some dark material which appeared to be blood. (She was a young woman, aged 30, and had just menstruated the previous month.) On observing this it was thought that it came from lower down in the abdomen. A second incision was made over the hypogastric region and there was found a ruptured cyst over the region of the broad ligament in the left side and the bleeding point discovered. He removed the cyst and with a good deal of difficulty checked the bleeding. The patient made a good recovery, and has been well since. This case bears out very well Dr. Smith's remarks that we should not wait to make a diagnosis, but make an exploratory incision. In this case it saved the girl's life, as I hardly think any one could have made a diagnosis from her symptoms, of the condition which actually was found.

A. LAPTHORN SMITH, M.D. I wish to thank you for the kind remarks which have been made. I did not have time to say anything about shock, but I might say now that a great advance has been made during the last twenty-five years, so that it is rarely seen now after abdominal operations. Shock was often a misnomer as it was really made up of several different things. First, it was often due to hæmorrhage—the blood pouring out steadily during a long operation until there was no fluid left for the heart or lungs to work on. In other cases there may have been very little hæmorrhage but the vital depression was due to prolonged anæsthesia. Chloroform, or, indeed, any anæsthetic administered for several hours would give even a healthy man shock. Then there was the chilling of the patient with wet towels intended to be hot but which quickly became cold evaporating lotions. But perhaps the greatest advance in avoiding shock was that by means of the Trendelemberg posture; the majority of abdominal operations are now performed without handling the intestines, and, indeed, in many cases without seeing them. The handling and exposure of the intestines caused real shock, through the great sympathetic. Tweney-five years ago it was the rule; now it is quite the exception. The administration of strychnine for several days before the operation was another advance; it diminishes the calibre of the bowel and expels gas so that the intestines drop out of sight as soon as the peritoneum is opened.

I also did not have time to mention the great advance of the rectal enema of normal salt solution as a means of avoiding shock. When there is no pressure in the radial there is very little in the aorta, and as the heart only gets its nourishment through the coronary artery and as the coronary artery only receives blood when the pressure in the aorta is high, we are devoting a great deal of attention now to replacing the blood and heat lost by the operation by rectal enemas of hot normal salt solu-