

was represented by a mere fringe like a piece of burnt leather, about an inch and a half wide. The pathological examination proved that it was a carcinoma of the ovary and, I have no doubt that the liver was also affected by the same disease, for the woman, after making a speedy recovery from the operation, died three months later without a return of the ascites. Then again in operating for papilloma of the ovary I have found in some cases, ascites, and very often an inoperable condition, the cases being malignant and the patients dying a few months afterwards, while in others there was no shrinking of the omentum and no ascites, and those patients are still alive after many years. When we come to seek for an explanation of the presence of the fluid it is quite difficult to come to any conclusion. Is the ascites due to mechanical obstruction of the large veins such as we get in enlargement of the liver, or is it due to irritation of the peritoneum by the excretions of the ovary? Why do we get ascites from solid tumours of the ovary and rarely in liquid tumours of the same size? I think we may have ascites caused by an abdominal tumour in one or both of two ways; first, the tumour may be solid enough and free enough to rest upon the inferior vena cava and cause obstruction or back pressure sufficient to cause serum to exude through the walls of the veins, or if the tumour is malignant, it quickly affects the liver by metastasis and blocks the portal circulation, as well as the inferior vena cava passing behind it, and causes back pressure and exudation of serum from both the veins of the stomach and intestines, as well as from the inferior vena cava and its branches. This is the explanation of the ascites in the case mentioned by Dr. Osler, in which there was a solid ovarian tumour with twisted pedicle allowing blood to be pumped into it, but impeding the outflow so that the serum was forced through the walls of the veins.

The other explanation is that there is some irritant poison given off by a diseased ovary which either increases the secretion of the peritoneal surfaces, or closes the mouths of the absorbents, which, under normal conditions, are able to carry off large quantities of serum in a few hours; for instance two gallons of normal salt solution which are left in the abdomen after the removal of a large tumour or the sudden disappearance of a large thin-walled parovarian cyst by rupture, the liquid in both cases being quickly absorbed and excreted by the kidneys. As many of these cases have albumin in their urine, their physician is misled into thinking that the dropsy is of renal origin and are therefore opposed to operative measures. But I have seen the albumin disappear in so many of these after the removal of the tumour, that I never allow the presence of albumin in the urine to prevent me from removing a tumour from the abdomen. The preliminary tapping two days before the operation had