

it. The whole mass is of rapid growth, enlarging the abdomen in the space of a year or so, to the size of a full pregnancy; and when, after repeated tapping and refilling, the parieties of the abdomen yielding with more and more ease to the distention from within, the tumor may attain to a size weighing seventy pounds. The largest cysts lie in front, and by paracentesis will discharge from a few to fifteen or twenty pints of fluid. This operation gives all the other cysts an opportunity to increase, and to the lately emptied one to refill. When the tapped cyst is quite emptied, the trocar is compressed by the adjoining cyst out of the line of entry, and made to lie against the front of the abdomen. Some operators have taken advantage of this to thrust the instrument into a second cyst; but not without danger, for an intermediate vessel has been before now wounded, and has bled internally into the sac, even to filling it, resulting in the death of the patient; for the patient is generally much reduced at this time, and her volume of blood greatly diminished. Such an error would be avoided by a practitioner acquainted with the structure of an ovarian dropsy, and the distribution of the vessels that run into the septa. Another error, one that has run the rounds of the journals, would not have been committed and cruelly repeated—that of emptying *one* cyst and injecting it with that universal panacea—iodine—had the operator reflected for a moment that he had treated only *one* cyst, while he left *one* hundred untouched; to say nothing of the stupidity of supposing that an analogy existed between hydrocele, and the cysts in an ovarian dropsy—the first a disease in a serous membrane and a single cavity, attackable in its whole extent, and capable of throwing out adhesive matter subject to organization; while the second consists of a multitude of separate and uncommunicating cysts, each lined with a *quasi mucous* membrane, incapable of throwing out plastic (fibrinous) matter, and becoming organized into an adhesion that should unite the parieties of the sac, and so obliterate the cavity.

The growth of an ovarian tumor is rapid, but unaccompanied with pain, excepting that which is due to distention of the parieties of the abdomen. There is also distress, when large, from its encroachment into the thorax, pushing the diaphragm as high as the fifth, or even the fourth rib, producing dyspnoea; also by the pressure on the stomach, leaving to that viscus little capacity for the reception of food. In a few cases it will cause a partial ascites by its pressure on the large visceral veins and on the kidneys. When the tumor has attained to a large size, the length of the linea alba from the pubis to the ensiform cartilage has reached the extent of twenty-eight inches in two of my cases.

*Fibrous out-growths* from the uterus into the peritoneal cavity gene-