

months in this distended condition. The breathing becomes embarrassed, the feet become swollen, but yet they are able to live.

It is, no doubt, very pleasant and very gratifying to find that the pregnant uterus behaves itself after an ovarian cyst has been removed from its side. But such pleasant surprises are frequently turned into mournful regrets when the woman, who was suffering but little, miscarries on the third or fourth day after operation and dies. The ovarian cyst is not like the fibroid tumor, prone to inflame after delivery. A pregnant uterus may be very much irritated by an abdominal operation, but an ovarian cyst is very little affected by a uterine delivery.

I always regret the termination of one case of ovarian cyst accompanying pregnancy. The patient was a strong, healthy woman. Three of us saw her in consultation. We diagnosed the condition present. She had a large ovarian cyst, and was in about the sixth month of pregnancy. Operation was decided on, and in the endeavor to remove the ovarian tumor the surgeon who was operating nicked the uterine wall with a scalpel. The uterus was considerably handled, in order to keep it out of the operator's way. I thought at the time that the uterus should be emptied, but this was not done. Subsequent to the operation the patient miscarried and died.

When life is seriously threatened nature will endeavor to empty the uterus, just as she does in the case of uræmic poisoning and of great emaciation induced by the persistent vomiting of advanced pregnancy. If nature, under such circumstances, fails to bring on labor, she can surely be assisted, and labor can be artificially induced without any very great amount of risk. The tumor can then be dealt with at a later date.

I have on four occasions operated on women a few weeks after confinement. In one case the operation was done for the relief of an enormous ventral hernia, and on two occasions for the removal of ovarian cysts. The infants were brought to the mothers three or four times a day to nurse, and they were fed at night-time. In one case the milk entirely disappeared after a few days. In the others the flow was diminished for a time, but again became abundant. The patients all made excellent recoveries. It is unnecessary to wean the children, and endanger their lives in the middle of a hot summer, before submitting the mothers to an abdominal or less serious operation.

The greedy surgeon can surely wait for his abdominal operation until after the obstetrician has delivered the woman. Some men, rather prominent in the profession, tell us in a general way that it is easy to open the abdomen, to remove the cysts, and allow the pregnancy to proceed to term. This may be all very well for the surgeon, but is it best for the patient? In the presence of an ovarian cyst with a twisted pedicle,