

in five cases, while it was not complained of at all in two. In one, the first symptom was incontinence of urine, but in this case the ovaries were secondarily affected, the vesical irritation being due probably to disease of the fundus uteri. One patient who had a very large tumor only complained on admission into hospital of nausea and swelling of the abdomen, the case strongly resembling at first glance the pathological vomiting of pregnancy.

The woman usually first comes complaining of abdominal swelling which rapidly increases in size. She is weak and more or less emaciated, although it is surprising how well some of these patients retain their flesh until comparatively late in the disease. Usually cachexia is marked before the sarcoma has been present many months. A thin leucorrhœal discharge is frequently present although there is nothing which is characteristic of the disease to be observed about it either microscopically or by the naked eye.

The growth very frequently produced ascites, which is discovered in the usual manner. It also frequently exerts pressure upon the bladder and rectum, thus interfering with the functions of either of these organs. It may infiltrate the broad ligaments and cause such constriction of one or other ureter as to prevent the descent of urine into the bladder and so cause hydronephrosis. The same may take place as regards the rectum, thus causing death from obstruction of the bowels, as took place in the recurrence in one of my own cases.

Glandular enlargement is not marked until late in the disease, but secondary deposits may form in the lungs, giving rise to the symptoms of pulmonary consolidation.

#### *Treatment.*

The only effectual method of treating these growths is to remove them in toto. Not only should the diseased ovary itself be taken away but the uterus and the appendages of the opposite side, whether they present any evidence of disease or not, as if one ovary is left it becomes affected sooner or later in the great majority of instances. The removal should be effected through an incision in the anterior abdominal wall, and one ought to exercise the greatest possible care to remove the diseased organ entire and not to allow of the escape of any of its contents into the peritoneal cavity, as this would be sure to be followed by a speedy recurrence.

While the above is the only method of treatment which holds out any degree of hope in these cases, it is quite within the bounds of possibility that some form of radio-therapy will be found which will replace it or at least may be used after operation to prevent recurrence. These