

REPORT OF A CASE OF PAPILOMATA OF THE OVARIES AND TUBES, REMOVAL, RECOVERY.

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Owing to the comparative rarity of this disease, a brief report of a typical case which recently came under my care may prove of interest.

Mrs. H., 40 years of age; mother of two children; last child 15 years ago; one miscarriage 12 years ago. Menstruation began at 13 years of age; always normal till marriage at 23. Menstruation now lasts five days, normal in quantity but exceedingly painful. Bowels moved every four days, but even then only by taking medicine, and before they move there is an intense bearing down pain, all over lower abdomen. Coitus is so painful as almost to be impossible. Locomotion and riding in carriage causes severe pain, and it also pains her to sit down. She has a bad complexion and a dirty tongue, and complains of a bad taste in the morning. But the pain, which began 2 years ago, and has been steadily growing worse, is the symptom for which she is compelled to seek relief. On examination externally, a moderate amount of fluid is found to distend the abdomen; and by bimanual palpation the uterus is found to be retroverted but not fixed, and the appendages very much enlarged and nodular, appearing about as large as two oranges.

After two days spent in the usual preparations for abdominal section at my private hospital, the patient was placed in the Trendelenburg posture, and the abdomen opened. About a pint of dark serum was mopped out, when there was at once seen a large bunch of warty growths completely filling the pelvis, and rising to half way between the pubis and the umbilicus. They were of a glistening white, very much resembling white currants both in color and size, but none were to be seen on the peritoneum other than that portion lying in the pelvis. They were removed in bunches, their connection with the tubes was so friable that they broke off at the slightest touch, leaving a freely oozing surface. When enough of them had been removed to permit the ovary and tube to be seized, these were tied and removed. The two sides presented exactly the same appearance. As there were a great many smaller bunches adherent to the back of the uterus and to all the posterior surface of both broad ligaments, these were all