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NOTES FROM CASES OF ABDOMINAL SECTION, WITH REMARKS.*

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CASE I.—Dermoid cyst of left overy with small dermoid cyst in right overy.

Patient referred to me by Dr. Moorehouse, London, January 28th, 1893, single, æt. 29 years, had been suffering for past five years from backache, tired feeling and pain in left inguinal region, pain in side worse when at stool and walking; menstrual periods every three and a-half weeks, and flow more than normal.

She had consulted Dr. Moorehouse two years previous, when he made a pelvic examination and found a lump low down on left side of uterus, which he thought was a large ovary. She then consulted another physician, who examined and told her she had a myoma of uterus, and used electricity for a time, with no benefit. She again returned to Dr. Moorehouse, during the autumn of 1892, when he found lump had increased some in size. He strongly advised operation, and requested to have me examine patient with that view.

On January 28th, 1893, I examined and found abdominal examination negative. *Per vaginam*—Uterus forward to right side—enlarged—sound enters three inches, and blood follows removal of sound. Behind and to left of uterus a lump could be felt about as large as a good-sized orange—elastic, but not fluctuating; close to uterus it felt harder, and was somewhat tender on pressure; uterus moves with movement of tumor. It appeared to be closely connected with uterus by short pedicle.

Per rectum.—It was tender on pressure. The right ovary could not be felt at this examination. Diagnosis was between dermoid cyst of left ovary and myoma.

Operation February 7th, 1893, in City hospital; anæsthetic by Dr. Balfour, and assisted by Dr. Moorehouse, I made a rather long median incision. Abdominal wall was vascular. Exploration with fingers:—I found lump to be a semi-solid mass of left ovary, adherent in pelvis, and connected with uterus by a broad, thin, short pedicle. After separating adhesions, I lifted up tumor and plunged in a trocar, but contents, which were found to be sebaceous matter, hair and bone, would not, of course, run through. The contents were then pressed out through the opening made by trocar, being careful to prevent any getting into peritoneal cavity. Pedicle was then easily transfixed and ligated, and sac removed. The other ovary was found to be enlarged and cystic, and was therefore removed with the corresponding tube. Pelvic cavity was sponged out and abdomen closed without drainage. Recovery was uneventful. Right ovary was found to contain, besides a multilocular fluid cyst, a small dermoid cyst about as large as a hickory nut, the contents of which were sebaceous matter, hair and skin.

Remarks.—(1) A point to which I wish to direct attention in this case, and I presume it will apply to all cases of dermoid cyst of ovary where the tumor is wedged down in pelvis, is the difficulty of making a differential diagnosis, more particularly from myoma. The slow growth, the feel, the close connection with uterus, with enlargement of that organ and increased flow at menstrual periods, would quite easily mislead one. A myoma, however, is not usually tender on pressure, unless patient has had pelvic peritonitis, and the uterus as a rule, with myoma, is larger than it would be with dermoid cyst of same size.

(2) I think I have read somewhere in the experience of others, what in my own experience I have frequently observed, viz., that all tumors having a close connection with uterus, whether ovary, tube or broad ligament, and no matter whether fluid or solid, are usually accompanied by enlargement of uterus with increased flow at menstrual periods.

(3) With regard to frequency of dermoid cysts

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