

the cause of the twist of the pedicle in these cases. Dr. Malloch's first case was right-sided, direction of twist 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 and then across to the left, and that the direction is given by the impingement of masses of faeces passing down the rectum. In this case the direction of the twist was from the middle to the left and then round 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 faeces 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 Dr. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing that 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, Mackclean, Shaw and McCargow made some remarks.

DR. HILLYER read a medico-legal paper bearing on a case in his practice which was freely discussed.