

Examination in the hospital showed the left leg enormously congested and almost one-third larger than the right. The swelling extended from the toes right up to the groin. The condition seemed one of venous obstruction rather than lymphatic. There was also an absence of inflammatory reaction, such as one might expect in phlebitis or phlegmasia.

The question was: what was causing the venous obstruction? Now, in a patient aet. 41, with unilateral œdema of a leg, one always thinks of malignant disease in the pelvis causing obstruction by metastatic growths in the lymphatics causing pressure upon the iliac veins.

Bi-manual examination did not reveal any malignant growth of the uterus, but did reveal a tense, slightly fluctuating mass to the left of the uterus and well down in the pelvis. It was diagnosed as an incarcerated ovarian cyst and abdominal section was performed.

*Operation.*—The usual median, sub-umbilical incision. Here the great size of the superficial and the deep veins was remarked, and bleeding was so great from them that they required ligaturing. This enlargement was due to the established collateral circulation, much as one sees in hepatic cirrhosis. On putting the patient into the Trendelenburg posture and packing back the intestines, a tumor about the size of a large orange was revealed to the left of the uterus and lying deep in the pelvis. It was a sub-ligamentous ovarian cyst, tightly bound down to the rectum and latent pelvic wall by rather dense adhesions.

These adhesions held the tumor tightly against the lateral wall and so compressed the iliac veins, both internal and external, that action was much like a ball-valve or a Sprengel's air-pump.

The tumor was freed from its adhesions, being peeled up from within, keeping close to the uterus, and from below, keeping well away from the dilated pelvic veins.

The tumor proved to be a sub-ligamentous, unilocular ovarian cyst, containing a clear fluid, and being about 3 inches in diameter.

The usual ovariectomy was performed, the cyst was removed without rupture, and the abdomen closed, and the patient returned to the ward and kept very quiet, as there was some fear of embolism after freeing the pressure upon the veins. However, the patient made an uninterrupted recovery. The swelling in the leg gradually subsided, and at the end of two weeks was normal in size, though the patient was kept quietly in bed for another week and then allowed to go about the ward.

The chief interest in this case seems to me to be the symptom of swelling of one leg.