

*Operation.*—Nov. 1, 1910, on making a pelvic examination, under anesthesia I found that the uterus was normal and that there was no thickening laterally. Not being sure of the exact condition, I made a median incision. The uterus was normal, the left tube and ovary presented the usual appearance. The right tube showed no change, but the right utero-ovarian ligament was markedly drawn out into a band about 1 cm. broad. This led to a hernial opening with smooth margins in the right lateral abdominal wall below and to the right of the umbilicus, but at least 12 cm. from the inguinal region (Fig. 1). After obtaining good exposure I found that this flattened band of the utero-ovarian ligament passed directly into a hernial opening about 2.5 cm. in diameter, and into this opening a finger could readily be introduced. The intra-abdominal portion of the pedicle was clamped off and sutured. An incision was then made over the prominent part of the abdominal tumor, which proved to be extra-abdominal. The more prominent part of this tumor lay directly beneath the skin in the adipose tissue, and was very easily freed by blunt dissection to the point where the hernial ring entered the abdomen. I then cut the peritoneum around the hernial ring and delivered the tumor, with its peritoneal covering intact. The space where the tumor had existed having been obliterated and the inner incision having been sutured, the outer wound was also closed. The ovarian tumor was multilocular.

There had evidently been a hernial protrusion through the right lateral abdominal wall, into which the ovary had dropped and remained for several years. During the last year it had increased in size and given rise to a multilocular ovarian cyst. Naturally with the increase in size, the escape of the ovary from the sac was impossible.

*Macroscopic Examination of Hardened Specimen* (Path. No. 15,723).—The hernial opening was about 2.5 cm. in diameter. Its margins consisted of peritoneum, outside of which was a zone of adipose tissue. The tumor itself was kidney-shaped (Fig. 2) 12 cm. long, 7 cm. broad, and 6 cm. in thickness. It was covered everywhere with peritoneum, which could be readily separated from it. Here and there attached to the outer surface of the peritoneum were tags of adipose tissue. The tumor itself was in large measure solid, resembling a fibroma. It presented a lobulated appearance. Here and there between nodules it showed cystic spaces, oblong, irregular, or round, varying from 2 mm. to 2 cm. in diameter. The majority of these were transparent and contained clear fluid. Some of them were slightly blood-tinged. So much could be made out through a window, which was cut in the peritoneum. On peeping in through the hernial ring, were seen cysts varying from 2.5 cm. to 3 cm. in diameter and apparently filled with clear fluid. After the drawing had been made the tumor was cut in two. The appearance on section is well shown in the drawing in the right upper corner of Figure 2.