negligible. Malignant degeneration of fibroids is estimated at between 2 and 4 per cent. of all cases. Such degeneration may be present in an intra-abdominal tumour, but remain undetected owing to the difficulty of diagnosis.

With these large intra-vaginal growths I think most surgeons will agree that it is in most cases impossible to determine before operation whether the growth is cervical, sessile, or polypoid; and the presence of associated pathological intra-abdominal conditions more often than not cannot be detected. Moreover, in some cases we have to depend upon the microscope for the detection of malignancy, and with regard to this Eden and Lockyer rightly state, "all cervical polypi should be submitted to careful histological examination, for apparently innocent growths may eventually prove to be sarcomata."

Considering, therefore, the likelihood of the co-existence of adnexal or corporeal pathological conditions, the impossibility of excluding malignancy in such intra-abdominal tumours, and the great difficulty in diagnosing their presence when the bimanual procedure is obstructed by the vaginal growth, I strongly advocate that large intra-vaginal tumours should be dealt with by laparotomy. If associated pathological conditions be found, or malignancy be detected histologically in a growth, the operator has saved the patient from the necessity of a second operation. If, on the other hand, no such conditions are present he can feel more surely that he has cured his patient.

The principal objection that may be urged against this suggestion will, no doubt, be the relatively greater danger to the patient of the abdominal operation. But in the present days of aseptic surgery there is little to be feared if the operator is accustomed to abdominal work.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CARCINOMA OF THE OVARY IN A GIRL AGED NINE YEARS.

By H. M. GERSON, M.R.C.S., L.R.C.P. LOND.,
HOUSE PHYSICIAN, POPLAR HOSPITAL FOR ACCIDENTS, LONDON.

THE following is undoubtedly of rare occurrence and therefore worthy of some record.

The patient, a Spanish girl, aged 9, one of an apparently healthy family of 13, was admitted to the Whitechapel Infirmary on August 9th, 1919, having been transferred from the Children's Hospital in Shadwell. It appears that an exploratory laparotomy was performed, a provisional diagnosis of tuberculous peritonitis having been made, and as a result the right ovary and tube were found involved in a growth, and removed; no secondaries were observed at the time. Within a few weeks of operation a lump was noticed in the left iliac region, and on the presumption that the left ovary was involved, a second laparotomy was performed which revealed a malignant growth of left ovary and multiple secondaries in the omentum. The case was considered inoperable and the patient removed to the Whitechapel Infirmary, wherein she died two weeks later.

Post-mortem.—At the autopsy the following was found. A distended abdomen, dense matting of intestines, and a large fungating growth extending from the left ovary to the left iliac bone, to which it was adherent,

and also down the course of the psoas muscle sheath into the thigh. The pelvic contents were removed with difficulty, and a mass consisting of the uterus and vagina, left ovary and tube, stump of right tube, and a portion of adherent large gut, and examined. The left tube and ovary were represented by a ragged mass 7 cm. in diameter. The tube could not be identified, and a portion of large intestine was adherent to the mass. The mucosa was smooth and a portion of omentum attached by a tag to the mass contained discrete and smooth nodules measuring to 2.5, 1.5, and 1 cm. On section they were lemon-yellow tinged red. The bladder was greatly distended. There were nodules on the peritoneal surface of the fundus of the uterus, and a plaque 5 × 3.5 × 1 cm. of crimson tissue containing small cysts. Similar nodules were on its submucosa; the external os and adjacent part of vagina showed a conspicuous villus which completely covered the external os. Of the other organs, the pelvis of the left kidney contained a secondary growth, diam. 5 cm., and similar growth in the liver, size 8 cm. × 6 cm., and secondaries in the spleen were found. Microscopically a large papillary carcinoma, tubular and cystic, consisting of polygonal and cubical cells, was found in the left ovarian mass. Secondary carcinoma were found in the vagina and external os, the submucosa of the bladder, and the subserosa of the great omentum. A noteworthy fact was that no secondaries were found in the kidney on the right side, from which the corresponding ovary had been removed at the first operation.

My thanks are due to Dr. J. Woods, of the London Hospital Pathological Department, who did the microscopical investigation, and to Dr. W. J. Woodyatt, superintendent of Whitechapel Infirmary, for permission to record this case.

A CASE OF SUPPURATING HYDATID CYST OF THE LIVER.

By R. LEONARD LEY, M.B., B.C. CANTAB.,
ASSISTANT SURGEON, GREAT YARMOUTH HOSPITAL.

THE following case may be of interest in connexion with the annotation in THE LANCET of Dec. 6th on Hydatid Obstruction of the Bile-duct Simulating Gall-stones.

Mrs. A was admitted into the Great Yarmouth Hospital during this summer suffering from jaundice and fever of hectic type, with attacks of epigastric pain. The tongue was dry, red, and smooth, the pulse small and rapid. She appeared very ill. Symptoms present for some ten days: upper abdomen and right rectus rigid, so that edge of liver and gall-bladder could not be felt. I watched her for two or three days, during which time the fever remained high and jaundice varied. The diagnosis made was gall-stone in the common duct.

Operation.—Abdomen was opened through right rectus and liver found much enlarged; there was a pale and, I thought, fluctuant area immediately below the ribs. I explored the gall-bladder and ducts, and found the gall-bladder not distended and ducts normal. I then explored the fluctuant area with a syringe and found pus. The patient was not very fit, so I rapidly packed off the liver round the fluctuant area with gauze and incised the fluctuating point. About one pint of pus and hydatid daughter cysts in large quantities escaped—the cysts in various stages of dissolution. The wound was closed by through-and-through silkworm gut sutures and a large tube put into the abscess cavity. The gauze packing was removed after 48 hours and the patient gradually recovered; the sinus healed at the end of about two months and she is now quite well. All her life she had never left Great Yarmouth.

I suppose in Australia a correct diagnosis might have been made, but the patient presented a fairly typical picture of gall-stone disease. I did not examine her blood after operation to see if eosinophilia was present, but this seems to me to be the only likely point on which a differential diagnosis could have been made.