

uterus. After three months' absence in Europe, I called on her in October and found pregnancy advancing, but the enlarging uterus causing considerable distress in breathing. She was confined by her physician at full term on the 26th November, three days less than six months after the date of operation. Labor terminated naturally after six hours. It was followed by alarming hemorrhage, which led to fainting and syncope. It was controlled by ice. The child, a fine healthy boy, weighed nearly ten pounds. She made an excellent recovery, suffering from nothing of any moment, except weakness from loss of blood.

The complication of ovarian tumor with pregnancy is one which must always justify much anxiety. This is greatly increased if, as in the case just related, there be a further complication with grave lung disease. The effect of pregnancy on a previously existing ovarian tumor is as a rule to stimulate it to rapid growth, with the obvious result of serious encroachment on adjacent viscera. The condition of the lung in this case greatly increased the patient's sufferings. The remarkable fact that this was first pregnancy after nearly twelve years, must be noted. Notwithstanding the fact that there are now on record a number of cases of successful ovariectomy during pregnancy, obstetrical authorities and the general profession are not in perfect accord as to the proper course to pursue in these trying circumstances. It is quite true that women have in rare instances borne several children safely at full term, while suffering from ovarian tumor, but these are few when compared with the many fatal cases of premature and full time labor to be found recorded in the annals of the subject. During labor the tumor may burst, or its pedicle be twisted, or it may suffer such injury from pressure that it suppurates, with almost invariably fatal results in each case. The only thing to give the patient a chance under these conditions, must be immediate operation to remove the tumor, under very unfavorable circumstances. When during labor the tumor suffers no injury, the puerperium is often influenced very unfavorably. If the patient survive, the tumor must be dealt with sooner or later to save her life. The size of the tumor does not much influence the result. A large tumor which has of course become abdominal, together with the gravid uterus produces dangerous pressure on ad-

acent viscera of abdomen and thorax; while on the other hand a small tumor, probably occupying the pelvis, is more liable to such injury as shall lead to rupture or suppuration with consequent peritonitis.

Isolated cases of fatal, supposed puerperal septicæmia or inflammation from this cause are certainly much more common than is generally supposed. A paper by Dr. Grigg on some cases of this kind, read before the British Gynæcological Society last June, is of great interest in reference to this subject. It was a record of five fatal cases, the whole mortality at the Queen Charlotte's Lying-in Hospital, London, during nine months. A careful autopsy was made in each case, and the result showed that in four, diseased conditions of the uterine appendages were present and more than enough to cause death, and which, had they not been fully investigated, would have been put down in the category of puerperal septicæmia. Two of the four were small ovarian cysts; one of them suppurating. A third was abscess of the left ovary and pyosalpinx. The alternative to ovariectomy for relief from a large ovarian tumor is tapping, and it is still urged by the more conservative of the profession. It can do good only in unilocular cyst. It is attended by many dangers. It is not a radical cure and may be only temporary in its results, for the cyst may rapidly refill, and in any case sooner or later the radical ovariectomy must be done.

The induction of abortion or premature labor cannot be recommended as it has been shown as the result of experience, to be by no means free from danger to the mother, while the child must usually be sacrificed, and yet, as a result of conversation with my professional brothers, it seems to be the course which is most likely to suggest itself. I believe I am justified in saying that, in the complication of ovarian tumor with pregnancy, when the case is diagnosed before labor begins (for which, however, there is not always the opportunity), the rule is to be laid down, to promptly remove the tumor, and the earlier this is done, the better are the chances for both mother and child. It may be further added that serious organic lung disease does not of necessity complicate the operation or render either as the anæsthetic more dangerous.