A table of over fifty complete cases of primary cancer of the Fallopian tubes / by Alban Doran.

A Table of over Fifty Complete Cases of Primary Cancer of the Fallopian Tube.

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In the second volume of this Journal (p. 381) will be found a Critical Review on Primary Cancer of the Tube, which I prepared in the summer of 1902. Since then many fresh cases have been recorded. The study of this important condition is becoming difficult, as the published accounts of individual cases are widely scattered over British and foreign medical text-books and journals. For that reason I have drawn up the following tables for the convenience of those who are interested in the subject. They are extended from my own tables (1888, 1896, 1898), Sänger and Barth's (1896), Danel's (1899) and Le Count's (1901). I have been careful to make the references as complete as possible. Incomplete cases are excluded. Several have been more or less briefly recorded by Smyly, Zweifel, Westermark (second case), Brennecke,* Kretz,† and Boldt (*N.Y. Medical Record*, 1897, Vol. lii., p. 66). A full report of Amann's case was promised by that writer (*Monats. für Geburts. und Gynäkol.*, 1903, Vol. xviii., p. 789), but I am not aware that it has been published. Osterloh (*Zentral. für Gynäkol.*, 1895, p. 924) reported the removal of a tumour taken at the time for a right pyosalpinx; it adhered to the parietal peritoneum and simulated abscess in the abdominal walls. A year later (*Ibid.*, 1896, p. 809) he detected recurrence in the neighbourhood of the abdominal cicatrix. There was, in fact, malignant deposit. The specimen of supposed "pyosalpinx," which had been preserved, apparently unopened, was carefully examined, and proved to be a cancerous tube. The patient was still living, over a year after the operation.

* "Ueber ein Fall von primären doppelseitigem Tubencarcinom." *Monatsschr. f. Geb. u. Gyn.*, vol. x. p. 104.

† "Zur Casuistik der Papillome der Eileiter." *Wiener Klin. Wochenschr.*, 1894, p. 572. Woman, aged 47, one child twenty-three years old. Period regular until two years before operation, then free irregular hæmorrhages occurred. A bilateral tumour developed, Büdinger amputated the uterus above the cervix, removing with it a pair of papillomatous ovaries obstructed and greatly dilated. The papilloma showed, on microscopical examination, a tendency to pass into epithelioma, and cavities lined with cylindrical epithelium were detected in the muscular and subserous tissue of the tubes (see fig. 2 *loc. cit.*). Recovery: unfortunately no after history. Kretz, very reasonably, compares it to Kaltenbach's case (No. 3 in these tables). Le Count includes it in his tables of cases of cancer of the tube (see reference No. 37).

I have not deemed it necessary to include a table of cases of primary *sarcoma* of the tube.* Four were tabulated in my article on Diseases of the Fallopian Tubes in Allbutt and Playfair's *System of Gynæcology*. The reporters were Senger, of Breslau, Sänger, Gottschalk and Janvrin. I also noted Charles Dixon-Jones's three "myelomas" and Sänger's two instances of *deciduoma malignum* of the tube. Since the above-mentioned table of cases of primary sarcoma of the tube was prepared I have not been able to find more than one more reliable record. That report, by Von Kahlden, is to be found in the *Beiträge zur path. Anat.*, 1897, Vol. xxi., p. 275. The patient was 51 years of age, three times pregnant, the last pregnancy ending in her fortieth year. She died of pulmonary embolism after suffering for six months from bearing down pains in the pelvis, never severe, but associated with progressive emaciation. Both tubes were converted into large sarcomatous tumours, the new growth had developed between the epithelium and the muscular coat of the tube. Infection of the ovaries was beginning, whilst there were numerous deposits on the peritoneum, extending as high as the diaphragm.

An instructive table of cases of non-malignant *papilloma of the tube*, enlarged from my own table in the *System of Gynæcology*, is appended to Macrez's *Tumeurs papillaires de la Trompe de Fallope* (Paris, 1899). It includes nine cases, and since then about four more have been reported.

For the best collection of *full clinical summaries* of reported cases of primary malignant tumours of the tube I must refer the reader to Dr. Louis Danel's admirable *Essai* (see tables Nos. 26, 27, also No. 47), which includes over 35 reports, and to Stolz's monograph (see No. 44).

A full analysis of these tables would be out of place here, for the reader can scrutinise them himself, on his own account and after his own views. A useful analysis was read by Zangemeister before the Leipzig Obstetrical Society two years ago (*Zentral. für Gynäk.*, 1902, p. 690). Pathologists, I admit, do not with one accord agree that papilloma of the tube is originally an inflammatory product (hyperplastic salpingitis, Le Count; *papillome endo-salpingitique*, Macrez), but the relatively new cases in these tables tend to confirm the theory that cancer usually develops from papilloma, itself, as a rule at least, an inflammatory product, a theory which I have supported from the first, on the ground of the clinical

* Note No. 22 in these tables. The sarcoma involving the cæcum may have been a coincidence. Falk's original report must be studied.

history of Spencer Wells's case of papilloma as compared with Knowsley Thornton's case of cancer (No. 2 in these tables). Le Count notes how in Spencer Wells's case of papilloma, where the patient recovered and lived for over sixteen years after the operation, the exuberant masses must have been products of inflammation, not new-growth of doubtful character. Kaltenbach's tumour (No. 3) was so doubtful that it was taken at first for a cancer, then, on a further examination of sections, defined as an innocent papilloma. Lastly, as I ascertained from correspondence with Professor Von Herff, Kaltenbach's successor, the patient died of recurrence of the growth. Let the reader now turn to No. 30, under which number I have included several details of high importance. The operator removed a diseased left tube through a vaginal incision, and a well-known pathologist found that the tumour which it bore was an innocent papilloma. Its investing epithelium formed a uniformly single layer with no invasion of stroma. The right tube appeared to be quite normal; it was fixed to the vaginal wound. Eleven months later a fungating mass protruded into the vagina. A piece of the mass was removed and found by the same pathologist who had examined the left tube to consist of undoubtedly malignant papilloma,* and Fabricius, the operator, declared that he could introduce his finger into the greatly dilated cavity of the right tube, finding it full of malignant growth. I must also turn attention to the strong clinical homology between Spencer Wells's case of papilloma of inflammatory origin and No. 37 in these tables. In both the abdominal ostium was open and in both there was ascites, hence the probability that the disease in the tube in No. 37 was originally papilloma of inflammatory origin, becomes very strong, Kaltenbach's and Fabricius's cases supporting the theory.

It may reasonably be urged that the papilloma, innocent or malignant, in all these cases might have been a new-growth and not an inflammatory product from the first, but a history of pelvic inflammation is very common in the tables; there is no proof that it was absent in these cases, and the probability that tubal papilloma is at first an inflammatory product like a venereal wart is very strong. Even when there is no distinct evidence that cancer is an evolution of salpingitis, it seems probable that in such a case it has developed in a tube long obstructed and crippled by old-standing inflammation.

Amongst the advocates of the anti-inflammatory theory, as it may conveniently be termed, is Witthauer (No. 33), who maintained

* Compare Kretz *loc. jam. cit.* The nature of his tumour was very doubtful. He does not admit that papilloma is of inflammatory origin.

that there was no trace of previous salpingitis in his case, but his description suggests that the bilateral tumour developed in a well-marked double hydrosalpinx. Graefe's case (No. 40) seems very suggestive in this respect; a relatively small cancerous mass was detected inside a large hydrosalpinx, which had been detected as a tumour two years and a half before operation. The hydrosalpinx in both these cases was most probably due to salpingitis. Indirect relationship of inflammation to cancer is discussed in the original report of Russell Andrews and Herman's case (No. 46).

As for sources of *fallacy* in respect to the primary seat of cancer, we must ever bear in mind Winter's case (*Zentral. für Gynäk.*, 1887, p. 497), where a hydrosalpinx lay in contact with a cancerous ovary and a pedunculated malignant mass projected into the cavity of the tube, and Fabricius's "Perforation eines malignem ovarialtumor in die Tube" (*Wien. klin Wochenschr.*, 1896, Vol. ix., pp. 59 and 74), where a small cystic cancerous ovary adhered to a large hydrosalpinx which contained masses of cancerous substance floating free in its lumen. This substance had entered the tube through a perforation communicating with the diseased ovary. The patient in this instance had been subject to a free bloody discharge, such as is often observed in primary tubal cancer. The pathologist might suggest that No. 24 is suspiciously like the two cases just noted, but the authority of M. Pilliet, who examined both tube and ovary, is high, and he maintains that the tube was the primary seat of the disease. The appearance of a hydrosalpinx perforated by cancer from the adjacent ovary is not that of a hydrosalpinx the seat of primary cancer. The drawings of Fabricius's case (*loc. cit., vide supra*) where the former condition existed may be compared with the illustrations of Thornton's case (No. 2), published in the *System of Gynæcology* (Fig. 208, p. 814), and in Hubert Roberts's *Outlines of Gynæcological Pathology and Morbid Anatomy* (Fig. 32, p. 144). In my own operative practice I have met with at least two cases where papilloma from a large ovarian cyst has invaded a dilated tube, but ovarian papilloma is from the first a true new-growth independent of inflammation (see Victor Bonney on the "Cytology of Papilliferous Ovarian Cysts," *Archives of the Middlesex Hospital*, Vol. iii., with abstract in this JOURNAL for last September, p. 245). It is pathologically quite different from the papillomatous growths which develop on the tubal mucous membrane, or if otherwise pathologists have as yet failed to demonstrate any close relation or identity between the two.* The truth about primary cancer of the

* Kretz *loc. jam. cit.*, p. 574, considers that tubal and ovarian papilloma may be identical. Warts of inflammatory origin are sometimes seen on the surface of the ovary. See also Kossmann in Martin's *Krankheiten der Eierstöcke*, p. 938, footnote.

ovary in relation to the tube is that the new-growth rarely invades the tube; it is the serous coat of the tube which is the first to become infected, whilst primary tubal cancer begins on the mucous membrane.

Many *clinical symptoms* of interest will be found inscribed in these tables. I have already turned attention to the homology of No. 37 to Spencer Wells's case of innocent papilloma, the abdominal ostium being open in both, and ascites developing. A similar homology exists between No. 39 and Doléris's case of innocent papilloma, the uterine orifice being open in both so that quantities of watery fluid escaped from the vagina—hydrops tubæ profluens in fact. Thirdly, Witthauer's case (No. 33) is an instance of closure of both ends of the tube, so that there was no sanious discharge, yet let it be remembered that the dilated cancerous tubes contained much bloody fluid. In examining Thornton's case (No. 2) I found much bloody serum and clot, but as the uterine end of the tube was patent there was sanious vaginal discharge. These cases are object lessons explaining the variation of symptoms so evident in the tables. But, as I noted many years ago, sanious discharge is a cardinal symptom of high value in diagnosis, whilst the reason why it may be absent is made clear by No. 33.

As for *age*, in Nos. 11, 13, 28, 35 (age 70, the oldest case) 38 and 52, the evidence that the cancer developed in an old hydrosalpinx or otherwise diseased tube seems strong. The association of an attack of typhoid fever with the development of cancer in No. 38 is of much interest. Only four cases (Nos. 4, 21, 29 and 32) were under forty years of age. These tables distinctly indicate that primary cancer of the tube usually occurs near the menopause—whether before or after.

The last three cases (51 to 53) are the most doubtful in the whole series. I have analysed them elsewhere. Probably the "cyst" was really the outer part of the dilated tube, as the narrower part of a hydrosalpinx opening into the wider outer portion is not rarely taken for the abdominal ostium.

Lastly, but not least, these tables include notes of the *surgical treatment* of primary cancer. As might be expected, it is not highly satisfactory. The removal of the tube alone is unsurgical. The uterus and the opposite appendages should be taken away with the tube and the corresponding ovary. The long immunity from recurrence in No. 43 is suspicious, suggesting that the papillomatous mass in the tube was really innocent. Associated with several other

cases already noted, especially No. 3, it teaches us how prognosis, even on microscopical evidence, may be as difficult as diagnosis.

ADDENDUM.

Since I prepared these tables my attention has been directed to a valuable monograph by Dr. H. Peham, of Vienna, entitled "Das primäre Tubenkarzinom" (*Zeits. für Heilkunde*, 1903, Vol. xxiv., Surgical Section, p. 317). The author does not publish any tables, but after the manner of Danel and Stolz, arranges his cases in a series of short clinical notes. The following were not included in my tables, to which they here form a supplement. I have excluded incomplete or purely pathological reports by von Franqué, Börner and others. Peham's monograph contains copious references; the following reports are taken direct from that work, excepting Nos. 60 and 61, which I condensed from Quénu and Longuet's original article on tumours of the tube in the *Revue de Chirurgie*, another paper of great merit, including tables of cases of all forms of tumour affecting the oviduct.

Primary Cancer of the Fallopian Tube.

No. 54. Age 49. One labour, premature, 16 years. Period becoming irregular. Sudden attack of retention of urine when in good health; immediately sought medical relief. Two large swellings behind uterus. Inguinal and supra-clavicular glands swollen. Vaginal extirpation of uterus and appendages. Papillary carcinoma of *both* tubes; small cyst of left ovary. Recovery; died in about three years of perforative peritonitis, the cæcum being infected; the vagina, bladder, rectum and retro-peritoneal glands were also involved. (Zangemeister).

No. 55. Age 47. Nullipara, married. Period regular. For a year sacral pains and hæmorrhages, followed by sanious watery discharge and emaciation. Pelvic tumour, size of a goose's egg, to left of uterus. Uterus and appendages removed by abdominal section; left tube adhered to small intestine. *Left* tube formed a tubo-ovarian cyst; papillary cancer of *right* and *left* tubes; the tubo-ovarian portion of left tube not involved. Recovery. Recurrence within two years and death. (Zangemeister).

No. 56. Age 49. Married, last child 20 years. Period regular. For six months could not retain urine; sacral pain, then abdominal tumour. Swelling, size of a child's head, to left of uterus. Appendages removed by abdominal section; tumour and right tube

adherent to intestine and omentum. Metastatic deposits in mesentery and parietal peritoneum. *Right* and *left tubes* dilated, filled with masses of papillary cancer; ovaries free. Recovery. Recurrence; death within six months. (Zangemeister).

No. 57. Age 47. Four children, one abortion. Period still regular. Swelling in right breast one year. Abdomen seemed increasing in size for four or five months; recently rapid increase. A pair of cystic tumours detected in hypogastrium, pushing uterus upwards and forwards. Removal of the appendages. Cystic tumour of both ovaries; *right* and *left* tubes dilated, filled with cancerous growths more or less papillomatous; secondary infection of the ovaries. Recovery. Three months later amputation of right breast. Recurrence of pelvic tumour; mass removed from uterus. Death thirteen months after removal of appendages. (Peham; operator Chrobak. Reporter apparently considers that the cancer of the tube was primary, independent of the growth in the breast, which was removed at the patient's home and not examined; the axillary glands were enlarged).

No. 58. Age 44. Married 26 years; several pregnancies, two abortions, one followed by pelvic inflammation. Sanious watery discharge between the periods for several years. For four months abdominal pain and feeling of fulness; rise of temperature. Sudden attack of hæmorrhage. Ascites discovered; pelvic organs hard to define. Abdominal section; great quantity of dark ascitic fluid. Removal of both appendages. Papillomatous cancer of *right* and *left* tubes, the right forming a very large tumour; ovaries not cancerous. Recovery. Rapid recurrence, with ascites, dying eleven months later. (Peham—operator, Chrobak).

No. 59. Age 45. Ten years; abortion and pelvic inflammation. Period regular. Recently free sanious watery discharge and pelvic pain. A pair of tumours in hypogastrium, pushing uterus forwards. Abdominal section, removal of appendages, strongly adherent, and of part of the omentum, which was covered with cystic tumours, some as big as a plum. Left ovary not removed. On eleventh day rupture of wound during fit of coughing, closed by suture. Recovery. Recurrence within six months. Papillomatous cancer of *right* and *left* tubes; the left much enlarged and obstructed, the cancer had invaded its muscular walls. Right ovary normal. (Peham, reporter and operator).

No. 60. Age 42. Period regular; free leucorrhœa. Polypus removed and curette applied some time before operation (precise time

not given in Quénu and Longuet's original report); discharge, however, continued, and for several months there were attacks of uterine hæmorrhage. Tumour, continuous with the uterus, reached as high as the umbilicus. Supra-vaginal amputation of uterus with both appendages (Quénu). Fibroid uterus; right tube obstructed, inflamed, free from cancer; right ovary normal. *Left* tube blended with a very large medullary tumour; true carcinoma, including tubular elements, such as I detected in No. 2 in these tables. "It was impossible to detect the left ovary, although the mass was cut through in all directions." Recovery; patient in good health two years and two months after the operation. Compare Nos. 45 and 50, Mr. Bland-Sutton's cases of tubal cancer associated with uterine fibroid; see also case 61 (Quénu and Longuet, "Des tumeurs des trompes," *Revue de Chirurgie*, 1901, Vol. xxiv., p. 764. I have quoted direct from this monograph, which includes good tables, and has, like Peham's paper, been apparently overlooked by British and American writers).

No. 61. Age 51. Period regular; one child at 20. Mother suffered when 70 from a uterine tumour. Three months lumbar and hypogastric pains, chiefly on the left. For one month free leucorrhœa, then severe uterine hæmorrhage for four days, relieved by rest in hospital. Tumour in right fornix and another in front of uterus. Supra-vaginal hysterectomy with removal of appendages (Quénu). Large uterine fibroid, burrowing in the right broad ligament. Left tube and both ovaries free from cancer. *Right* tube obstructed at the abdominal ostium (as was the left); in its middle portion was a fusiform body of the size of a large broad bean, smooth, firm, lardaceous on section, and purely cancerous, invading muscular coat of tube. Death from recurrence two years and one month after operation. See note on Nos. 45 and 50 in abstract of No. 60 above. (Quénu and Longuet, *loc. cit.*, p. 766).

No. 62. Age 49. One pregnancy 25 years ago. Period regular. For several months watery yellowish discharge; continuous abdominal pain for five weeks. Tumours detected and diagnosed as fibroids of the uterus. Abdominal section; removal of *right* and *left* tubes, cancerous and as big as large intestine; uterus adherent to rectum, not removed. Recovery; period never appeared afterwards. Recurrence three years later. Exploratory incision; cancerous deposits in wall of sigmoid flexure of colon and mesentery; pelvic glands infected. General condition still fairly good. (Brennecke's case, to which I have referred, from Peham's abstract).

PRIMARY SARCOMA OR MIXED TUMOUR OF THE FALLOPIAN TUBE.

These highly interesting cases collected by Peham may be added, with Von Kahlden's, to the table of 4 cases of primary sarcoma of the tube which I prepared for Allbutt and Playfair's *System of Gynæcology* (1st edition, pp. 834–5). The total will then be only seven, of which two at least were mixed growths.

No. 6.* Age 51; one child 29 years. Regular till a year before operation. For three months abdominal swelling, recently pelvic pain after exertion. Tumour, size of a child's head, in right of abdomen; on left side another reaching to umbilicus. Abdominal section. Both appendages removed; strong adhesions to intestine and parietal peritoneum. Uterus and right ovary (atrophied) not removed. Death on second day "from heart failure." Sarcomatous polypus found in uterine cavity. *Right* tube, a large cystic tumour characteristic retort-shape, containing brown sanious fluid, papillomatous masses as big as beans on the inner wall. *Left* tube with left ovary underneath it, flattened, apparently not infected; medullary masses sprang from inner wall of tube obliterating lumen. The tumour tissue from both tubes was of a very mixed character, mostly sarcomatous, bearing on the surface papillomatous masses of a distinctly cancerous nature. (Von Franqué).

No. 7. Age 43; 2-para, last pregnancy 23 years. Catamenia regular. Swelling of abdomen 2½ months; no pain; vesical irritation; emaciation. Tuberous masses in lower part of abdomen; pedunculated tumour to right and a firm tumour to the left. Abdominal section; removal of both appendages. Uterus very large, not removed. Metastatic deposits on peritoneum of bladder and Douglas's pouch. The right tumour formed a hydro-salpinx free from new-growth. The *left* tube formed a cyst of the usual shape, containing an odourless puriform fluid. Cauliflower masses sprang from its inner wall; they were made up of mixed sarcomatous and carcinomatous elements, as in No. 6. Alive eighteen months after operation, with ascites, masses in abdomen and a cancerous ulcer on the posterior lip of the os externum. (Schäfer—operator, Krönig).

I doubt if the alleged primary nature of the tubal tumours in Nos. 6 and 7, sarcoma series, will be universally admitted. What was the precise import of the sarcomatous polypus in the uterus in No. 6? What caused the enlargement of the uterus in No. 7? These questions remain unsolved.

Thus over 60 cases of primary cancer of the Fallopian tube have been fully recorded, and "the cry is still they come!"

* *i.e.*, in sarcoma series.

No.	Age, married or single	Childen; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation; Result.
1*	46, M, (3yrs.)	Abortion (?) 1½ years before operation	R.	Tumour to right of uterus after convalescence from typhoid; then moderate leucorrhœa; encysted serous perimetritis to left	About 1½ years	Removal of tube. Died 6th day
2	48, M.	1 (22 years; 6 months' menopause	R.	Sanious, watery discharge; perimetritis after curetting; then tumour to right of uterus	3 years	Removal of tube. Lived 10 months, 3 weeks
3	50, M.	Sterile; 6 months' menopause	R. and L.	Sanious, watery discharge; club-shaped swelling right fornix, and pain 8 weeks before operation; elastic tumour left fornix; small subperitoneal uterine myoma	4 years	Removal of tube. Recurrence within 18 months (von Herff, Dec., 1894)
4	36, M.	Sterile; ?	L.	Hypogastric pains, fever, swelling in left side of pelvis	"For a long time"	Removal of tube. Free from recurrence and in good health nearly 7 years after (Veit, Jan., 1895)
5	46, M.	Sterile; regular	R.	Uterus pushed to right by a left hydrosalpinx; a tumour right side of pelvis; hypogastric pain	Hypogastric pain 2 years.	Removal of tube. Recovery. Recurrence within 10 months. "The patient must have died soon afterwards"
6	46, M.	1 child; still regular	R. and L.	Free watery discharge; abdominal pain; emaciation; two tumours felt through parietes	About 9 months	Removal of uterus and appendages. "Lived for about a year and a half"
7	45, S.	1 child (20 years); still regular	R. and L.	Hypogastric pain; metrorrhagia; tumour in right side pelvis; smaller to left and above uterus	1 year	Removal of tube. Recovery. Recurrence 2 months. Death in 5 months
8	45, M.	1 child (20 years; still regular, scanty	R.	Five months' sanious discharge; symptoms of "pan-salpingitis." Uterus dilated shortly before operation; nothing found in it	5 months	Removal of tube. Recovery. No recurrence 7 months later
9	56, M.	Sterile; regular	R.	Sanious serous discharge; dysuria. Large tumour, feeling like a myoma, on right side	1½ years	Removal of tube. Recovery. "Alive and free from recurrence 1 year and 7 months after operation"
10	55, ?	?	R.	Hypogastric pains; bloody discharge. Fluctuating tumour right side of pelvis, right iliac fossa, and Douglas's pouch	2 months	Removal of tube. Recovery. Free from recurrence a year later; "afterwards lost sight of"
11	60	Sterile; menopause 52	R.	Attack of pain right iliac fossa; nodulated swelling in hypogastrium; no discharge	4 months	Removal of tube. Recovery. Recurrence in 6 months. Death one year after operation

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Cancerous papillomatous growths in abdominal end of tube; ostium communicated with a pus cavity	Cancerous nodules in vesico-uterine pouch; enlarged pelvic glands; large abscess of right ovary; suppuration of left tube and ovary	Martin, Berlin	Orthmann, 'Zeitschr, f. Geburtsh.,' vol. xv, p. 212
Large, soft, cancerous mass growing from tubal walls; ostium closed; sanious serum in tubal canal	Right ovary small, cancerous; old inflammation left appendages; recurrence in stump of left appendix; secondary deposits uterus, bladder, vagina, and lumbar glands	Thornton	Doran, 'Trans. Path. Soc.' vol. xxxix, p. 208, and vol. xl, p. 221
Medullary masses in both tubes. Possibly innocent papilloma at date of operation	None at operation. Recurrence on both sides, chiefly left	Kaltenbach	Kaltenbach, 'Centralbl. f. Gynäk.,' 1889. p. 74; id. and Eberth, 'Zeitschr. f. Geburtsh. u. Gynäk.,' vol. xvi, 1889, p. 357; Von Herff, private correspondence, Dec., 1894
Cancerous papillomatous masses inside pyosalpinx	No other parts involved	J. Veit	Veit 'Zeitschr. f. Geburtsh u. Gynäk.,' vol. xvi, 1889, p. 212; private correspondence, Jan., 1895
Right tube contained mass of true medullary cancer (large alveoli and scanty stroma)	At operation no other parts cancerous; pint of sanious fluid in left tube, which was not removed. Ten months later hard secondary deposits in abdomen; ascites	Landau	Landau and Rheinstein, 'Archiv. f. Gynäk.,' vol. xxxix, 1891, p. 273, and private communication
Soft villous masses in dilated tubes; "carcinoma papillomatosum"	Uterus, ovaries, and adjacent parts healthy (uterus removed at the operation)	Zweifel	Zweifel, 'Vorlesungen über klin. Gynäk.,' 1892, p. 139, and private correspondence
Papillomatous cancer of tubes; cystic degeneration of ovaries and tubes	At operation right ovary involved; at death endometrium, pelvic glands, liver	Westermark	Westermark and Quensel 'Nordiskt med. Arkiv,' vol. xxiv., 1892,† and private correspondence
Papillomatous cancerous mass, "as big as a kidney," in outer part of tube; the uterine end of tube free from disease for an inch and a half	None; right ovary "normal except for adhesions"	Sänger	Sänger, Martin's 'Krankheiten der Eileiter,' 1895, p. 253
Large sausage-shaped tube; exuberant papillomatous cancerous masses on inner walls	No other parts involved; right ovary atrophied; no trace of cancer in its substance	Leopold	Fearn, 'Arbeiten aus der königlich. Frauenklinik,' vol. ii, p. 337; Leopold, private correspondence
Villous epitheliomatous mass springing from tubal mucosa; much clot and serum in dilated canal of tube	No evidence of any extension of cancer; uterus and opposite appendages normal	Anger	Tuffier, 'Annales de Gynécol. et d'Obst.,' vol. xlii, 1894, p. 203, and private correspondence
Spongy mass cancer inside tube, which was obstructed at abdominal end and connected with a cystic ovarian tumour	"Evidence of infection beyond the limits of parts removable by operation;" cancer on surface of ovarian cyst. No necropsy	Cullingworth	Cullingworth and Shattock, 'Trans. Obst. Soc.,' vol. xxxvi, 1894, p. 307; private communication, and personal inspection of specimen

No.	Age, married or single	Children; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation; Result.
12	43, S.	3 children; menorrhagia 3-weekly	R. and L.	Pain, fever, and dysuria after exertion, 19 days before operation; small hypogastric tumour developed; torsion of an ovarian pedicle suspected	?	Removal of tube. Death 3 weeks, a few hours after second abdominal section for intestinal obstruction
13	59	? menopause at 53	R. (and L. ?)	Purulent, acrid discharge; escape of pus; tumour to right like a pyosalpinx; inguinal glands enlarged	2 months	Vaginal hysterectomy Recovery. Death 6 months later, fortnight after excision of enlarged inguinal glands
14	58, M.	1 child; menopause 12 years	R.	18 years swelling of abdomen; recently pain, ill-health, and increase in size of tumour	18 years	Abdominal hysterectomy. Incomplete operation; convalescent when report was published
15	46, M.	3 children; period 3-weekly	R. and L.	2 months amenorrhœa, then uterine hæmorrhage and hypogastric swelling, disappearing after colicky pain; free "serous leucorrhœa;" mass filling both fornices and Douglas's pouch	8 months	Removal of tube. Recovery; 8 months after operation a mass the size of a fist in the pelvis
16	40, M,	1 abortion; regular before illness	R. and L.	Yellow discharge 7 mos.; hypogastric pain; period ceased 3 months, then came on again; oval tumour reached above umbilicus	Over 7 months	Removal of tube. Recovery; died 7 months after operation; no necropsy
17	45, M. 20 yrs.	Sterile period irregular; dysmenorrhœa	L.	Dysuria; pain in defæcation; hypogastric swelling; large pelvic tumour, very tender; uterus anteverted and fixed	1 month	Removal of tube. Recovered (left appendages removed); well a few months later

Character of Tumour.	Other parts involved.	Operator.	Reporter and Reference.
Papillomatous cancer of both tubes; right "tubo-ovarian cyst"	Ovaries and uterus free from cancer. No trace of malignant disease found in abdomen after death	Warneck	Warneck, 'Nouvelles Arch. d'Obstet. et de Gynéc.,' 1895, p. 81
Papillomatous cancer of right tube removed with entire uterus (left tube and ovary too adherent for removal); pus in tube	Inguinal and retro-peritoneal glands; left tube secondarily (?) affected after operation; it contained pus. See original report	VonRosthorn (vaginal extirpation of uterus and right appendages; left tube not removed)	Von Rosthorn, 'Prager Zeitschrift f. Heilkunde,' vol. xvii, 1896, p. 177
Papillomatous cancerous mass in dilated tube, which communicated with a large ovarian cyst	No sign of cancer in opposite appendages, uterus, and peritoneum	Chrobak (uterus and appendages removed, but a piece of the ovarian cyst could not be removed and was fixed to stump of uterus in abdominal wound)	Knauer, 'Centralbl. f Gynäk., 1895, p. 574
Papillomatous cancer of tubes, which were dilated and full of serosanguineous fluid; chondrification of part of wall of left tube	No sign of cancer in adjacent organs at operation	Lebedeff	Miknoff, Péan, 'Diagnostic et Traitement des Tumeurs de l'Abdomen,' vol. iii, 1895, p. 564.
Papillomatous cancer of tubes; right tube formed a large cyst; left tube could not be removed; it was united by malignant deposit to adjacent structures	Metastatic deposits on visceral peritoneum and omentum; a little ascites	Fischel	Fischel, 'Prager med. Wochenschrift f. Heilkunde,' vol. xvi, 1895, p. 143.
Malignant papilloma of left tube; left ovary, right tube, and right ovary healthy	Adherent small intestine, possibly infected	Eckardt	Eckardt 'Arch. f. Gynäk.' vol. liii, 1897, p. 183.

No.	Age, married or single	Children; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation: Result.
18	45, M.	1 child, 23 years; pregnancy normal	R. and L.	Dysuria; pain; fluctuating mass on each side of a fibroid uterus; no discharge; high temperature	14 days	Removal of uterus and appendages; Recovery; death 7 months later from recurrence
19	46, M.	3 children, last 23 years; menorrhagia 3 years	R. and L.	Leucorrhœa and pains in left iliac fossa; swellings in each lateral fornix	Over 1 year (hypogastric pains 3 years)	Removal of uterus and appendages; Recovery (?) June 2nd, 1897
20	43, M.	0	R.	Leucorrhœa after rigor (?); 4 months later abdominal pain; watery discharge; similar attack over 3 months afterwards; swelling of both fornices; free watery discharge	Over 10 months	Removal of tube. Recovery; no recurrence detected on examination 14 months later
21	39	?	R.	Alternations of amenorrhœa and menorrhagia, ovoid movable tumour in front and to left (*sic*) of retroverted uterus; history of previous pelvic inflammation	1 year	Both appendages removed; tumour of right tube as big as an egg; twisted on its pedicle; left tube seemed suspicious; recovery (?)
22	53, M. 32 yrs.	0 menopause 47	L.	Pain left iliac fossa; sanious discharge; big swelling left fornix	3 months	Vaginal hysterectomy; both appendages included; recovery; death 7 mos.; cæcum involved in a malignant mass
23	45	Catamenia irregular	R.	Serous discharge; cyst right fornix aspirated; bloody serum escaped; tumour developed left fornix	6 months	Vaginal hysterectomy; operation recent when reported; recovery
24	55	?	R.	No history	?	Right appendages removed; cancerous masses seen; *sur le scrotum* (*sic* ? uterus) *l'ovaire et les annexes*" recovery (?)
25	45	0 children menopause 1 yr.	L.	Serous discharge; crampy pains; mass behind uterus and to left	?	Removal *per vaginam* of very soft tumour, size of hen's egg; universally adherent; recovery (?)
26	40, M.	2	R. and L.	Abdomen twice tapped; fluid like dark beer; masses in left fornix; uterus mobile; fluid collected again rapidly after tappings	4 months	Both tubes removed with small cystic ovaries; pleural effusion during convalescence; twice tapped; recovery; recurrence distinct within 6 months

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Each tube formed a large convoluted tumour full of malignant papilloma	Intestine probably infected through "numerous firm adhesions" separated at operation	Watkins (Chicago)	Watkins, 'Amer. Gynec. and Obstet. Journal,' vol. xi, 1897, p. 272; Ries, 'Primary papilloma and primary carcinoma of the Fallopian tube,' Jour. Amer. Med. Assoc., vol. xxviii, 1897, p. 962.
"Carcinoma villosum cylindrico-epitheliale" of both tubes; left most affected; ovaries healthy	A small area of cancer in canal of cervix, which Hofbauer declared to be independent of the tubal disease. See original	Schauta	Hofbauer, 'Archiv f. Gynäk.,' vol. iv, 1898, p. 316.
Right tube size of a Bologna sausage, full of malignant papilloma	None	Meredith	Hubert Roberts, see 'Trans. Obstet. Soc.,' vol. xl, p. 189.
Cauliflower mass, sprang from mucosa of outer half of tube, "undoubtedly an adeno-carcinoma" (Slaviansky)	"No other organ appeared to be affected;" scrapings from uterus *before* operating showed no sign of cancer	Ott	Stroganoff, 'Cancer primitif de la Trompe de Fallope droite,' *Annales de Gynéc.*, vol. xli, 1894, p. 332.
Left tube cystic, containing typical cancerous growth; left ovary, uterus (?) and right appendages healthy; recurrent mass proved to be sarcomatous (see text)	Growth of uncertain nature on endometrium near right cornu (see original report)	Falk	Falk, 'Ein Fall von primaren Tuben carcinom,' *Therapeutistisch. Monatsschrift*, June, 1897, p. 313 *et seq.*
Primary cancer cystic right tube		Id.	Id 'Deutsche Med. Wochenschr.,' March 31, 1898, supplement, p. 43.
Outer part of tube dilated, filled with soft mass of malignant papilloma	"L'ovaire est atteint par contact"	Péan	Pilliet, "Epithelioma de la trompe utérine," 'Bulletin et Mém. de la Soc. Anat. de Paris,' 1897, p. 956.
Carcinoma papillare alveolare		Ott	Jacobson, 'Petersburg geb. u gyn. Zeitschr.,' 1898 (see Stolz).
Papillary cancer of tubes infecting ovaries (for question of primary seat of disease see Danel, *loc. cit.*, p. 54)	Omentum, sigmoid flexure of colon; mass of glands left supraclavicular region, disappeared a few days after operation	Duret	Danel, 'Essai sur les Tumeurs malignes primitives de la trompe utérine,' Lille, 1899, p. 47.

No.	Age, married or single	Children; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation: Result.
27	45 M.	1 child, catamenia regular	L.	Debility; felt weak in legs; no pelvic pain; no bloody discharge; mass size of fist behind uterus and in left fornix	8 months	Left tube removed; right appeared healthy; recovery; death in a few months after development of mass; right side pelvis and intestine obstructed
28	60 M.	0 children	L.	Cherry-coloured watery discharge, first noted after fit of coughing; abdominal pain a few months later; swelling to left and behind uterus developed shortly before operation	11 months	Left tube & small cystic ovary removed; dense adhesions; right tube and ovary appeared healthy; recovery; death in 13 months, after repeated tappings
29	35 M.	3 children catamenia regular	L.	Pains left iliac fossa; white discharge; emaciation; tumour size of fist in left fornix	About 9 months	Removal of left tube and ovary; tube strongly adherent to large intestine
30	41	Catamenia regular; multipara	R.	Watery discharge before and after period menorrhagia; pelvic pains radiating to left knee; mass in left fornix; after operation right tube developed into a large tumour	1 year	Left tube and uterus removed through vagina; right tube seemed normal, and was sutured to vaginal wound; eleven months later fungating mass projected into posterior fornix; finger passed into right tube, which was full of soft papillomatous mass; patient alive, but very ill over 1½ years after operation
31	41 M.	2 children 2 abortions	R.	Severe pains; large mass right side pelvis; watery discharge 14 days after period	1½ years	Right tube removed through vagina; recovery; rapid recurrence 6 months; removal of uterus without left appendages; 8 months later large hypogastric tumour discharging into rectum and refilling
32	Over 35 M.	Nullipara (? possibly aborted 15 months before operation) Dysmenorrhœa	R.	Hypogastric pains (had suffered before from lead colic); then pains in *left* side pelvis; elastic tumour size of orange right fornix and Douglas's pouch; small tender mass left fornix	Over 18 months	Abdominal incision; right tube and ovary and left tube removed; stray adhesions to uterus and intestine right side; recovery; 20 months later mass in pelvis; inoperable
33	55 M.	1 child, menopause 2 years	R. and L.	Hypogastric pains; left tumour apparently cystic; emaciation	4 months	Reml. of appendages; intestinal adhesions around left tube; recovery; 3 months later no sign of recurrence

Character of tumour.	Other parts involved.	Operator.	Reporter and Reference.
Left tube dilated; obstructed; exuberant malignant papillomatous growths; several ozs. of clear lemon-coloured fluid	Deposits on serous coat of uterus and pelvic peritoneum	Delassus	'Danel, ib.,' p. 107.
Obstructed sacculated tube containing malignant papilloma, medullary in parts	No second deposit; no free fluid	Meredith	Hubert Roberts, "A second case of Primary Carcinoma of the Fallopian Tube," 'Trans. Obst. Soc.,' vol. 41, 1899, p. 129.
Primary alveolar cancer apparently originating in an accessory tube	Masses in Douglas's pouch and parametrium	?	Friedenheim, "Ueber ein primäres rein alveoläres Carcinom der Tubenwand," 'Berlin Klin. Wochenschr.,' vol. 36, 1899, p. 542.
Innocent papilloma of left tube (Paltauf); fungating mass from right tube (11 months after operation) consisted of malignant papilloma	Uterus free from cancer	Fabricius	Fabricius "Beitrage zur Casuistik der Tubencarcinome," 'Wiener Klin. Wochenschr.,' No 49, 1899, p. 1230.
Right tube full of cancerous papilloma, right ovary normal; left tube appeared free from cancer at second operation, but was strongly adherent to adjacent structures	Peritoneum and uterus found infected at second operation; "adeno-carcinoma"	Id.	Id. ibid.
Malignant papilloma in dilated obstructed tube; traces of "follicular salpingitis due to an old inflammation"	Right ovary "seat of chronic interstitial changes;" not enlarged, infected at point of contact with outer end of tube	Cushier	Mercelis "Primary Carcinoma of the Fallopian Tube," 'New York Med. Journ.,' vol. 72, 1900, p. 45.
Papillomatous alveolar cancer in each tube which was greatly dilated and also contained much bloody fluid (see text)		Witthauer	Witthauer, "Primares Tubencarcinom," 'Monats. f. Geb. u Gyn.,' vol. xii, 1900, p. 615.

No.	Age, married or single	Children; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation: Result.
34	55 M.	3 children; menopause 4 years	R. and L.	Hypogastric and sacral pains; hæmorrhages; distinct abdominal tumour reached to umbilicus	1 year	Both appendages removed; right ovary cystic; mass from left tube protruded into peritoneal cavity; recovery (?)
35	70 M.	10 children	R.	Hypogastric pains; sanious serous discharge detected during treatment for colpitis granulosa	?	Tube removed with uterus; recovery; 2 years later irregular masses detected in abdomen
36	57	Multipara, menopause delayed to 55	L.	Hypogastric pain; purulent and thin bloody discharge; irregular nearly fixed tumour to left at level of fundus	1 year	Tube removed; adhesion to right omentum; recovery; no after history
37	47 M.	1 child at term, many miscarriages	L.	Dysmenorrhœa; prolapse of vagina; leucorrhœa often streaked with blood; then abdominal swelling; ascites	2 years	Removal of uterus and appendages; recovery; rapid recurrence; frequent tappings; 6 months after operation papillary growths freely exercised; repeated tappings; death 14 mos. after 2nd operation
38	63	4 children	L.	Sanious vaginal discharge and high temperature after typhoid fever; irregular mass size of small orange left fornix	9 months	Tube removed, with uterus and opposite tube; recovery; right ovary healthy; 25 months later cancerous mass dissected off opposite stump of left broad ligament and back of bladder; patient in good health a year later
39	45	4 children menopause at 42	R.	Pain right iliac fossa since menopause; free watery discharge, sometimes bloody, never fœtid; tender body size of small fœtal head in right fornix and Douglas's pouch	3 years	No free fluid; right tube removed; very adherent; burst during extraction; recovery; patient free from recurrence ten months later
40	51 M.	Sterile; period still regular; free	L.	Menorrhag; sausage-shaped tumour Douglas's pouch; operation declined; 2 years 5 months later spherical tumour, size of child's head, movable to *right* of uterus; yellow discharge 3 months before operation	2½ years	Cyst of *right* ovary removed; free from malignant disease; *left* tube appeared to be a large hydrosalpinx; removed; recovery; 8 months later no sign of recurrence
41	48 M.	?	R.	Hæmorrhages; pelvic pain; hypogastric swelling; hard, irregular tumour right fornix, slightly movable; nodule in uterine cavity detected by sound	7 months	Tubes removed with fundus uteri, ovaries saved; septic peritonitis followed; death fourth day.

Character of tumour.	Other parts involved.	Operator.	Reporter and reference.
Both tubes obstructed, dilated, containing malignant papilloma	Cystic tumour, right ovary, surface infected with malignant papilloma	Hofmeier	Arendes, "Ueber primäres Carcinom der Tuben," and Stolz *loc. cit.*
Malignant papilloma in outer half of dilated tube; ovaries atrophied	Limited area of secondary malignant deposit in endometrium	Pawlik	Novy, "Ein Fall von primaren Tubencarcinom," 'Monats. f. Geb. u Gyn.,' vol. xi, part 6; Pawlik, 'Trans. Obst. Soc.,' London, vol. 42, 1900, p. 6.
Tube full of papillomatous cancer			Hannecart. 'Journ. de la Soc. Belge de Chirurg.,' No. 7, 1901, and Stolz *loc. cit.*
Tube stuffed with malignant papilloma, ostium patulous	At second operation peritoneum was found infested with papillomatous growths	Newman (Chicago) first operation; Byron Robinson 2nd operation	Le Count, "The Genesis of Carcinoma of the Fallopian Tube in Hyperplastic Salpingitis," 'Johns Hopkins Hosp. Bulletin,' March, 1901.
Papillomatous cancerous mass filling outer third of tube	Tube adhered to sigmoid flexure (which was torn and repaired at first operation); irremovable deposits on pelvic peritoneum second operation	Howard Kelly	Hurdon, 'Johns Hopkins Hosp. Bulletin,' Oct., 1901.
Large pear-shaped tumour closed at ostium, open at uterine end; containing sanious fluid; masses of malignant papilloma grew from mucosa	At the operation "the uterus and left appendages appeared healthy"; not removed	Boursier & Venot	Boursier and Venot, 'Revue de Gyn. et de Chir. Abdom.,' vol. v 1901, p. 221.
Mass of malignant papilloma size of horse chestnut near the closed ostium of the left tube, which also contained clear serous fluid (see text)		Graefe	Graefe, "Ein Fall von primären Tubencarcinom," 'Centralbl. f. Gynak.,' 1902, p. 1389.
Papillomatous alveolar cancer forming a deeply lobulated mass, size of a large potato, springing from mucosa of middle and outer part of tube	Pedunculated cancerous nodule on endometrium, one centim. below orifice of right tube; rest of endometrium, uterine walls, and left tube normal	Folinea Francesco	Fabozzi, "Diun Cancro primario del Ovidutto," 'Arch. Ital. di Gynec.,' April, 1902, p. 124.

No.	Age, married or single	Children; menstruation.	Side of tumour	Chief symptoms.	Duration of symptoms before operation.	Operation; Result.
42	50	1 child, menopause 2 years	R. and L.	Abdominal enlargement noted since menopause; bilateral hypogastric tumour	2 years	Both appendages removed; sepsis followed; death third day
43	56	3 children; menopause 5 years	R.	An ovarian cyst developed	?	Ovariotomy; right tube found to be greatly enlarged; recovery; patient in good health 3 years later
44	45	5 children; catamenia regular	R.	Bearing-down pains began suddenly during a violent effort; vaginal prolapse; then mass developed in right fornix and Douglas's pouch; uterus enlarged	8 months	Hysterectomy and removal of both appendages and several enlarged glands in pelvic and lower lumbar region; recovery; in good health 4 mos. after operation
45	57 M.	0 children; menopause 49	L.	Uterine fibroid many years; no menorrhagia; for a few months before operation frequent vaginal hæmorrhages	6 months	Panhysterectomy; fibroid in posterior wall; left tube elongated; recovery; died of recurrence twelve months after operation
46	48 M.	1 child, aged 2 yrs. 0 miscar. period regular till 46; Dysmenorrhœa	L.	2 years abdominal pain and swelling; 6 months amenorrhœa; pale yellow discharge; frequent and difficult micturition; mass continuous with uterus rose out of pelvis	2 years	Ovariotomy; recovery; cyst of left ovary removed with left tube, which was enlarged, and contained a solid mass; right tube and ovary apparently healthy; "no sign of recurrence 2 years and 2 months after the operation"
47	47 M.	2 children; catamenia regular	R.	2 years pelvic inflammation; tense tumour burst into rectum; 5 months sudden lumbar pain; then leucorrhœa; no blood; no menorrhagia; uterus fibroid; fixed, tender, firm mass in Douglas's pouch	2 years	Supravaginal hysterectomy; removal of appendages; recovery; death 3 months later from malignant stricture of rectum
48	50	2 children; menopause 44	L.	Sanious discharge; pelvic pain; firm, tender, sausage-shaped mass behind and to left of uterus, which was enlarged; uterine cancer suspected	6 months	Vaginal hysterectomy; left tube greatly enlarged; recovery; 6 mos. later secondary masses in pelvis and abdomen as high as umbilicus
49	50 M.	0 children; catamenia regular; occasional menorrhagia; phthisis 12 years	R.	Hypogastric swelling and pain; ascites; no sanious discharge; big mass right fornix; smaller left fornix	2 months	Appendages removed: many secondary masses peeled off intestines: recovery; 2 months later recurrence with ascites

Character of tumour.	Other parts involved.	Operator.	Reporter and Reference.
"Carcinoma primarium papillare pseudo alveolare tubal bilateralis"	Metastatic deposits on diaphragm; septic changes only in spleen, liver, heart and kidneys	Dirner	Dirner and Fonyó, "Szülèszet es Nögyogyàszat.' No. 2, 1902, and 'Journ. of Obst. and Gyn. Brit. Emp.,' vol. ii, 1903.
Tube 5½ inches long, and 2 inches antero-posteriorly; filled with malignant papilloma; ovarian cyst free from cancer		Id.	Id. Ibid.
Tube as big as a foetal head; masses of alveolar papillomatous cancer growing from mucosa	Secondary deposits in right ovary and in glands removed; none in uterus, left ovary and left tube	Stoltz	Stolz, "Zur Kenntniss des primaren Tubencarcinoms," 'Archiv. f. Gynak,' vol. lxvi, 1902, p. 365.
Ampulla of left tube dilated, contained venous blood; a soft mass grew from mucosa, and partly protruded from ostium; it was a pure spheroidal-celled carcinoma	Peritoneum adjacent to ostium, and serous coat of rectum infected; no malignant elements in the uterine fibroid	Bland-Sutton	Bland-Sutton, "On a Case of Primary Cancer of the Fallopian Tube," 'Trans. Obst. Soc.,' vol. xliv, 1902, p. 311, and "A Contributfon to the Surgery of the Uterus," 'Clin. Journal.,' April 20, 1904, p. 4.
A mass of malignant papilloma of the size of a golf ball grew from inner wall of ampulla of left tube	—	Herman	Russell Andrews, "Primary Carcinoma of tbe Fallopian Tube," 'Trans. Obstet. Soc.,' vol xlv., 1903, p. 54. (After History from private correspondence).
Right tube like a large sausage; ostium closed: bright pink masses of malignant papilloma sprung from mucosa	Surface of right ovary infected at one point. Rectal wall probably infected at time of operation	Duret	Danel, "Journal des Sciences médicales de Lille," March 14, 1903, p. 241
Entire mucosa of left tube infested with malignant papilloma; uterus quite free from cancer	—	?	Low, "La Gynécologie," 1903, p. 79
Right tube large and cylindrical-shaped; seat of papillary cancer; *no evidence of old or recent tubercular peritonitis*	Secondary deposit on left tube, left ovary, intestines, omentum and parietal peritoneum	Briggs	Briggs, "Primary Cancer of the Right Fallopian Tube; Right ovary normal," 'Trans. Obstet. Soc.,' vol. xlvi., 1904, p. 60.

No.	Age, married orsingle	Children; menstruation.	Side of tumour	Chief Symptoms.	Duration of symptoms before operation.	Operation; Result
50	49 M.	—	L.	Uterine fibroid; profuse hæmorrhages; mass in pelvis	—	Hysterectomy and removal of appendages (Sept., 1903); left tube "like a parsnip, with a long thin root" drawn out of pelvis and removed; recovery
51	50 S.	0 (?); menopause not established	R.	Discharge of blood for a few months; hypogastric pain for 3 days before death	"Ill" 4 months	No operation
52	60 M.	Sterile; 50	L.	Abdominal swelling; escape of quantities of yellow fluid from vagina; swelling diminishing; phlebitis of left leg	2 years	Removal of tube; recovery; case lost sight of
53	58	1 child	?	Hypogastric inflammation 30 years before; for 18 years a stationary swelling of abdomen; 1 year hypogastric pain and cystitis; at operation cyst filled pelvis	18 years tumour; acute symptoms 1 year	Well 3 months after operation

* Renaud's case (1847) is apparently genuine (as primary cancer), and if so is the earliest ever *figured*; though no full report accompanied the sketch. See 'Trans. Obstet. Soc.,' vol. xxxviii., p. 322, where the sketch is reproduced.

Character of tumour.	Other parts involved.	Operator.	Reporter and Reference.
Dilated and obstructed tube, filled with a soft cancerous mass, which could be traced along tube in its course through uterine wall; endometrium not yet infected	No secondary deposits detected	Bland-Sutton	Bland-Sutton, "A Contribution to the Surgery of the Uterus,,' 'Clinical Journal,, April 20, 1904, p. 4.
Mass of medullary cancer in ostium of tube, communicating with a cyst (external to the tube and ovary) as large as an ostrich's egg; cyst seemed to communicate with cavity of tube, which was full of blood	No extension to neighbouring or distant parts	None	W. Essex Wynter, 'Trans. Path. Soc.,' vol. xlii, p. 222; and Doran, in Allbutt and Playfair's 'System of Gynæcology,' 1st ed., p. 821.
Cancerous papilloma in walls of tube; ostium opening into a cyst as large as an adult head; ovary not found	No other parts were found involved	Routier	Routier, 'Bulletins et mémoires de la Soc. de Chirurg. de Paris,' vol. xviii, 1892, p. 73; 'Annales de Gynéc. et d'Obstet.,' vol. xxxix, 1893, p. 39, and private correspondence.
Tubo-ovarian cyst with a primary cancer adjacent to it	Firm adhesion of cyst to adjacent parts; a portion was left behind	Savor	Savor, "Cystitis croupposa bei sauerem Harn," 'Wiener klin. Wochenschrift,' vol. viii., 1895, p. 775.

† Westermark's case is reported in 'Centralbl. f. Gynak.,' vol. xvii., twice (p. 272 and p. 1197), by different writers.

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