

NOTE ON THE OCCURRENCE OF ASCITES IN SOLID ABDOMINAL TUMORS.

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The interesting lecture by Dr. Eden in the *Lancet* of February 8th, on two cases of solid abdominal tumor with ascites, calls attention to a not sufficiently recognized cause of abdominal dropsy. In 1885, I saw with Dr. Walker, of Dundas, Ont., a woman with recurring ascites, of doubtful origin, for which she had been tapped many times. Fortunately I saw her a day or two after the removal of the fluid, and was able to feel a tumor in the lower part of the abdomen. A week later, Dr. Thomas, of New York, removed a solid ovarian growth, and the patient has been well ever since.

My interest in the subject has been renewed recently by a very remarkable case referred to me by Dr. Koehler and Dr. Fackler, in a woman, aged fifty-three, who had had at intervals for three years attacks of ascites. Within the past four months she had been tapped four times. Ten years ago it was stated that a tumor had been detected in the abdomen. There was a good deal of discussion as to the nature of the case, and she was referred to me for a decision as to the advisability of an operation. There was a solid tumor in the lower abdomen, which could be moved from side to side. I suggested the possibility of dropsy dependent upon a solid ovarian tumor, and asked my colleague, Dr. Kelly, to operate. He found a large fibroma of the right ovary with twisted pedicle and adhesions to the omentum. The tumor was removed, and the patient has recovered.

Dr. Hunner, Professor Kelly's first assistant, has very kindly collected for me the cases bearing upon this point from the gynecological clinic of the Johns Hopkins Hospital. Among 9,400 cases there have been ten patients with solid ovarian tumors, the ages ranging from thirty-two to sixty-three. In six of these cases ascites was present on admission. Three of the cases had required repeated tapping. All of the cases recovered after operation.

As Dr. Eden remarks, ascites is the rule with solid tumors of the ovary, and so rare with fibroids of the uterus that its presence almost serves to exclude them. Other forms of tumor may be associated with ascites. In Montreal I saw a case of leukemia with recurring ascites. On the occasion of my first visit the distension was so great that the spleen could not be