

thirty-six hours, delirious—temp. in axil'a 106 $\frac{2}{3}$
 F. Nothing could be sucked through the drainage tube after the first four hours, so it was removed. He stated that this was the second case of strangulated ovarian cyst that he had met with; that out of three cases of ovarian or parovarian cyst seen in two years, two of them were thus complicated. The first case of strangulated ovarian cyst, which was successful, he had reported to the Society in '84. From this experience one would be inclined to infer that strangulation was not an uncommon event in the history of ovarian disease. This, however, is not the case, as in Mr. Lawson Tait's first one hundred ovariectomies he had only once met this complication, and many ovariectomists had never met with this unfortunate complication. This case he thought was peculiarly interesting. It occurred on the left side, whereas by far the greater number of cases are right-sided; to his mind it completely refuted Mr. Lawson Tait's theory with regard to the twist of the pedicle in these cases. Dr. Malloch's first case was right-sided, direction not noted, but in this case the direction and degree were seen by all present. In general, as he understands it from Mr. Tait's book, the direction of the twist in right-sided cases is from below outwards to the right, then across to the left, and that the direction is given by the infringement of masses of fæces passing down the sectum. In this case the direction of the twist was from the middle to the left, and then around towards the pubis, the rectum being in its normal position. He thought the twist would be the very reverse were it due to the passage of fæces down a left side rectum. From a diagnostic point the case was interesting, as the tumor lay over the descending colon, and did not reach the middle line; the length of the pedicle could not have been three-quarters of an inch. The patient had been operated upon for ovarian disease some fourteen years before by S. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing the cyst was strangulated, and he thinks that with symptoms of peritonitis, and an abdominal tumor likely at all to be removed an operation is called for.

DISCUSSION.

Dr. A. Woolverton said he thought the case a very interesting one, and had the operation been performed earlier the patient might have had a better chance of recovery. Dr. Leslie advanced a theory to account for the twist in the pedicle, supposing the cyst to have first ruptured and set up inflammation and distension of the abdomen, thus causing the twist. Drs. Philp, Mackelcan, Shaw and McCargow, made some remarks. Dr. Hillyer read a medico-legal paper bearing on a case in his practice, which was freely discussed.

F. E. WOOLVERTON,
 Secretary.

Personal.

Dr. Pomeroy, of Dresden, sails for Europe in June.

Drs. Hodget's and Chas. J. Hastings are in England.

Dr. Hodge, of Mitchell, has returned from Vienna.

Dr. D. W. Montgomery has commenced practice in San Francisco.

Dr. J. A. Carbert has commenced practice at Grand Rapids, Mich.

Dr. J. W. Patterson, of Harrowsmith, comes to Toronto early in June.

Dr. M. H. Aikins, of Burnhamthorpe, has gone to the North-West for a month.

Dr. and Mrs. Richard L. MacDonnell, of Montreal, sailed for England, May 27th.

Dr. L. L. Hooper has returned from Vienna and gone into partnership with Dr. Hyndman, of Exeter.

Drs. Leeming, Hamilton, Thos. J. McDonald, Noecker, Bateman and Wood, graduates of this year, have sailed for England.

Dr. E. E. King has been appointed Asst. Surgeon, Royal Grenadiers, *vice* Ryerson promoted and McCollum resigned.

The Honorary Degree of LL.D. has been conferred upon Mr. Jonathan Hutchison, of London, by the University of Glasgow.

Dr. Ralph Leslie, of Toronto, has been decorated with the Order of Leopold by the King of the Belgians, for his services on the Upper Congo.