

Clinical Notes.

Multilocular Ovarian Cystic Tumor.

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Mrs. C——, referred to me in August by Dr. F. Cowan. She is a well developed woman with good family history, aged 27. Has had two living children and one miscarriage, which took place in February, 1895. Since that time she has menstruated irregularly every two or three weeks; the discharge has been normal in quantity, color and consistency. For the past five months she has noticed a gradual median abdominal enlargement to about the size of a five months' pregnancy; general health unimpaired. On examination the tumor was found to extend three inches high above the umbilicus; there was



Back of tumor, showing X tube and its fimbriated extremity.

dullness in the right flank, resonance in the left. The tumor was rounded and hard, lying in front of the uterus, and extending above it. The uterus, apparently normal in size, could be moved separately from the tumor, which had a firm feeling; was not tender on pressure, and had given rise to very little pain at any time.

Diagnosis, ovarian multilocular cystic tumor. Operation advised at the earliest date possible. At Bellevue House, August 10th, 1895, I