

**CASE REPORTS—(a) INTRALIGAMENTOUS CYST; (b) UTERUS
WITH MULTIPLE FIBROIDS; (c) OVARY WITH
BLOOD CLOT.***

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Dr. W. Gunn, of Clinton, presented several pathological specimens: Four fibroids and three carcinomata of the uterus; three gangrenous appendices recently removed; a dermoid tumor of the ovary; five prostates, successfully removed; a fibro-adenomatous goitre, and the following specimens, which were considered sufficiently interesting to be reported in more detail:

(1) *Specimen*.—A large intraligamentous cyst. The uterus thinned and elongated to six or seven inches, with the muscular fibres of the broad ligament, are spread over and firmly adherent to the tumor in this location.

History.—Miss McC., age 58. From girlhood menstruation was painful and irregular. In the year 1873 had two attacks of what was called inflammation of the bowels. In 1887 she noticed a swelling on the left side, low down. The growth was slow at first, but more rapid latterly. The spread of the tumor at first was upwards on the left side, but later it extended to the right side. The left leg was swelled and painful. In March of 1896 she was operated on by Dr. Allaway, of Montreal, at the hospital. The diagnosis was an ovarian tumor of fifteen pounds. Recovery was slow, a left-leg phlebitis following the operation. In 1898 she felt the tumor returning on the left side, and it became very large. In 1902 the tumor emptied into the bladder quite suddenly. Filling again, it emptied into the bladder a year later. Six months later there were signs of intestinal obstruction—pain, vomiting and tympanitic distension. Her life was about despaired of, when the tumor broke into the bowel, large quantities of a coffee-ground fluid coming away, and diarrhea following for about a week. In March of 1905 the distension was very great, and the tumor was tapped, and nearly an ordinary pail of fluid taken away, and marked relief followed for a time. Six months later she came to Clinton for operation. The abdomen was the size of a full-term pregnancy, and the usual upward and downward pressure symptoms were present. Dr.

*Reported at regular meeting of Huron Medical Association.