

bulging in front of it ; while through the os something hard (whether the head or the back of the child) should be felt moving up and down. Instead of this state of affairs, I found on examination here the cervix and uterus of a virgin, and venturing, on account of this, to pass the probe, it entered the cavity, which I ascertained to be empty for two and a-half inches, and in a direction which showed the uterus to be turned backwards. But, notwithstanding all this, the patient might still be pregnant ; for this might possibly be one of those rare cases where there is a double uterus. I began therefore, my examination on the outside of the abdomen. If in a case of pregnancy you keep your hands steadily upon the uterine tumor for some time, you cannot fail to detect a hard mass and the movements of the child. Then, with careful auscultation you ought to be able to distinguish the foetal heart-sounds, the so-called placental *bruit*. The latter is in reality a uterine *bruit*, however, as the sound is caused by the rushing of the blood through the uterine sinuses. Nothing of the kind was found in this case ; nor were there any mammary indications, or any other sign of utero-gestation whatever. This hypothesis is, therefore, to be discarded.

Secondly, the abdominal enlargement might be caused by a uterine fibroid ; but in that case the tumor would be very hard and unyielding. Here, on the contrary, I can get a distinct wave on palpation. Has the patient, then, ascites, which might perhaps too be due to disease of the liver, or of the peritoneum ? If this were the case, there would be perfect resonance on percussion at the upper part of the tumor, from the fact that the intestines would float on the top of the water. There is, however, not a trace of resonance at the top, the percussion-note being perfectly flat at that point, while there is resonance at the sides, much more marked on one than on the other. She has not, therefore, ascites.

We arrive at the conclusion, then, that she is probably suffering from some form of cyst. This might possibly be of the liver, the kidney, or some other organ ; but there is one kind of cyst that is so vastly more common than any other that we will be hardly likely to err if we conclude it to be of this character, and that is the ovarian. There are special reasons also for supposing it to be an ovarian tumor. The mass extends fully down to the pelvis, and it has pushed the uterus backward and downward, as we have previously ascertained. To show you how valuable I regard the former of these signs, I will mention that in a case in which I operated about six months ago, as soon as I found that there were intestines between the tumor and the iliac fossa, I confidently asserted that whatever else the growth might be, it was certainly not an ovarian cyst. The result proved it to be an enormous cyst of the kidney, its size being one and a-half times as large as my head.

So much for the diagnosis of the tumor : now for the question of its etiology. Let me caution you in the first place to beware how you give your support to the hypothesis (on which a suit for damages may be based) that because a certain difficulty from which a patient is suffering came after a fall or other injury, that it is the result of that injury. Some time ago a lady consulted me who said that she had a severe fall upon the back, and that profuse uterine hemorrhage had immediately followed. From her account, I supposed that it was probably a typical case of acute retroversion of the uterus ; but when I made a vaginal examination, what was my surprise to find that instead of this there was advanced carcinoma of that organ. Yet the patient until that time had never had any hemorrhage or other symptom to indicate the presence of malignant disease. You must be on your guard, therefore, in regard to *post hoc, propter hoc*. I doubt not that the fall was the exciting cause of the hemorrhage here, but do not believe that either the hemorrhage or the amenorrhœa would have resulted if the ovaries had been in a healthy condition at the time of the accident. I am speaking only from experience ; but in the light of that I do not hesitate to say that this girl's trouble is not due to any such cause. On the contrary, I believe that at the time she fell she had cystic degeneration of both ovaries. The fall, however, probably did cause the rupture of one or more of the ovarian cysts, and thus gave rise to the hemorrhage ; while as the hemorrhage continued, the ovary went on increasing in size.

Finally, as to the prognosis. Unless ovariectomy is performed, it is a completely hopeless one. I need not say how fully established is the point that drugs are utterly useless in this affection. You will doubtless hear of many cases of ovarian tumors which have been cured without resort to the knife ; but the explanation of this is that they have not been true ovarian cysts. It not unfrequently happens that a patient comes to an ovariectomy with a tumor of considerable size, but because he thinks it is not at the time sufficiently large to demand removal, he tells her to return to him in six months ; yet when she comes back to him at the end of that time the growth may have entirely disappeared. This is because it was a par-ovarian cyst, a simple cyst of the broad ligament, which contained nothing but pure serum ; and it is the cases of this character in which the recovery takes place spontaneously, though the cure is generally attributed to whatever medicine the patient happens to be dosing herself with at the time.

This being, without doubt, however, a true cyst of the ovary, ovariectomy becomes imperatively necessary. When, then, shall the operation be performed ? At once, I should say. The late Professor Peaslee, one of our highest authorities on the subject, was in favor of postponing the opera-