

Fibro-myoma of the ovarian ligament / by Alban Doran.

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Fibro-myoma of the ovarian ligament.

By ALBAN DORAN.

THIS specimen consists of the left ovary, the left ovarian ligament, and the adjacent part of the left side of the uterus. In the midst of the substance of the ovarian ligament is a small spherical tumour, about half an inch in diameter. The parts were removed, in February, 1887, from a young patient, by Mr. Knowsley Thornton. The patient suffered pain from a small fibro-myoma of the uterus. The removal of the appendages alone was intended, but, as frequently occurs under the circumstances, it was found necessary to amputate the uterus above the vagina. From the surface of the right ovary bulged a small lobe, what has been termed a "supernumerary ovary."

The spherical tumour in the ovarian ligament is composed of plain muscular fibres, mingled with white fibrous tissue, as may be seen from inspection of a section which Mr. Eve kindly prepared for me at the Royal College of Surgeons. It is, in fact, simply a uterine "fibroid" situated in that part of the uterus known as the ovarian ligament. In this case, the body of the uterus was converted into a "fibroid" mass of the familiar type. The universally enlarged walls contained numerous circumscribed spherical nodules like this specimen.

The ovarian ligament is a band of uterine tissue running from the uterus to the parenchyma¹ of the ovary, and not to the tissue of the hilum.² Over this band the peritoneum forms a fold. Systematic anatomists often speak as though the fold were the essential part of the ligament.

Being uterine tissue, it is not surprising that the ovarian ligament should enlarge when fibro-myoma develops in that portion of the uterus adjacent to it. In cystic ovarian disease the ligament

¹ "The oophoron" of J. Bland Sutton; see 'An Introduction to General Pathology.' Its relation to ovarian pathology is explained in my memoir on "Papillary Cysts of the Ovary" in the Society's 'Transactions,' vol. xxxiii, p. 207.

² The "paroophoron" of Sutton. Its relation to ovarian pathology is explained in the paper noted in the preceding footnote.

simply becomes stretched; its peritoneal fold, however, increases in proportion. On the other hand, I find that the ligament enlarges distinctly in cases of fibroma of the ovary, especially in that form where the ovarian tumour contains numerous plain muscular fibres, so as to be a true fibro-myoma.

Thus the ovarian ligament is a band of muscular fibres, coming from an organ where muscular fibres greatly predominate over other tissues, and proceeding to an organ which contains several other tissues of importance in almost even proportions. Hence, as I have already noted, that ligament is subject to the kind of tumour which specially and frequently affects the uterus, the organ whence it is derived; whilst it takes no active pathological part in the development of new growths in the ovary, the organ to which it proceeds, excepting when the new growth happens to consist of that tissue which forms the ovarian ligament itself and the greater part of the organ whence it originates.

The morbid anatomy, clinical history, and microscopical appearances of this specimen conclusively prove its nature. At the same time it must strike the observer how very much the bands of plain muscular fibre in the microscopic specimen resemble the tissue of a spindle-celled sarcoma. Had there been, by coincidence, a tumour of this kind in the ovary, as well as the uterine fibro-myoma, there can be no doubt that the nature of the ovarian ligament tumour might have been disputed by some of the most experienced members of the Society.

The tumour is clearly no "supernumerary ovary," but during the operation, which I witnessed, I thought when it first came in sight that it might be a true example of that abnormality which, strange to say, was discovered a few minutes later on the opposite side. My experience in this case leads me to believe that others may have mistaken a fibro-myoma of the ovarian ligament for a supernumerary ovary.

March 15th, 1887.

Gaylor. B. M. J. Vol II. 1902, p. 177

*♀ 50. I looked
in paper's & present
on return*

*See blank page after "Fibroma of
the Ovarian Ligament weighing over 16 Pounds" →*

*Complete in
Vol II*

APOPLEXY OF THE OVARY; CYSTIC DILATA-
TION WITHOUT RUPTURE.

By ALBAN DORAN.

(Received November 21st, 1889.)

(*Abstract.*)

THE patient was 34 years old, and had borne eight children. The abdomen was unusually distended during her seventh pregnancy (1886). It remained large till the conclusion, at term, of her eighth pregnancy in the summer of 1888. The abdominal distention continued. In April, 1889, she was suddenly attacked with severe pain over the right side of the abdomen. Four weeks later the abdomen was found distended by a globose, elastic and freely movable tumour, which pressed downwards into Douglas's pouch. Early in September the tumour suddenly diminished in size, sinking into the pelvis. On October 23rd Mr. Knowsley Thornton operated. The tumour was removed; it proved to be the right ovary converted into an oval body, two and a half inches in its longest diameter, and with an irregular surface of a uniform dull drab colour. The uterus and left ovary, the abdominal viscera, and the peritoneum showed no signs of disease old or recent. The ovary formed a cyst filled with a yellow mass, which was found to be old clot. A large, well-formed corpus luteum opened out into the cavity containing the clot. The cyst wall, one eighth of an inch thick, consisted of normal ovarian tissue bearing a few follicles. The patient made a good recovery. The attack of pain in April, 1889, probably represented the rupture of a mature follicle into the stroma. The ovary then gradually distended till the hæmorrhage ceased, and diminished in bulk as the clot contracted.

The varieties of apoplexy of the ovary are described. This case is an example, not of hæmorrhage confined to the cavity of a dilated follicle, nor of hæmorrhage originating in the stroma, but of hæmorrhage into the stroma through rupture of a follicle.

