

so as to go about, she died three months later of cancer of the liver. And yet, at one time the disease was a local one and could have been entirely removed with ease.

Not only does delay lead to adhesions which render the operation long and difficult and dangerous, but there are other evils hardly less great. Such are the twisting of the pedicle leading to gangrene of the tumor and incurable disease of the kidneys due to pressure. In the former case, by prompt action, we may generally save the patient; in the latter the operation is often followed by total suppression of urine and death. The treatment by tapping of ovarian tumors cannot be too strongly condemned. It never cures, which early operation almost always does: while by temporarily relieving the patient it induces her to allow the safe-for-operating stage to pass, and renders the operation much more dangerous by reason of the dense adhesions which it sets up. In multilocular cysts it does not even temporarily empty all the cyst, while if an error of diagnosis is made and a fibroid is mistaken for a cyst a fatal hæmorrhage may result.

What should be our treatment of an ovarian cyst when complicated with pregnancy? Should we wait until the woman is delivered or operate at once? Delivery in the presence of an ovarian cyst blocking the pelvis is a very dangerous affair. The removal of it during pregnancy has been proved over and over again to be devoid of danger, it being the exception for even a miscarriage to occur.

How small an ovarian tumor are we justified in removing? We can hardly say that the ovary must be removed whenever it is painful and large enough to be felt, but we certainly should remove it if it is the size of a lemon and still growing.

Ovarian abscesses are by no means rare, and they are greatly dreaded by experienced gynæcologists because of the virulent nature of their pus. Some recommend its aspiration before attempting to remove it in case it should break. This accident happened to me once, but the hole was covered with a sponge which was immediately discarded and the patient made a good recovery.

Functional diseases of the tubes and ovaries, including simple salpingitis and ovaritis, active and passive congestion and neuralgia. Fortunately all diseases of the appendages do not require removal, although, no doubt, many a hundred pair have been needlessly sacrificed. For such diseases as inflammation and congestion such a treatment is unjustifiable, while for neuralgia and pelvic pain it is irrational. I have seen a good few ovaries removed for no greater cause than inflammation and congestion, although the operators tried to justify their action by pointing to some small cysts and calling the