the relatives. I once saw detachment of the retina present at the same time with a number of constitutional disturbances, which followed on the suppression of a plica polonica, with which the patient had been affected for many years. This disease does not occur very frequently: in 1000 cases of amblyopia it was met with sixty times. It was remarkable that it occurred very seldom (in seven cases) on both sides. On the other hand, sclerotico-chorioiditis posterior, with opacities of the vitreous humour, was often observed. In the glaucomatic process, as well as in extensive alteration of texture, occurring solely in the retina, it appears very seldom as a complication.

ART. XVI.—*On the Anatomy of an Ovarian Tumour.* By HUMPHREY MINCHIN, M. B., Physician to the Hospital of the North Dublin Union.

THE subject of ovarian tumours has, during late years, occupied a good deal of attention, and the researches of clinical and pathological observers have tended in no small degree to the establishment of enlarged and improved views regarding the nature, origin, and issue of these affections. The development of general principles in every department of medicine is gradually attained by the accumulation and comparison of isolated facts; and we justly recognise the importance of carefully observing and noting every new case, with a view of comparing its several features with those of the mass of similar cases already tabulated and classified. It is from a consideration of this kind, rather than from the affectation of being able to throw any new light upon the pathology or treatment of ovarian tumors in general, that I have been induced to lay before the profession the following rather imperfect history of a case which came under my observation a few months ago.

Mary D., aged 71, was admitted into the hospital wards of the North Dublin Union on the 2nd May, 1858, with the following symptoms: Diarrhœa; occasional vomiting; thirst; extreme prostration; drowsiness approaching to coma; cold extremities.

On the third day she had rallied pretty well from the state of stupor and exhaustion under which she laboured on admission; her mind, however, was at this time so much confused that she was unable to give a definite or connected account of her previous history, and all that could be ascertained from her was, that she was suffering from a pain in the left iliac region, to which she had been subject "off and on" at irregular

intervals for a great many years. The body, generally, was much emaciated; the abdomen enormously enlarged by what she called an "old dropsy," but which was easily recognised on examination to be a very large tumour. There was no dysuria, and the urine, which was voided three or four times daily, was high coloured and ex-albuminous. No swelling of the feet or of the face; chest apparently sound.

In about fourteen days after admission she sank from exhaustion, apparently induced by the diarrhoea.

A few days afterwards I obtained from a female relative of the deceased the following history of the case. It appears that, about thirty years previously, during her confinement of her fourth child, she was suddenly seized with a deep-seated pain in the left iliac or inguinal region. Her labour, however, was happily terminated, and she made a good recovery, being able to go about in the usual time. But the pain soon returned, and came on at such frequent intervals that she soon became reconciled to its continuance (for it was almost constant at this period); but while she felt convinced it would sooner or later be the occasion of her death, she derived some consolation from the reflection that she had the satisfaction of knowing where the blame was to be attached,—in fact, the impression that the midwife had inflicted some grievous injury, while attending her, could never be removed from the minds of the patient and her friends. In this not very charitable philosophy the narrator appeared fully to coincide. About three months after her confinement she perceived a tumour in the middle of the hypogastrium, small and movable, free from pain, except when pressed upon, when the pain extended towards the left groin, in the direction of the original soreness. The tumour increased slowly and steadily, and in about three years the abdomen was as large as at the full term of gestation. Her general health was not impaired during that time; however, as she felt the size of the abdomen to be a great inconvenience in her ordinary avocation, she was induced to seek the advice of an old woman, who, at once "diagnosing" a dropsy, recommended her to drink one or two glasses of gin occasionally, and she considered that this remedy was of great use to her, as the belly, she thought, did not for a long time afterwards undergo any increase in size; she, therefore, continued to follow the old woman's directions strictly. About ten or twelve years later, the abdomen having at length become much larger, she applied for admission into one of the hospitals in this city, where she was advised to allow herself to be tapped; but to this she would not submit. About five years before her death her strength began to fail; she had

much difficulty in moving about, and was obliged to maintain the sitting posture during the greater part of the day, with her feet raised on a high stool, that the thighs might better support the weight of the abdomen; she now suffered every evening from numbness of the legs, with some œdema of the feet and ankles, but these symptoms usually subsided after a few hours of rest in the horizontal position. Her appetite remained good, and her digestion continued to be very regular up to a late period of her life, when she suffered from occasional constipation, with scanty secretion of urine, for which she had recourse to castor-oil and gin-punch. During the thirty years that she carried the large tumour, even to the advanced age at which she was seized with the symptoms first described, she never felt really ill, her only sufferings having been those I have mentioned. I could not ascertain that she ever had an attack of peritonitis, and I was informed that she never had hemorrhage.

She had been a person of large frame, very robust constitution, and cheerful disposition.

The body was examined in eighteen hours after death.

On opening the abdomen by the usual mesial incision, it was found that the tumour was firmly adherent to the abdominal wall anteriorly, this adhesion extending from a short distance below the umbilicus upwards very nearly as far as the epigastrium, and laterally for about six inches on each side of the incision. The peritoneal lining of this part of the abdomen was exceedingly firm and strong, being nearly a line in thickness, while the muscular parts of the wall were pale and much attenuated. On breaking through the condensed areolar tissue which formed the bond of connexion between the tumour and the wall, and throwing back the flaps so as to expose the whole front of the tumour, this latter presented an appearance not very unlike an enormous gravid uterus, concealing from view all the abdominal viscera. The tumour appeared to have an elongated, oval shape, and extended obliquely upwards towards the right hypochondrium, bulging forwards considerably as it ascended, so as to form a remarkable prominence at its upper extremity, at which part, and for about one-third downwards, a distinct fluctuation of its contents could be felt; while the middle and lower portions were firm, solid, and elastic to the touch. The anterior surface was uniformly smooth and white, its peritoneal covering having undergone a process of induration and thickening similar to that observed in the layer lining the corresponding part of the abdominal wall.

The lateral and posterior parts of the mass were quite free

from adhesion to any of the viscera save the uterus, which organ was firmly incorporated with the back of the tumour at its lower part. The removal of the mass from the body, for examination, was effected by turning it forwards on the thighs, and merely cutting through the elongated and attenuated vagina, along with some vessels and areolar tissue. The bladder, small and contracted, was left in situ. This viscus, as well as the rectum, appeared to have sustained no displacement.

The tumour on its lateral and posterior aspects exhibited a very irregular outline, being compressed by large, firm, fibrous bands, which crossed in various directions, and through whose interstices projected large sacciform masses. Of these fibrous sacs, there were seven or eight, and their size averaged that of a large foetal head. When cut into, they presented a coarse fibro-areolar structure, of very firm consistence and yellowish white colour, with numerous large sinuses or cavities from which flowed a dark reddish serous fluid. On cutting more deeply into one or two of these projecting masses, towards the centre of the main tumour, the tissue appeared softer and less fibrous, breaking down readily into an opaque yellow, semifluid matter.

An incision into that part of the mass which had been situated towards the right hypochondrium gave exit to nearly a gallon of fluid of the same colour, mixed with abundant flocculi, having the appearance as of coagulated albumen. The evacuation of all this fluid, however, caused but a slight diminution in the bulk of the tumour. The interior of the sac was paved with numerous granular nodules or tubercular projections, smooth and firm to the feel, and varying in size from that of a pea to that of a small walnut; these nodules, when cut into, appeared to be filled with a gelatinous substance, of semifluid consistence.

The anatomical relations of the tumour to the pelvic viscera were interesting, and presented some difficulty when we tried to reconcile the appearances found on dissection with the history of the early symptoms. On the *back* of the pelvic part of the tumour was situated the uterus; this organ being spread out, thinned, and identified so closely with the substance of the diseased mass, as to be with difficulty recognised at first; a careful dissection, however, showed that what appeared now as the posterior free surface of the uterus was truly the *front* of this organ; in fact, the tumour, having contracted an intimate adhesion to the back of the uterus, had become rotated on its vertical axis, carrying that organ completely round from the front to the back. This appeared evident from the fact that on the posterior and *right* side of the tumour was found

the left ovary, this organ occupying such a position with respect to the folds of the broad ligament and to the Fallopian tube, as could not be reconciled with the supposition that it was the proper ovary of that side. The Fallopian tube was easily traced from the cornu of the uterus to the terminal fimbriæ. This tube was much elongated, but the ovary was natural in size and structure. The *right* tube likewise could be traced from its corresponding uterine horn, but, instead of floating loosely, as did the tube of the opposite side, it passed in a circular direction round the *left* side of the tumour, in whose substance it was slightly imbedded, till it reached the anterior surface, its fimbriated termination being situated a few inches to the left of the anterior mesial incision. The uterine cavity was enlarged; its lining membrane smooth and quite continuous with that of the vagina, not a trace of an os, or lip being discernible. To the posterior wall, close to the fundus, was attached a vascular polypus of about the size of a filbert. The thickness of the uterine wall at its inferior part was a quarter of an inch; near the fundus it was somewhat less. The vagina was very much elongated, and its caliber so much narrowed as hardly to admit the little finger. The tumour itself appeared to be an enlarged *right ovary*.

The vertical axis of the tumour measured 21 inches in length, the transverse 16. Its greatest circumference was 54 inches, and its smallest, 43. The mass weighed nearly 70 lbs.

In making the anatomical examination I had the advantage of being assisted by my friend Dr. Sinclair; Dr. Kirkpatrick was also present.

The history of this case presents several features of interest, among which may be mentioned the total absence of dangerous symptoms, and the comparative immunity from suffering for a very long period, one of the longest on record, during which almost the only inconvenience occasioned by the presence of this very large mass was its bulk and unwieldiness. Whether the origin of the disease was in any way connected with or dependent upon an injury received during parturition, it is not easy to determine, the right ovary having been the seat of disease, while the pain which was complained of, and which began suddenly at the period referred to, was confined altogether to the left iliac and inguinal regions.