

he pubes to the sternum in  
n both flanks tympany, and  
ve of fluctuation was easily  
cyst was made, and after a  
f a slight bronchitis, the ab-

neum much thickened. The  
ic fluid. Attached to the  
as a myomatous nodule 16  
the upper or free surface  
of blood vessels, each about  
nd closely resembling angle  
they proved to be the en-  
um as such was recognized  
long, projecting from the

The altered omental ves-  
ruptured on the slightest  
a derived part of its blood  
had become intimately at-  
uply of the myoma, this  
made a rapid recovery.

ntirely on the physical  
nd mind, and up to the  
uld be obtained. The  
ninal signs tallied in  
ble to an ovarian cyst,  
i correct diagnosis was  
he flanks is, on first  
ut when we remember  
ntal vessels attached  
of the abdomen, it is  
es were held back and  
ally. Under any cir-  
dullness over the en-  
tines, even if not held  
ssels, could not have  
ery not being long  
the literature where  
d was associated with  
ase was analogous to  
ovary exists. In the  
noving that there is

often partial torsion of the vessels bringing about the  
outflow of ascitic fluid. In our case the myoma rolled  
around so much that the omental vessels were partially  
twisted. This was undoubtedly the case, as is shown by  
the fact that there has been no further appearance of the  
ascitic fluid since removal of the myoma. Had this pa-  
tient been in the possession of her mental faculties the  
diagnosis would have been fairly certain, as the family  
physician told me at the time of operation that he had  
first noticed a hard abdominal tumor attached to the  
uterus and that the ascites had developed subsequently.

Schwarzenbach<sup>1</sup> reports a most interesting case. The  
patient was 30 years old and the mother of six children.  
In 1896 she had a pelvic hematocele, with pronounced  
symptoms of internal hemorrhage. In 1897 a subperi-  
toneal myoma the size of a child's head was detected. In  
1899 she gave birth to a child, and in 1901 an explora-  
tory abdominal section was made. Numerous arteries  
and veins springing in the vicinity of the stomach lay  
perfectly free in the abdomen, and passing downward  
spread out on the surface of the subperitoneal uterine tu-  
mor. Considerable ascitic fluid was present in the ab-  
domen. The abdomen was closed, as the growth was  
thought to be malignant. The patient improved, and in  
1902 the abdomen was again opened. The omentum,  
which at the first operation showed marked atrophy, had  
now entirely disappeared. The patient was two months  
pregnant. The large vessels were tied and the myoma  
was removed. The pregnancy was in no way disturbed.  
All trace of the pelvic hematocele had disappeared ex-  
cept for the presence of some pelvic adhesions.

It seems quite probable that the hematocele in this  
case was due to rupture of one of the omental vessels  
instead of to the rupture of a tubal pregnancy. This  
case has many points in common with ours.

1. E. Schwarzenbach: *Eigenthümliche Entartung des an einem  
Uterusmyom adhärennten Netzes*, Beiträge zur Geburtshilfe und  
Gyn. Rudolf Chrobak. Aus Anlass seines sechzigsten Geburtstages.  
Gewidmet von seinen Schülern und Freunden, vol. I, p. 220.