

and uniformly distended. From the pubes to the sternum in the mid line there was dullness, in both flanks tympany, and on percussion a very distinct wave of fluctuation was easily detected. A diagnosis of ovarian cyst was made, and after a delay of a few days, on account of a slight bronchitis, the abdomen was opened.

*Operation.*—We found the peritoneum much thickened. The great distension was due to ascitic fluid. Attached to the fundus by a very small pedicle was a myomatous nodule 16 cm. long (Fig. 1). Plunging into the upper or free surface of this nodule were a large number of blood vessels, each about 3 or 4 mm. in diameter, tortuous and closely resembling angle worms. On tracing them upward they proved to be the enlarged omental vessels. The omentum as such was recognized as a fringe not more than 5 mm. long, projecting from the lower edge of the transverse colon. The altered omental vessels were exceedingly friable and ruptured on the slightest manipulation. The parasitic myoma derived part of its blood supply from the bladder, to which it had become intimately attached. After tying off the blood supply of the myoma, this growth was removed and the patient made a rapid recovery.

In this case I had to rely entirely on the physical signs, as the patient was of unsound mind, and up to the day of operation no history could be obtained. The facial expression and the abdominal signs tallied in every particular with those referable to an ovarian cyst, and without the clinical history a correct diagnosis was impossible. The tympany in the flanks is, on first thought, difficult of explanation, but when we remember that this myoma with the omental vessels attached stretched almost the entire length of the abdomen, it is readily seen that the small intestines were held back and at the same time forced out laterally. Under any circumstance there would have been dullness over the entire anterior abdomen, as the intestines, even if not held back by the tumor and omental vessels, could not have reached the surface, their mesentery not being long enough. I know of no instance in the literature where such a large quantity of ascitic fluid was associated with a myoma. The condition in this case was analogous to that found where a fibroma of the ovary exists. In the latter we have a solid tumor so moving that there is