

ODDS AND ENDS OF A YEAR'S SURGERY.

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DURING the past year I have met with several cases in the course of my surgical work which for one reason or another deserve to be placed on record. I have therefore grouped them under the above title, for the want of a better.

Case 1. An Unusually Large Ovarian Cyst.

This was a young woman (unmarried) whom I saw in consultation with Drs. Isabel Watson and Cameron. The abdomen was enormously enlarged and had been rapidly increasing in size during the preceding six months. I am not able definitely to state the duration, but was informed by the patient that about seven or eight years previously she had been examined by Dr. Anson for some pelvic trouble, but so far as I know nothing definite was found. It is, however, fair to assume that the trouble began at or about this time. Suspicions had been entertained that the enlargement might be due to malignant disease. However, the absence of the large veins which one usually sees in rapidly growing sarcomata and the presence of a typical "facies ovariana" (which I have the misfortune to be old enough to have often seen) enabled me to hazard the diagnosis of an ovarian cyst.

The cyst was multilocular and contained more than 40 pints of a fluid having a high specific gravity, of a rich golden-bronze colour, and literally glistening with cholesterine. There was no difficulty about the operation. Adhesions there were of course, but not such as to cause serious trouble. The abdominal cavity after the removal of the cyst presented an appearance which reminded one very much of the appearance presented by an abdomen in the dissecting-room after its contents have been removed. The intestines remained compressed against the diaphragm, the thinned and distended parieties were closely applied to the posterior abdominal wall, and the whole of the abdominal aorta and its branches could be seen pulsating, and, in fact, stood out in relief as clearly as the injected arteries in a dissected abdomen. It was not until six weeks later that the intestines had returned to their proper position. She made an uneventful recovery, except that she had thrombosis of the left saphena vein, which retarded her convalescence. Including the fluid (40 pints) withdrawn by aspiration, what was lost in extracting the cyst, and the weight of the cyst itself (about 5 lb.), I do not think the tumour could have weighed less than 60 lb.