feeding.

DR. LE SAGE moved that Dr. Cormier be chosen to preside over a commission with power to name as many members as required and report on the question at the next meeting, the report to be sent to the Alderman. This was carried.

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## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Fifteenth Meeting, May 2nd, 1904.*

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

DR. T. P. SHAW and DR. J. A. SPRINGLE read a case report upon Acute Intestinal Obstruction following labour, caused by hæmorrhagic Ovarian Cyst. Dr. Shaw gave the clinical history of the case and, in the absence of Dr. Springle, the operative procedure after the patient entered hospital, and gave as Dr. Springle's conclusions; first, the rarity of the condition; second, that the torsion was limited to the veins and the arteries were pulsating, and third, that the probable cause of the condition was the laxity of the abdomen after confinement favoring the development of a small cyst, which became strangulated.

DR. EVANS: The condition is a rare one, and I think in view of the recovery of the case Drs. Shaw and Springle are to be congratulated. The complication of pregnancy with ovarian tumours of varying kinds leads to such instances as mentioned in this case. The previous history is that of an ovarian tumour evidently damaged at the time of delivery with resulting hæmorrhage and probably necrosis beginning in the capsule, which owing to pressure gives rise to toxæmic symptoms. The treatment is very unsatisfactory as authorities state that with laparotomy for this cause there is a mortality of 50 per cent. I recently saw a case of a similar nature belonging to one of my colleagues. The woman was a primipara and after an uneventful pregnancy he found a tumour in the posterior *cul-de-sac* and asked me to see the case. The tumour was of a cystic nature evidently having its origin on the right side and was diagnosed as being a probable ovarian cyst, but as the labour was advancing very rapidly, the head in the second stage, and the patient out of town, it became a question whether we could get her to town to hospital to do Cæsarean section in time to be of service. The idea was abandoned the child was delivered a short time afterwards and the whole course of the labour was absolutely un-