

## A SERIES OF MISTAKEN GYNECOLOGIC DIAGNOSES.

---

THOMAS S. CULLEN, M.B.  
BALTIMORE.

---

While it is advisable to chronicle our successes in diagnosis and treatment, I think it is equally necessary for us occasionally to look back and see where we have failed to make an accurate diagnosis before operation, or to critically review our judgment in a given case to ascertain if, in a subsequent and similar case, we could not do better.

From a perusal of the literature one is often led to believe that the exact nature of abdominal tumors is easily determined before operation. While this is undoubtedly true in the greater number of cases, yet it is well to remember that in a goodly number of instances, before operation, it is only possible to determine that the operation is necessary, the exact nature of the malady only being ascertainable when the abdomen is opened. From the accompanying group of cases, which I report in detail, the surgeon who does not always make a positive diagnosis before operation, or the one who may perchance render an erroneous opinion, will possibly derive a certain amount of comfort.

**CASE 1.**—**Diagnosis:** Very large ovarian cyst. Actual condition: A partially parasitic uterine myoma, associated with 51 liters of ascitic fluid. (Fig. 1.) Recovery.

**Patient.**—Woman, aged 54, unmarried, was admitted to the Church Home, Oct. 29, 1902, complaining of marked abdominal enlargement.

**Examination.**—Her face presented a drawn, pinched appearance, and she was very thin. The abdomen was tremendously