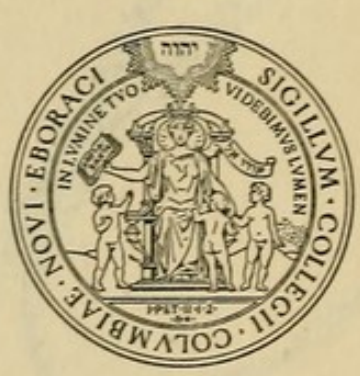
Three hundred and eighty-four laparotomies for various diseases : with tables showing the results of the operations and the subsequent history of the patients. A resumé of the writer's experience in abdominal surgery during the last fifteen years / By John Homans.

Unable to display this page



Dilly & Williams

16 Court St

Brooklyn

THREE HUNDRED AND EIGHTY-FOUR

LAPAROTOMIES

FOR

VARIOUS DISEASES,

WITH TABLES SHOWING THE RESULTS OF THE OPERATIONS AND THE SUBSEQUENT HISTORY OF THE PATIENTS.

A RESUMÉ OF THE WRITER'S EXPERIENCE IN ABDOMINAL SURGERY DURING THE LAST FIFTEEN YEARS.

BY

JOHN HOMANS, M. D.,

HARVARD UNIVERSITY CLINICAL INSTRUCTOR IN THE DIAGNOSIS AND TREATMENT OF OVARIAN TUMORS. SURGEON TO THE MASSACHUSETTS GENERAL HOSPITAL.

BOSTON:

NATHAN SAWYER & SON, PRINTERS,

No. 70 State Street.

1887.

ERRATA.

On page 6, eighth line from foot, strike out word "respectively."

In head line of table "Laparotomy for other purposes than the removal of Abdominal Tumors," strike out the word "Abdominal" and insert "Ovarian."

CHAPTER I.

GENERAL METHOD PURSUED IN PREPARING FOR LAPAROTOMY. SOME STATISTICAL ACCOUNT OF RESULTS.

The Laparotomies enumerated in the accompanying tables have been carefully tabulated, and the preparation of these tables has required much correspondence and hard work. I have looked through the tables and have picked out cases, here and there, which seemed to me to be of special interest, and where the usefulness of a rather minute description of the case and its treatment seemed to require it I have given a full narration.

In what I have to say I will confine myself wholly to my own experience, without theorizing or quoting authorities. I do not do this in a narrow, egotistical way, but because all of you have read and heard all that I have read or heard, and need not be bored by hearing the statements and theories of others at second-hand.

384 Laparotomies. Of these, Ovariotomies number 282. Removal of Uterine Tumors, 27. Simple Exploratory Laparotomies, 19. Laparotomies and stitching of Ovarian Cysts to the skin, 15. Removal of uterine appendages for Fibro-myoma, 5. Removal of uterine appendages for nervous disorders, 5. Pyosalpinx, 1. Tubo-ovarian, 1. Abdominal Abscess, 1. Removal of immense Lipomas, 2. Intestinal obstruction, 4. Renal Tumor, 3. Perityphlitic Abscess, 1.

I have always regarded Sir Spencer Wells's first volume of Cases of Ovariotomy, published about 1865, as the most valuable book for a beginner to study.

In a very humble way, perhaps, this paper and these tables may be of interest to the student and practitioner of abdominal surgery. I have been rather surprised to find that thirty women out of over three hundred, or nearly ten per cent., have ventral hernia.

The general method I have pursued in preparing for a Laparotomy is the following:

I have a sufficient number (say six or eight) earthenware jars, such as we use in New England for holding pickles, each of which will contain six gallons of fluid; two or more of them are filled with a solution of corrosive-sublimate 1-1000; new sponges are cleansed of their sand and are put to soak in the bi-chloride solution, and left there two or more days; they are then wrung out dry in a wringing-machine such as is used in a laundry. The rubber rollers of the wringing-machine will dry a sponge almost completely, and the compression squeezes out all the dirt that may remain and also all the bi-chloride; this could not be done as thoroughly with the hands, nor does one wish to keep putting his hands into a mercurial solution. After these sponges have been soaked in this mercuric solution, they are cast into a jar containing a solution of carbolic-acid 1.20, and when wanted are taken out of the jar and wrung out again in the wringer and taken in a clean bag to the operation. I have always used carbolic acid spray and continue to do so; though I think it unnecessary, yet I hate to give it up. I use an electric light when necessary.

Of my first five unantiseptic ovariotomies all died. Of my antiseptic ovariotomies 248 have recovered and 34 have died. About one quarter, probably, of all the fatal cases are to be attributed to some error or carelessness of mine, to some want of cleanliness, or perhaps to a slightly suppurating hang-nail or other sore on my hands, or to something that might have been avoided.

Perhaps this comes from too much operating within a given time. Deaths for which I am inclined to think I am at fault, have occurred generally towards the end of many daily ovariotomies, when I may have been tired or possibly unclean. To balance these fatal cases of course many unexpected recoveries have occurred. There is also an element which cannot be estimated beforehand, viz: the viability of the patient (if I may say so); just as it will take many blows to kill one man, any one of which would have killed another less viable man; so, a moderately severe operation will be fatal in a certain case, and a much more severe one will be innocuous in another case. I mean where both patients seem to be equally healthy. This vitality or viability it is impossible to estimate beforehand. There are other causes of death which are unpreventable. Such a one is the case of death from Acute Mania, No. 63; another one the death from Tetanus; another the death, sixteen days after the operation, when recovery seemed complete, from thrombus in all the pulmonary arteries, No. 275. Let me illustrate this point. No. 117, a simple, uncomplicated case, died, while cases No. 72, where the bladder was cut open, and No. 260, in which a second operation, including removal of the uterus, was done, and No. 50, complicated with heart disease, curvature of the spine and the removal of not only ovarian but uterine tumors, have recovered. The causes of death have usually been Peritonitis and Septicæmia. You may call it Septic-Peritonitis or Septicæmia, or blood-poisoning, but it is fatal, and I am rather skeptical about deaths from intestinal obstruction of a mechanical nature after Laparotomy, except as the intestines are paralyzed by Peritonitis. There is often a sort of atony of the bowels which is almost equivalent to mechanical obstruction, and which gives rise to great distention and to vomiting, but there is no real strangu-

lation such as you see in Hernia, or at least I have never seen such a case.

Two cases in which I wounded the bladder during ovariotomy recovered, and they are both living in good health, two and six years respectively after the operation. In both cases the bladder was sewn up with silk and in both cases the sutures were left shut up within the abdominal cavity. Of those who recovered, nine have since died of abdominal cancer a few months or years after recovery, and thirty have ventral hernia. I have heard of fifteen children born to eleven women out of about two hundred heard from. The sexes do not correspond to the ovaries. The patients' ages have varied from twelve to seventy-three years. In size, the weight of the sac and its contents has varied from a pound to one hundred and eleven and a half pounds. Twisted pedicle occurred, I think, six times.

The usual length of my incision is about two inches, except in fat people, or where some difficulty in the operation requires more room. I never leave a clamp on the ovarian pedicle, but always tie and burn the stump and drop it back. I have always used silk sutures and am careful to include all the abdominal parietes in the suture, particularly the transversalis fascia.

Drainage was used in fifteen cases of ovariotomy I think, and I have gradually reduced the size of my drainage tubes. In three cases silk sutures have been discharged at long intervals after recovery, respectively. I have had one case of Tetanus following a simple uncomplicated ovariotomy. Death occurred on the sixth day, the symptoms existing for twenty-four hours before death.

I have had one case of the formation of a stone in the bladder, around the dermoid contents of the tumor discharged into the bladder.

Most of my cases have been treated in a private hospital, which is simply an ordinary dwelling house. During convalescence, the patients have found the lifting-machine, figured in Hamilton's Surgery as Dr. Jenks' Fracture Bed, very useful, portable, light and strong. I have found none of the Fracture-beds such as those of Crosby and others of any special service. I use a catheter as little as possible, preferring to have the patients pass their water voluntarily from the very first, if possible.

My greatest number of consecutive recoveries after ovariotomy has been thirty-eight, I think.

Suppurating cysts of the ovary are spoken of and described not unfrequently. I never saw but one and that had been tapped. I doubt if an ovarian cyst ever suppurates unless there has been at some time a communication with the external air, or with some mucous cavity. But there is a fluid containing fat and sebaceous matter, that to the naked eye looks exactly like laudable pus, and can only be distinguished from it by microscopical examination.

The removal of sessile tumors is accomplished by a sort of knack learned by experience, at least it has been by me. You find the cyst covered with peritoneum and immovable, but if you cut through the outer adherent covering of peritoneum at several points, you will usually strike the familiar-looking wall of the ovarian cyst somewhere, and may succeed in enucleating it and making a sort of pedicle.

I recall two cases of swelling of the parotid gland after ovariotomy. Both recovered quickly, and I have not regarded an enlargement of the parotid during convalescence as of special importance. I may add that cases of parotitis seen in consultation have recovered, and I have generally given a favorable prognosis.

In regard to hysterectomy, my success has not been great. My cases of removal of uterine fibroid tumors number twenty-seven, with seventeen recoveries and ten deaths. I perform the operation much better than I did years ago, and my later cases have nearly all recovered, but still I am not fond of it and always rather shrink from it. I never do it unless the patient seems in danger of her life from hæmorrhage, mechanical pressure, or exhaustion, or else suffers such pain that life is not worth living. I do not know which is the better way of managing the stump, whether intra or extra-peritoneally; I am pretty sure, however, that with me the extra-peritoneal is safer, although I cannot say that a more skillful operator might not make the intra-peritoneal method safe and reliable.

Encouraged by the recovery of a patient after hysterectomy for fibro-myoma in which the stump had been left in the abdomen, I treated the next case intra-peritoneally, with fatal result. The autopsy showed that the stump was the cause of a quite limited peritonitis, and that if it had been left outside the patient would apparently have been relieved of the source of blood-poisoning, and might have recovered. I use a wire écraseur, either Kœberle's or a longer one, for I find that for the compression of the pedicle Kœberle's screw is not long enough, and one must have several of Kœberle's serre-nœuds or else an instrument with a longer screw, and the latter seems to me simpler. I have used drainage several times after removal of fibroid tumors, but it is usually unnecessary. When the clamp and pin come away, there is usually some fluid in the cavity where the stump was, and this has often a very offensive odor like that of a sewer, but it seems of no consequence, as the patient's temperature and pulse are nearly normal. I suppose there is a septic-putrescence and a non-septic-putrescence; but at the first glance one would suppose

that an ounce or so of black, offensive fluid between the intestines and the bladder, and within the peritoneal cavity, would necessarily set up Septicæmia or Peritonitis.

The smell that I mean is very much like that from macerating bones, and yet there is no Septicæmia and the patient recovers, the hole closing rapidly. I am satisfied, on the whole, with the extra-peritoneal treatment of the pedicle by means of a screw serre-nœud, though the intra-peritoneal method is neater. The wire seeks a bed for itself in the part of the tumor where the diameter is smallest, and it is almost impossible to keep it from gravitating to this point. It must be kept off the bladder, of course. I had a recovery, however, in one case where two successive wires broke on being tightened, and in which I found, twenty-four hours afterward, that a piece of the bladder was in the serre-nœud. The opening in the bladder subsequently closed without suture by keeping a catheter in the urethra; so I know that when one is unfortunate enough to have taken a piece out of the apex of the bladder, at least an inch in diameter, he may expect recovery if he will keep a Sims' catheter in the bladder and urethra *all the time*. My patient's fistula closed in six weeks.

Of cases of ovarian tumor, uncomplicated except by adhesion in which I could not or thought I could not (for I can get a cyst out now that I could not have removed five or six years ago) remove the cysts, and which I have stitched to the abdominal walls or fastened outside, I have had nine. Of these all have completely recovered. In these cases, the cysts had grown under the peritoneum, and were adherent to the intestines, to the broad ligament or uterus, and in one instance the wall of the cyst and its peritoneal adhesions in the right iliac region were over two inches thick and very dense, and yet the patient recovered, and is perfectly well and hearty to-day. If in these cases you can strike the cyst wall

without too much hæmorrhage or violence, you can generally remove the cyst. Of cases where I have opened the abdomen and tapped or more or less emptied the cyst, I have had several, nearly all of which died. These partial operations are generally bad surgery, and a man does them less and less the more he operates. Of cases of collections of pus in the abdominal cavity I have had but one, and that was treated successfully by Laparotomy and drainage. Of cases of abscess in the ovary and salpingitis of gonorrhœal origin, I have had one case, successfully treated by removal of both tubes and one ovary, the other ovary being so imbedded in the pelvic tissues as to be immovable. The patient recovered. Of removal of large intra-abdominal fatty tumors, sub-peritoneal, I have had two. They each weighed over fifty pounds and were many-lobed. One occurred in a man and the other in a woman, and both were fatal.

In connection with the subject of intestinal obstruction it may not be improper for me to say that I have had one case of an operation for the closure of a Meckel's Diverticulum (Omphalo-Mesenteric Remains). In this case, the mucous membrane projecting at the umbilicus was pulled up and cut off, and the skin within the umbilical cicatrix, over a diameter of about a quarter of an inch, was removed, and the denuded surfaces united by silver sutures. The patient was an infant about five months old. The cure was complete. Another case, interesting in connection with this, was a case of Laparotomy with intestinal obstruction, caused by Meckel's Diverticulum in a young man of twenty-one years. I failed to find the obstructing band, owing to my ignorance at the time of the causation of intestinal obstruction by the Diverticulum, and the case resulted fatally. It is described at length by Prof. Fitz in the American Journal of Medical Science for July, 1884. Once during ovariotomy I removed a portion of a cancerous omentum, and the

patient has experienced up to the present time, one and a half years from the date of the operation, no trouble, and has been in perfect health.

I have had one very remarkable case of cure of tubercular peritonitis and dropsy by Laparotomy, the patient being now fat and healthy, three years after the operation. Fluid was discharged from the wound for about eight months, and there is now a discharge of about a half a drachm a day from a short sinus.

Of removals of the Kidney for Sarcoma, Cancer or Abscess, depending on calculous nephritis, I have had three cases, all of which were fatal. The operations seemingly went off very well, but no urine excepting a few ounces was secreted up to the time of death, about two days in each case. Almost complete suppression had taken place in these cases.

Of the formation of an artificial anus, for Cancer, either by Lumbar Colotomy or anterially in the pubic region, I have had five cases, three of which were successful, the life of the patients being rendered comfortable for many months.

I have had many cases of operation for Strangulated Hernia, which I suppose ought hardly to be mentioned in a paper on Laparotomy.

I have successfully removed a fibroid tumor in the abdominal fascia and peritoneum of the right lumbar region, the size of a small placenta, by Laparotomy. The patient is now in good health four years after operation. As some of the peritoneum was removed, and its edges could not be brought together, there has been a troublesome rupture. This is the only case of fibroma of the peritoneum I have ever seen.

CHAPTER II.

OVARIOTOMIES.

Illustrative Cases.

Case No. IX. Remarkable as having no pedicle. It was a cyst of the broad ligament, and as the woman coughed, after the peritoneum was opened and the cyst tapped, the cyst was expelled and dropped on the floor without a vessel being tied or any force, except the gentlest assistance, being used. The operation from the first incision, till all the sutures had been tied, was ten minutes. The cyst measured 36 inches in circumference.

Case No. X. Acute peritonitis at time of operation, September 29, 1878. Confined Nov. 16, 1879, after a normal labor. Child, a girl. Ovary remaining, the right.

Cases Nos. XII and XIII. Both died subsequently to recovery of abdominal cancer, and one also with thoracic cancer. Their deaths occurred, one in six months, and one in five months after recovery.

Case No. XIX. Is only of interest as having menstruated for two years irregularly, after the removal of both ovaries.

Case No. XXIX. Cyst of left broad ligament, died of cancer of stomach within a year.

Case No. XXXI. Was confined in October, 1881, fourteen months after Ovariotomy. Child, a girl. Ovary remaining, the right.

Case No. XXXIII. Is remarkable as having had 40 ounces of serum removed by aspiration from the left thoracic cavity, on account of acute pleurisy, on the fourth day after Ovariotomy.

Case No. XXXV. Died of abdominal cancer nine months after recovery.

Case No. L. Is remarkable on account of her recovery. She had severe cardiac disease, great deformity from curvature of the spine, and at the operation three tumors were removed, a solid tumor of the right ovary, a dermoid tumor of the same, and a fibroid tumor of the uterus. She died three years later of heart disease.

Case No. LVI. Is remarkable as requiring colotomy, or rectotomy, for cancer of the bowel, Dec. 21, 1881, seven months after recovery. The artificial anus was made in the pubic region. Her life was very comfortable for many months. She died of abdominal cancer, in November, 1882.

Case No. LXI. Died several months after recovery, from cancer of the stomach.

Case No. LXVII. Is exceptional as having died of Acute Mania, on the eighth day after Ovariotomy. A careful autopsy found everything going on well in the peritoneal cavity, and no recognizable cause for death. I think the case might be disregarded as one of fatal Ovariotomy, but I have thought it right to put it in the table as such.

Case No. LXXII. Is an instance of a most fortunate uninterrupted recovery after an incision of the bladder. The convalescence was extraordinarily devoid of fever, the temperature never rising above 99°. A Sims' catheter was kept in the urethra for nine days. The bladder wound was sewed up with a continuous suture of carbolized silk, and was closed tight at the time of the operation. The patient is now, six years after the operation, in perfect health, and has never had a symptom of vesical or other trouble.

Case No. LXXVI. Is remarkable on account of the age of the patient at the time of the operation, and her uninterrupted good health since. She is now hale and hearty at the age of 79.

Case No. LXXVII. In this case a recurrence of the disease, gelatinous cancer, took place, and more or less fluid was discharged after recovery, through the abdominal cicatrix, and through the bladder. The tumor was a burst gelatinous dermoid cyst, and weighed 35 pounds. This material was scooped out and sponged out as thoroughly as possible. The patient was much relieved by the operation, and gained flesh and strength. Two years after her recovery, I removed a calculus from the bladder, the nucleus being a hair which had probably remained in the peritoneal cavity, after the operation, and had found its way into the bladder. She died in 1885, four years after Ovariotomy, of general abdominal cancer.

Case No. LXXX. Is a case of the most rapid recurrence of cancer after Ovariotomy, that has occurred among my cases. There were masses of cancerous-looking nodules in the abdominal parietes, which were cut through in making the incision. The tumor was

sarcomatous-looking, and more solid than cystic. It weighed 26 pounds. The operation having been done on March 14, 1882, the patient died on May 19, with large, rapidly-growing soft, sarcomatous tumors in the abdomen. Another remarkable occurrence in the case, and one that will hardly be credited, was the occurrence of two well-formed vaccination vesicles, which appeared spontaneously on the cicatrices of two successful vaccinations done eight years before. These vesicles ran a normal course. The late Dr. Henry A. Martin was kind enough to confirm my diagnosis, and told me that the occurrence of similar spontaneous vaccine disease had once or twice been recorded. There was no possibility of contagion. The patient was ill, confined to her bed, and had no visitors, and no one in the house had been vaccinated recently. I think the element of contagious inoculation is entirely excluded, and the case may be received as one of spontaneous vaccine disease, appearing in an old cicatrix, and caused in some unexplained way by the patient's condition. It is perhaps unnecessary for me to say that the observation is unique in my experience, and it will be interesting to know if others have observed any similar phenomenon after Ovariotomy.

Case No. LXXXI. Recovered rapidly in 1882, and after enjoying four years of health, noticed that she was growing larger. She put herself under my care in 1887, and I made an exploratory incision to remove an adherent tumor of the other (the left) ovary, but I could do nothing, and she died in a few days of peritonitis.

Case No. LXXXII. Was one of the largest tumors I have removed, the solid and fluid contents removed a few days before, and at the operation, weighing 105 pounds. The patient is now, five years later, in robust health.

Case No. LXXXIV. Although the posterior surface and right side of uterus was "peeled" and denuded of its peritoneal covering, and tied and sewn, and burnt to control hæmorrhage, pregnancy has taken place twice, once in 1883, and once in 1885. The first child was a female, and the second a male. The ovary remaining was the right.

Case No. LXXXIX. This lady had a very rapid recovery following Ovariotomy, in 1882, the temperature only once rising above the normal. In 1884 she sent for me and I found her very feeble, emaciated, with a large, hard nodulated tumor filling the pelvis and lower abdominal region, and projecting into and through the cicatrix of the abdominal incision; the inguinal glands were also affected, and there had been hæmorrhage from the surface of the tumor. Vomiting was almost constant. Nothing could be done in the way of an operation, and she died in June.

Case No. CII. Was one of suppurating cyst in a woman 37 years old. She had been tapped three weeks before the operation. Her temperature was high, 101° before operation, and rapidly fell to normal. Her recovery was rapid.

Case No. CIV. Was one accompanied by hæmorrhage during the operation from two arteries near the aorta in the left lumbar region. Her convalescence was accompanied by a high temperature, rising to 104° on the 7th day, and by a severe and constant diarrhœa and more or less dysentery; but she left for home on the 25th day, and has since been remarkably well.

Case No. CVII. One of dermoid tumor, followed by death from cancer, three months after the operation.

Case No. CXVIII. Was one of normal recovery after Ovariotomy in a woman 68 years old. This was followed by a return of the disease in the other ovary and a large ventral hernia. In 1887 a tumor of the left ovary, together with the adherent uterus, was removed; the hernia was cured and the patient, now *seventy-three* years old, went home well.

Case No. CXXXVIII. Was confined in August, 1886, three years after Ovariotomy; child, a female; labor easy and rapid; left ovary remaining.

Case No. CXLII. Recovered after removal of a large tumor of the right ovary in 1883. She has been confined twice since; once in 1884, and once in 1885; both children were females. The left ovary remained.

Case No. CXLIV. Is remarkable for two circumstances. The discharge of a ligature of silk from the wound two years after recovery, and a desire for sexual intercourse since Ovariotomy, whereas, before the removal of the ovary she had no desire, and in fact disgust. The silk is coarse and strong and is absolutely unchanged, the knot being as perfect as when tied, and the ends and edges as sharply defined as when cut off by the scissors two years before.

Case No. CLXIV. Is one of the cases that died subsequently of abdominal cancer, two years after operation.

Case No. CLXVII. Is not properly a death after Ovariotomy, as cancer of the omentum, bowels, ovary, and bladder was present, and a cancerous mass was removed from the bladder and the bladder opened; but the ovary was removed, and so I have called it a death from Ovariotomy.

Case No. CLXXII. One of multilocular cyst of the left ovary. Was confined June 5, 1886, nineteen months after Ovariotomy. Child, a male. The right ovary remaining.

Case No. CXCIV. Was a very severe one. The cyst had grown into the broad ligament and had no pedicle. It was forcibly and violently enucleated, and there was much hæmorrhage. The pedicle, such as it was, was a part of the uterus, and many ligatures were applied. A drainage tube was used. I expected a fatal result, but the patient reacted well and has since enjoyed good health, with the exception that a sinus has remained in the course of the wound. In June, 1885, fourteen months after the operation, the first suture of silk was discharged; and subsequently five more ligatures have been discharged, the knots being firm, and the silk sound. These ligatures were discharged in January, May, October, and December, 1886, and in January, 1887.

Case No. CXCV. Was a successful hysterectomy, as well as an Ovariotomy.

Case No. CXCVI. Was my first fibroid tumor of the ovary, and had been considered a fibroid tumor of the uterus, by myself and other ovariotomists elsewhere.

Case No. CXCVIII. Was one of rapid development of abdominal cancer, with ascites, and death four months after recovery.

Case No. CCVIII. Was the second case of fibroid tumor of the ovary, and with it were connected cysts, but the primary tumor which filled the pelvis was fibroid in its structure. This case and No. CXCVI are the only fibroid tumors of the ovary I ever saw.

Case No. CCX. Is remarkable in many ways. She had been tapped eighteen times. The fluid from the more recent tappings had been ascitic, she was emaciated and feeble, and her abdomen contained much fluid, and at least two hard tumors that felt like fibroids, and were very close to, if not a part of, the uterus. On opening the abdomen in the usual place, the abdominal walls seemed more thick and vascular than usual, and yet beneath them could be felt the ascitic fluid. On cutting deeper, a tissue, looking like the lining membrane of the bladder, was seen. The incision at this point was abandoned, and a new one made at the umbilicus; here the normal peritoneum was easily opened. About twenty pounds of ascitic fluid ran out, and when the abdominal cavity was empty of fluid two papillomatous tumors of the ovaries were seen. The right was the larger; both had been burst for some time, and papillomatous material extended beyond the cyst wall of each. After the pedicles had been tied close to the uterus, the bladder was inspected. It was found that the wall of the bladder was a part of the anterior abdominal parietes, and that it had been opened for an extent of about four inches. The outer walls of the bladder were sewn together, about twelve interrupted sutures of silk being put in. Care was used so as not to include the mucous membrane. A drainage tube was used in the abdominal cavity, and a catheter was kept in the bladder. On the whole, the operation was completed in a satisfactory and workmanlike manner. This incorporation of the bladder with the abdominal parietes and its extent upwards towards the umbilicus is an anatomical anomaly of great awkwardness to the ovariotomist. The convalescence was tedious, and accompanied by much pain and some considerable suppuration, but the patient went home after six weeks, and now writes that her health (two years after the operation) is perfect, but that the cicatrix has never entirely closed.

Case No. CCXII. Is remarkable as being the only cyst of the broad ligament that contained papillomatous masses, the ovary not being affected. The wall of the cyst was quite thick, perhaps half an inch thick, whereas the walls of most cysts of the broad ligament are thin and rather delicate.

Case No. CCXIII. Was one of twisted pedicle. The patient was 63 years old. On opening the abdomen, the cyst was seen adherent and blackish on the surface. The pedicle (on the left side) was found to be tightly twisted four times, and was rigid and white. The vessels were all plugged and no ligature was required.

Cases Nos. CCXV and CCXVI. Were both simple cases in healthy young women, both were fatal, and were, it will be seen, consecutive; the same cause of Septicism was present in both cases. They occurred during almost daily operating, and their fatal results are to be attributed to some fault of mine, but exactly what I don't know.

Case No. CCXVIII. Was confined November 1, 1886, thirteen months after her recovery from Ovariotomy. The child was a female, the left ovary remaining.

Case No. CCXXII. Was one of rapid recovery in a lady 61 years old. It is remarkable as being the only one I have seen and tried to relieve of intestinal obstruction caused by the operation. I was called in April, 1886 (four months after her recovery), on account of symptoms of obstruction which had existed for several days. On opening the abdomen I found the small intestine adherent at intervals to the cicatrix in the peritoneum; through the openings between the intestine and

the abdominal wall several loops of intestine had passed, then had become strangulated and sphacelated, and there was more or less offensive blackish fluid in the abdominal cavity. An artificial anus was made and gave relief, but the patient died in a few days.

Case No. CCXXVIII. Recovered, and went home towards the last of February, 1886. She was delivered of a child, a female, December 13, 1886, less than ten months after leaving for home, and just ten and a half months after Ovariotomy on January 27, 1886. The ovary remaining was the left. This is very quick work, Ovariotomy, recovery, impregnation and delivery, all within eleven months.

Case No. CCXXIX. Should not be counted among the Ovariotomies. The patient was in articulo mortis, and the cyst, a gangrenous one with a twisted pedicle, was only removed because I knew that I should feel at the autopsy as if I ought to have removed the cyst while the patient was alive, even if recovery seemed impossible.

Case No. CCXXXVIII. Was another case of twisted pedicle.

Case No. CCXL. Was a double Ovariotomy, with ascites and myxomatous tumors. A piece of omentum, thick and apparently cancerous, about an inch and a half in diameter, was removed also. Ovariotomy was done in April, 1886, and now, July, 1887, she is in excellent health. On deep pressure, a small movable tumor can be felt in the right umbilical or iliac region, but the omental tumor has apparently not increased in size.

Case No. CCLI. A simple enough operation, except that a hard (dermoid?) tumor, about the size of an English walnut and without a pedicle, was removed from the peritoneal region above the bladder; perhaps this was the left ovary which had become detached at some former time. The tumor was a multilocular one of the right ovary with adhesions, and the patient did perfectly well till the fifth day, when she began to have stiffness of the jaws and spasms of a convulsive nature. She died on the sixth day of Tetanus.

Case No. CCLII. Is the largest I have ever removed; the tumor and contents weighing 111½ pounds. The patient recovered.

Case No. CCLXI. Is remarkable as being a second Ovariotomy on a patient 72 years old, and with a large ventral hernia, and in whom the uterus had to be removed with the tumor. The case was successful and the hernia was cured. Drainage was used.

Case No. CCLXII. Was another case where the uterus was removed with the ovarian tumor. It was successful.

Case No. CCLXXIX. I have called a recovery with a question mark. The operation was done on May 20, 1887; from May 23d till June 13, twenty-one days, her temperature was normal and her pulse was generally between 70° and 80°; her appetite was good. On June 13, she awoke early and demanded an early breakfast, and eat, perhaps inordinately, of bread, oatmeal, and hashed veal stewed in butter. An hour later she had the juice of an orange. At 10, A. M., she complained of severe pain in the stomach, and later vomited. Her temperature rose to 105°, and her pulse to 174°, and she

died. There was no autopsy. The patient was a hundred miles or more from Boston, and I am at a loss to account for the sudden death. Her sister and husband thought it was severe indigestion caused by the veal. It is unfortunate that there was no autopsy.

Case No. CCLXXXV. I have also called a recovery with a question mark. For three days after the operation, her temperature was about 101°, pulse 100°, but from that time on pulse and temperature were both normal. Drainage tube removed on sixth day. On the sixteenth day after operation, she sat up out of bed for the first time. After being up for about three quarters of an hour, she complained of difficulty in breathing, which rapidly increased; she grew purple in the face, and died in an hour from her seizure. Autopsy showed both lungs filled with emboli, completely occluding the air passages. The origin of the embolism was not discovered. She had complained of some pain in her legs, not an uncommon symptom after Ovariotomy, but there never had been any swelling. A careful examination of the femoral arteries failed to show any starting-point for the trouble.

CHAPTER III.

CYSTS, STITCHED TO SKIN, UNCOMPLICATED EXCEPT BY ADHESIONS.

CYSTS, COMPLICATED WITH OTHER DISEASES, AND STITCHED TO SKIN.

I have been very agreeably disappointed, of late years, in the results following the drainage of ovarian cysts which could not be removed. I think I have stitched adherent ovarian or parovarian cysts to the edges of the incision, and have drained them and syringed them out patiently for several weeks eight times, and of these cases all have recovered.

The first of these cases was operated upon in the centre of Massachusetts, and I had nothing to do with the after treatment. The drainage tube was removed soon, and the patient recovered and gained flesh and strength, but in less than a year the growth increased, or a new tumor was produced, and an attempt to remove this tumor resulted fatally.

The second case was much relieved, but died subsequently of cancer of uterus and liver, which existed probably at the time of the laparotomy.

The third case was one of the broad ligament, complicated with tubercular peritonitis, and the patient is now, three years after operation, well and strong.

The fourth case was one of adherent papilloma, the opening never entirely closed, and the patient subsequently died of consumption a few months after operation.

The fifth case was one of the right broad ligament, and the patient is now well, two years after operation.

The sixth case is now in good health, stout and strong. There is still a sinus, with a pin-hole opening, discharging a drachm or two of pus a day.

The seventh case, one of double ovariotomy and stitching the cyst of the left ovary to the skin, recovered, contrary to my expectations, and is now well.

The eighth case also recovered.

Cases of Tumors complicated with other Diseases, and in which the Cysts were stitched to the Skin.

Of these there are seven, all fatal.

The first case was one of uterine cyst of large size; both ovaries had been removed on account of cystic disease two years previously. The patient died on the thirteenth day after the operation of Septicæmia.

The second case was one of ovarian tumor and uterine tumor. The ovarian tumor weighed forty-five pounds, and when this had been removed a large uterine fibro-cyst came into view. This latter was opened, emptied, and as it could not be removed, its edges were sewn to the skin and drained. Death occurred on the fifth day.

The third case recovered so as to leave hospital and go home, but died soon afterwards; the tumor was a very adherent one of uncertain origin. There was no autopsy.

The fourth case was one of malignant uterine tumor, irremovable. The operation was fatal on the second day from shock.

The fifth case was one of extra-uterine pregnancy of seven years' duration. The cyst was emptied of about four pounds of offensive yellowish-green fatty fluid, and the complete skeleton of an adult fœtus. The case is reported in the Boston Medical and Surgical Journal, Vol. CXIV, page 457, and the bones, beautifully mounted by Dr. O. K. Newell, are in the Warren Museum.

The sixth case was one of adherent ovarian tumor complicated with a uterine fibroid. The latter was removed, the stump being treated intra-peritoneally. The case was rapidly fatal.

The seventh case was one of tubo-ovarian cyst, with hydrosalpinx on the other side, chronic pelvic peritonitis, fibro-myoma, and polypus of the uterus. The tubo-ovarian cyst was punctured and stitched to the skin. At the autopsy, purulent peritonitis, granular degeneration of the kidneys, and the affections above-mentioned were found. Death occurred on the thirteenth day.

CHAPTER IV.

LAPAROTOMIES FOR THE REMOVAL OF UTERINE TUMORS.

My hysterectomies and removal of uterine tumors number twenty-seven. It will be seen that although the record is not brilliant, and does not compare in any way with Dr. Keith's wonderful list, yet out of the last seventeen, fourteen recovered, and none of the cases were done except for the reason that life was a burden, and death was impending. Familiarity with the operation has made me more skillful.

Case No. III. Was a supra-vaginal removal of a two-horned uterus (uterus bicornis), one horn of which was dilated and did not communicate with the vagina. A number of pounds of dark, bloody fluid was contained in this cavity and in the distended fallopian tube. The stump was treated extra-peritoneally, and convalescence was rapid. The patient's age was eighteen. She is now, four years after the operation, well and working hard. The operation was done to relieve agonizing pain.

Case No. VII. Is a very remarkable one, in which four pounds of tumor which could not be removed at the time of the operation, was gradually extruded through the wound after the wire of the serre-nœud had come off. The patient was a married woman 36 years old; never pregnant. The tumor reached above the umbilicus and was mostly on the left side. Menorrhagia was continuous, and at times violent, and had been going on for eight years, and was attended with excruciating pain.

Laparotomy was done on the 12th of June, 1884. The tumor had grown under and into the left broad ligament; the intestine was adherent to the apex of the tumor. Kœberle's serre-nœud was adjusted around the growth and the wire pushed down into the pelvis as far as possible. The loop had above it the right ovary and tube, but not the left, and the latter I was not able to feel. The wire was tightened as much as possible, and when screwed home another serre-nœud was put on and the first one was removed. This case showed the advantage of always having two serre-nœuds and induced me to get one with a longer screw. When I could compress no longer, I passed a long pin through the stump to keep it outside. Only about half the tumor was removed, the left side of the pelvis being still filled with the growth. The top of the uterine cavity was opened. The clamp came away on the fifth day. And now began the very remarkable course of this case, which had so far been like so many others. The remaining portion of the tumor began to push out of the abdominal wound through the hole left by the stump, and as it rapidly grew larger and larger, elastic ligatures were tied around its base, daily, on and after July 15. On the 18th of July, i. e., thirty-two days after the clamp had come off, the protruding mass was pretty well pediculated. It was about as large as my head, vascular-looking, and was the portion of the tumor left behind at the time of the operation, and had not only been extruded, by uterine contraction I suppose, but had nearly doubled in size. I now tied a strong ligature of silk around the base of the tumor and cut the protruding part away with strong scissors. The tumor removed weighed *four pounds*. Some constitutional shock, vomiting, and a rise of temperature followed the removal of the tumor, but this soon subsided. In January, 1885, she was well, fat and free from pain, and has continued so ever since. In February, 1885, occurred the

last uterine flow, and nothing has been seen since. The body of the uterus covered with a smooth cicatrix comes up against the abdominal scar at the seat of the incision, and there is now a small ventral hernia below it. So far as I know, this case is unique, though I do not know why the uterus should not be able to squeeze out a fibroid through an incision from above, as well as through one made from the vagina. This case I watched with great interest, and the outcome has been very fortunate, for these partial removals of uterine tumors are apt to be unfortunate in their terminations.

Case No. XIII. Was one of the few in which drainage was used after hysterectomy. The patient was 30 years old, and the tumor was the size of an adult head. She is now (July, 1887) well and strong.

Case No. XXIV. Besides being a large tumor (38 pounds), is remarkable for its happy result, the top of the bladder having been taken off by the serre-nœud. The wire came away on the third day, and the urine flowed from the wound, only a little remaining in the bladder; after various plans had been tried, I finally decided to keep a Sims' self-retaining catheter in the bladder continuously. This was done successfully without any cystitis; the hole filled up very slowly, its healing being retarded by occasional overflows of urine, but at length, after about seven weeks, the patient went home with the sinus solidly healed and able to retain her urine the normal length of time.

Case No. XXVI. The operation in this case restored a patient to a life of comfort, and relieved her of great suffering and debility. The patient was a married woman 51 years old; she had had three children, of whom the youngest was 15. In appearance she was

very pale and anæmic. Her flowing had always been excessive except during the year 1882, when electrolysis had been employed and masses of sloughing tissue had passed out of the uterus into the vagina with great pain. Her tumor, which at that time was the size of a cocoa-nut, entirely disappeared after the electrolysis, and although very ill for many weeks she recovered and was comfortable, so far as the menorrhagia was concerned, for a year. In 1883 the flowing and pain recommenced and have kept on increasing. February 12, 1887, hysterectomy was done, the stump being treated extra-peritoneally. At that time the woman was very pale from excessive flowing, there was a mitral murmur, her left leg was swollen, she was short of breath and had constant abdominal pain. The operation was simple, except that three wires broke while being tightened. Recovery was rapid and she went home free from pain.

CHAPTER V.

REMOVAL OF UTERINE APPENDAGES FOR FIBROID TUMORS.

CASE No. I. A married woman 33 years old. I thought the tumor ovarian from its apparent fluctuation. At the operation, October 15, 1884, the tumor was found to be the uterus symmetrically enlarged and looked like the impregnated uterus. It was apparently full of fluid, but none could be obtained by aspiration. When the abdomen was opened the tumor was tense, but when the operation was finished it was quite flaccid; both ovaries and tubes were removed; there was a slight quantity of ascitic fluid. Her monthly sickness has been profuse at times, and there has been more or less constant slight flowing for weeks. A serious flooding spell occurred in June, 1886, since which time the catamenia have ceased. The tumor is now (July, 1887) rather smaller than it was three years ago.

CASE No. II. Was a great success. The patient was a married woman 44 years old. Catamenia always irregular. At times she has been in Insane hospitals, and has had delusions. At each menstrual period she is very violent and suffers greatly. Has had several attacks of severe uterine hæmorrhage requiring plugging. The abdomen was very tender, and was occupied by a tumor which was solid and extended from the cavity of the pelvis, which it nearly filled, to the umbilicus. She stated that she could no longer bear the continual pain and the monthly agony of menstruation. A few ounces of serum ran out on opening the abdomen, January 18, 1885, and the tumor above-mentioned came into view.

It was a uterine fibroid. The ovaries and tubes were easily seized and removed. She recovered rapidly. Her depression left her, she was free from pain, menstruation entirely ceased, and the tumor diminished in size rapidly. On September 18, she came to my office, bright and well; I could not feel the tumor by external examination. She was very grateful, and had been cured not only of the tumor, but of her mental troubles. She is still (July, 1887) in perfect health.

Case No. III. Was a case of removal of the appendages for great hæmorrhage accompanying a fibroid, about the size of a large orange, in a patient 34 years old. The patient was very much blanched. She had known of the existence of the tumor for three years. The abdomen was opened August 25, 1885. The omentum came into view, and under it was a symmetrical round fibroid filling the pelvic brim. With considerable difficulty and force the uterine appendages were dragged up and removed. I could not get a sponge down between the pelvic brim and the tumor, and so could not sponge out the pelvis. The patient recovered rapidly. May 13, 1886, she was well and strong, and had gained twenty-four pounds of flesh. For three months after the operation she had flowed unceasingly, but the whole amount was nothing to what she formerly had at one menstruation. From November, 1885, till February, 1886, the flowing wholly ceased; then she began to flow and continued to do so till May, 1886, since which time I have not seen her. From August, 1885, till May, 1886, i. e., nine months, she said she had not lost one tenth part of the blood she lost during the preceding nine months.

Case No. IV. Was one of extreme anæmia and suffering. I had to pull the tumor out of the abdomen to

get at the ovaries, and then found them imbedded in the tumor. I dug them out and tied the pedicles, and pushed the tumor back. The whole operation required much force, and hysterectomy ought to have been done instead. The patient died on the third day.

Case No. V. A married woman 36 years old. Had been flowing freely for fourteen years, and now worse than ever. There was a fibroid about the size of an ordinary orange. Both ovaries and parts of both tubes removed on January 21, 1886. She recovered rapidly, the uterine flowing has been unchecked, and in December, 1886, when I last heard from her, she was much discouraged, and was flowing as badly, if not worse, than before the operation.

CHAPTER VI.

REMOVAL OF UTERINE APPENDAGES FOR THE CURE OF NERVOUS DISORDERS.

CASE No. I. I saw the patient, a single young lady 22 years old, in March, 1883. Briefly her previous history was the following: — She was taken ill in March, 1877, and has since been most of the time in bed, suffering severe pain in the left ovarian region. Her menstruation had always been irregular, and was accompanied, at times, by sudden severe spasmodic pain in the left iliac fossa. These attacks were accompanied by confusion of ideas, and severe pain and tenderness along the spinal column. At one time, she became to all appearance insane, at times melancholy, at others destructive, and again abusive; her whole body at times became rigid. (Hysteria.) This state of things lasted for about six weeks, when she returned suddenly to a normal state of mind, and became bright and intelligent. After a few months she became ill again, and complained of the pain mentioned above as being very exquisite. The least touch on the left side of the abdomen seemed to cause pain. Specialists in cerebral, nervous, and uterine diseases were consulted. The general conclusion was reported to me as being that she might obtain some relief from palliative measures. Morphia was given to her and she became addicted to the use of the drug. She was for three months in a Water-cure establishment in Maine, in 1879. In January, 1881, she went to the Adams Nervine Asylum in Boston, and remained four months. In May, 1882, she went to Dr. Ring's Sanitarium at Arlington Heights, near Lexington, Mass., and I saw her there. During these seven years there were some months when

she could be partly about the house, but most of the time she was in bed. The uterus was very small and undeveloped, and an imperfectly defined body near the posterior portion of the cervix, on the left side, was thought to be possibly a prolapsed ovary. Pressure on this substance caused, apparently, agonizing pain. Removal of the ovaries was suggested to her, and she eagerly desired it to be done if there was a shadow of hope that it would benefit her. After hearing this history, and consulting with Drs. J. T. G. Nichols, Ring, and Westcott, I agreed with them that removal of the ovaries would be a justifiable procedure, a safe operation and perhaps beneficial.

The operation was done March 26, 1883. Her convalescence was normal, except that the left parotid gland became swollen on the fourth day, but this gradually subsided. At the end of two weeks she could walk about, and she went home at the end of six weeks. Her mind had become perfectly clear. The pain and soreness in the left iliac region had nearly gone, and she felt very glad that the operation had been done. So far as I could see there was nothing remarkable about the ovaries and tubes removed. One of the ovaries was smaller than the other, and both contained small cysts; the lining of the Fallopian tubes was fatty, but there was nothing to account for all the pain and nervous phenomena. The immediate relief of the operation was great, and for about a year the patient was very comfortable, but not strong. She never has had any of the old severe pain in the iliac region, and the relief from this seems to be due to the moral or physical effect of the operation, at any rate to the operation. In 1884, she had a time when her hysterical symptoms returned, and she recommenced the use of morphia, but this was again given up and she recovered. In answer to a circular sent in December, 1886, she writes, after saying that she

has never menstruated, "The operation was very successful in its results, excepting an adhesion to the bowels and great trouble with constipation. Up to a year ago last summer (i. e., 1885), my health was better than for years, but owing to overwork, and a fall which injured the spine, I have been confined to my bed ever since that time." Of course she does not know whether there is an adhesion or not, but she does know that there is constipation. Now, looking at the present condition of the patient, in bed and confined to her bed now for two years past, I cannot see that the operation has been of much, if any, permanent good, though I ought in fairness to say that she and her family feel that it has been very beneficial.

Case No. II. This case is a brilliant one. The patient was 19 years old. In her childhood she was easily excited and not easily managed, subject to paroxysms of temper, in which she would scream, throw herself about, break furniture, and tear her clothing. At eight or nine years old, she was found bathing with boys, naked, and she said she had frequently had connection with older boys. She was sent to various Homes and Schools, but could not be made to mind. At length, at *9 years of age*, she was sent to the Taunton Insane Asylum, where she remained four years. Here she was very violent, noisy and destructive, perfectly reckless of personal injury, throwing herself headlong down flights of stairs, if an attempt was made to secure her. At the end of four years, she was removed to the Asylum for the Chronic Insane at Worcester. After studying the case for a year, and with the consent of her mother, personal chastisement was tried, at first with good effect. She went home from Worcester in May, 1880, and behaved admirably for four months. At this time she was sixteen years old. In October, after a scanty men-

strual flow attended with considerable pain, she began to complain of her head, and appear nervous. After a few days, being agitated by the fact that her mother had found she was studying surreptitiously, contrary to her wishes, she rushed to the second-story window, and in an instant had jumped from the roof of a veranda, and was found screaming and maniacal on a walk below. She was now sent to Danvers Asylum, with hallucinations of sight and hearing. Dr. Goldsmith in reporting her case * says, "Since October 14, 1880, she has been a patient at the Danvers Hospital, where she has engaged the sympathy and exhausted the resources of treatment, medical and moral, of every one who has come in contact with her." Not to make this account too long, I will say that Dr. Goldsmith decided to try the effect of removing the ovaries, and I did the operation July 20, 1883. Recovery was rapid. She left the Asylum at the end of four weeks, and has since that time, for four years, been at home perfectly well, living the same life as the other members of the family. She has not menstruated since the operation. A perusal of Dr. Goldsmith's paper, which has been reprinted with the title, "A Case of Moral Insanity," will well repay the reader.

Case No. III. Was an utter failure. The patient was a married woman, 27 years old, formerly a school teacher. At about 24 years of age she was married; within a few weeks unmistakable signs of mental derangement appeared; she attempted suicide by drowning and was sent to an Asylum. She was a very violent patient. When I saw her she was crazy and more or less demented. The Superintendent, from whose Asylum she came, said that any operation would be perfectly

* American Journal of Insanity, October, 1883.

useless, but her physician was convinced that her excitement was more at the menstrual period, and that her insanity was, more or less, connected with the sexual organs. But the Superintendent was right. She recovered rapidly from the removal of the ovaries and tubes, on December 13, 1883. She was kindly cared for at the McLean Asylum for more than a year, and was neither better nor worse mentally. She destroyed every thing she could, broke windows, and struck her attendants, and was demented. She died of Phthisis, in the Worcester Lunatic Hospital, in 1886, never having menstruated since the operation. Her case showed how unnecessary perfect quiet is after laparotomy, for she had to be tied to the bed and frequently broke all the fastenings, and the straps of the Crosby bed on which she lay, and yet the wound united by the first intention, and she never had hernia.

Case No. IV. Another perfect failure, as far as relief and cure are concerned. Her symptoms were pain and tenderness in the left iliac region ever since she could remember, worse on exertion or on standing. Catamenia regular, painful. Married seventeen years, no children. Appetite poor. Went to the Adams Nervine Asylum, and remained five months, came home more nervous, weak, and hysterical. Dr. Chamberlain, of Lawrence, found a tender spot and a body in Douglass space, that he thought might be a displaced ovary. She stated that her life was a perfect burden, on account of general illness, hyperæsthesia, pain in back, in hands, etc., and she thought that all her symptoms seemed to originate in her side and to the pain that she felt between the umbilicus and the pubes. After etherization, her case reminded me of Case No. I, which had been improved so much at first. Both ovaries were removed on August 24, 1885, but not the whole of both

tubes. Nothing especially remarkable was found on examination of the ovaries. She recovered rapidly, and has suffered nearly all the time since as she did before the operation, on the whole, perhaps, in a milder degree. She menstruates regularly every 22 days, and menstruation is accompanied by much pain.

Case No. V. Was another case of hystero-mania with morphia-eating, in a single woman aged 28. The history corresponds somewhat with that given in detail in Case No. I. The ovaries and tubes were removed November 25, 1885. She recovered, and wrote that she was getting well and beginning a "new life," and that the past had been a "night-mare," or "horrid dream." Her menstruation is irregular, but occurs about every three weeks. I cannot learn (July, 1887) that she is any better than before the operation. On the whole, I cannot say that my experience with these five cases would lead me to advise removal of the uterine appendages for the cure of nervous symptoms and hysteria, unless the operation were advised by a competent alienist. I acted in these cases as an instrument in the hands of others.

CHAPTER VII.

EXPLORATORY LAPAROTOMIES.

CASE No. I. Was in a lady 62 years old, so large that I could make no decided diagnosis, and in whom respiration could not be carried on in a recumbent position. I had to kneel down and cut upwards while the patient lay on her side. About forty pounds of ascitic fluid was removed, and a soft, friable tumor attached to the sacrum and right ilium was found. It was impossible to remove the tumor. The abdomen was thoroughly sponged out and the wound sewn up. The patient recovered rapidly and was much relieved. The ascitic fluid *never reaccumulated*. About a year afterwards the patient died, and at the autopsy, a soft sarcomatous mass, filling the pelvis and lower abdominal region, was found.

CASE No. II. Was a case of ascites and burst papillomatous cyst, attached to the pubes, ischium, and pelvic organs generally. The ascitic fluid reaccumulated, and the patient died about eighteen months later, having steadily refused to be tapped.

CASE No. III. Was a solid adherent tumor, whose attachments and origin were not determined. The patient recovered, but was not benefited nor harmed; her condition remained about the same. I think she is now dead, but she lived some years.

CASE No. IV. Was a case of large malignant tumors of ovaries, liver, omentum, and intestinal organs generally. The patient recovered, and died in March, 1883, six months after operation.

Case No. V. Was that of a woman 21 years old, with a considerable amount of ascitic fluid and many little thin-walled cysts attached to the peritoneum and intestines; the pelvis was more or less filled by a friable tumor filling the right side. Its exact attachments were not made out, but it was immovable and was not interfered with. The patient recovered, and during the next four years fell into the hands of several surgeons who tapped her. In 1885 she reported herself to Dr. J. Foster Bush as having entirely recovered, and that her tumor had entirely disappeared. If this be true, the growth must have been syphilitic, I think, perhaps of the nature of a gumma.

Case No. VI. One of abdominal cancer. Recovered from the operation and went home, but probably did not live long.

Case No. VII. Was another case of general abdominal cancer with ascites, and was fatal.

Case No. VIII. On opening the abdomen, ascitic fluid ran out and coagulated fibrin, exactly like the coagulated fluid of pleurisy after it has been removed from the thorax; this was bailed, scooped, and sponged out. The omentum had become an elongated tumor of a pinkish coral color; the spleen was in the same condition. There was general cancer. Neither the uterus nor ovaries could be felt; they seemed to be shut off by a wall of cancer. Nodules were felt in the mesentery. The patient recovered from the operation, and was quite comfortable for a time, but died about seven months later.

Case No. IX. Was one of tuberculous salpingitis, with cheesy masses extending upwards to the diaphragm

on both sides, and general tubercular disease of the peritoneal tissues matting them together. The operation was fatal. The age of the patient was 17 years.

Case No. X. This case was one of tubercular peritonitis with ascites, in a thin, emaciated, feeble, single girl of 21. What looked like the stomach distended with fluid filled the upper portion of the abdominal cavity. This tumor was about ten inches in diameter. Owing to the presence of lymph and adhesions, the liver and spleen could not be felt. Much lymph was lying in masses and flakes upon the abdominal viscera. There were deposits of tubercles sprinkled about on all the abdominal contents seen. The wound healed by first intention, but opened spontaneously on the eighteenth day, and gave exit to much clear serum. She went home in good spirits, July 12, 1884. The catamenia, which had been absent since February, 1884, returned in January, 1885, and have been regular since. The wound continued to discharge, but the amount gradually diminished, until in May, 1885, it was very slight. She became fat and strong, and able to do her housework, and gained over thirty pounds in weight. She was married in June, 1885. I saw her in November, 1886. She was strong and well. The wound had contracted to a little sinus, which would admit a probe, and which discharged about a drachm or less of pus a day. A wonderful recovery.

Case No. XI. Was that of a married woman, 46 years old. Her abdomen was full of ascitic fluid, and contained a tumor reaching to the ensiform cartilage. She had been tapped five times in four months. When the abdomen was opened, about twenty pounds of ascitic fluid ran out. The parietal peritoneum and that of the bowels, mesentery, and abdominal viscera, was covered

more or less with cancerous deposits, a few of which were removed for microscopic examination. The left ovary was a tumor about the size of a large football, and was covered with adherent intestines, and with the growths above mentioned. It was impossible to remove the tumor, and the cancerous condition of the peritoneum seemed to preclude complete recovery. Two large india-rubber drainage tubes were put in on either side, and another small one in the pubic region, with the hope of establishing permanent drainage. In the first twelve hours much fluid was discharged, but this gradually ceased, and in a few days all the tubes were removed. I have never succeeded in establishing permanent drainage in ascites by means of tubes, and I never expect to. The track of the tube becomes surrounded with lymph, and the only portion of the peritoneal sac drained, is that tubular portion in which the drain lies. Sometimes, as in Case X, nature establishes drainage and cures the patient, but she does this without the aid of tubes. The operation was done on the 3d of January, 1885, and she died six months later.

Case No. XII. Was that of a little girl ten years old. The abdomen was found filled with hard tumors, thoroughly adherent and immovable. The operation was done July 9, 1885, and she died on the 27th of April, 1886, having lived very comfortably most of the time. The growth found its way through the skin of the abdomen about three months before death.

Case No. XIII. Was one of malignant abdominal tumor. Much more comfortable after Laparotomy.

Case No. XV. Was one of small adherent tumor attached to the brim of the pelvis on the right side, and to the intestines. It could not be removed. The patient

recovered from the operation, and died in July, 1887, eight months after recovery from the operation.

Case No. XVI. Was another case of malignant tumor of the omentum and peritoneum, in which I tried to establish drainage by means of rubber tubes, but the ascitic fluid accumulated in spite of the tubes. The operation was done November 12, 1886, and was successful so far as immediate recovery went, but the patient died some months after her return home.

Case No. XVIII. Had ovariotomy successfully performed six years before. The exploratory operation was done in February, 1887, but the tumor of the remaining (left) ovary could not be removed. The operation was fatal.

Case No. XIX. Was another case of tubercular peritonitis in a fat, healthy-looking girl of 17. The operation was successful. Time enough has not elapsed to decide whether the abdominal exploration will be curative.

CHAPTER VIII.

LAPAROTOMIES FOR RENAL TUMORS.

Case No. I. A married woman aged 30, urinary symptoms coming on during pregnancy. In 1878, patient became pregnant, and when quite large, at eight months, noticed gravel in the urine, and suffered from sharp, lancinating pains in region of ureter; at times, the pain was so severe as to cause her to faint. Her confinement was completed, and in two years she became again pregnant, and was confined of a second child. After one of her attacks of pain, vomiting, cough and general constitutional disturbance, she noticed a swelling in the right hypochondrium and right lumbar region which has increased since. At this time her urine was loaded with pus, and her micturition was very frequent. I saw her in April, 1882; at that time her urine was chocolate-colored; S. G., 1033; much sediment; reaction acid; albumen one-half per cent.; sediment pus, blood, hyalin, and granular casts, and a few fatty casts. Her fæces contained much blood and pus. A tumor, the size of a large cocoanut, occupied the whole of the right hypochondrium, and reached nearly to the spine; it was uniformly firm and tense, but fluctuating and movable as a whole. On April 19, a vertical incision about three inches to the right of the umbilicus was made; it was about four inches long. I came down upon a dense membrane (the peritoneum) covering the tumor. A director was thrust in and dark, brownish fluid welled up; a free opening was then made, and about six ounces of inoffensive pus ran out. The kidney was then explored by the finger, and two calculi, one two inches,

and the other half an inch in diameter, were removed. A drainage tube was fastened in, and the wound dressed with carbolized gauze. Vomiting had been one of her symptoms for several months, and was not entirely relieved by opening of the abscess, and the removal of the calculi. The blood and pus in the alvine discharges ceased, and she became much more comfortable, and could lie on the right side; the abscess was washed out daily, and at times, small stones (one-eighth inch in diameter) and gravel were brought out. On May 2, the urine was pale, clear, with very little sediment, about one-half per cent. of albumen, and contained a few granular casts, pus, and epithelial cells. In about a fortnight she sat up, and eat pretty well, but continued very weak. The tube was removed on May 14, as it was causing some soreness and the fistula seemed well established. On the 16th, another tube was placed in the wound. She gradually became weaker and weaker, and never really gained much, though the operation relieved her for a time. On May 23d she died. No autopsy was allowed. This patient, with serious disease of the kidneys, was not a good subject for any operation, but to-day, I think I should make the opening in the loin instead of along the outer border of the rectus muscle, for I think the drainage would be better, though I am inclined to think the case was a hopeless one, if any case ought to be considered so.

Case No. II. The case, one of sarcoma of the left kidney, weighing three and a half pounds, occurred in a man, by occupation a seaman, 29 years old. His symptoms were the discovery of the tumor in the left hypochondrium in August, 1882, emaciation, blood in the urine at times, pain in the back and loss of strength. After considerable study and examination, I decided that

the tumor was renal sarcoma. An incision was made along the course of the left linea semilunaris, and the tissues divided. The empty descending colon was spread out very thin and stretched over the tumor, and was not immediately recognized as such, and was slightly wounded at the very first incision. The opening was sewn up with a continuous silk suture and the operation continued. The incision was carried downward near to the anterior spine of the ilium, and upward through the cartilage of the tenth rib; this incision was supplemented by another, at right angles, through the oblique and transversalis muscles as far as the quadratus. An incision was then made through the posterior layer wall of the peritoneum, and the tumor peeled out of its bed, very much as one would pull out a kidney at an autopsy. The renal vessels and ureter were then secured and tied, and the substance of the kidney cut through on a level with the pelvis. The seat of the tumor was then cleansed, a rubber drainage tube passed into the cavity from the loin, and the wound sewed up. Almost no urine was secreted after the operation, and he died November 26, 1883, two days after nephrectomy, only eight ounces of urine having been drawn from the bladder in the two days following the operation. At the autopsy, general peritonitis and cloudy swelling of the right kidney were found.

Case No. III. Was one of large sacculated right kidney full of pus, in a woman 42 years old. I thought the tumor cancerous. The incision was along the course of the linea semilunaris. The ureter was easily isolated and secured in the lower angle of the wound. The renal vessels were secured and tied, and the kidney removed. I thought the operation went off very well, but the woman died on the third day with suppression of

urine. The kidney and pus contained therein weighed 10½ pounds. Only three ounces of urine, which was chiefly pus, was drawn from the bladder after the operation. At the autopsy, there was not the least trace of peritonitis, and there had been no hæmorrhage. I suppose the death was due to shock and suppression of urine.

CHAPTER IX.

MISCELLANEOUS LAPAROTOMIES.

Removal of two immense Lipomas.

CASE No. I. This tumor occurred in a man 38 years old. The tumor was first noticed in March, 1881, though it must have existed long before that date. The tumor filled the abdominal parietes and seemed to fluctuate. It had been aspirated many times without any result; it was fast causing distress and entire inability to work. On October 30; 1881, I made an exploratory incision fifteen inches long. There were slight adhesions to the liver. The tumor was about two feet long in its longest diameter, and about a foot long in its shortest. It was covered by peritoneum. I pulled the tumor out of the abdomen until I found that its envelope ran down towards the spinal column, and was then reflected upon the abdominal parietes, i. e., it was retroperitoneal. At the lower part there were no adhesions to the bladder, but the tumor seemed to have a central pedicle next to the spinal column, extending from the neighborhood of the cœliac axis downwards along the lumbar vertebræ. As it was not known what organs the tumor might contain, and as it was feared that the removal of it might be fatal from shock and hæmorrhage, it was decided to replace the mass, and with great difficulty it was pushed back under the peritoneum and abdominal muscles and skin, and nearly one hundred sutures were required to close the incision. The patient recovered rapidly, and went home with the wound healed. (This operation was an exploratory incision,

and should have found its place among the exploratory operations.)

The patient went about travelling in the horse-cars and going where he pleased. He walked with considerable comfort, wearing a supporting sling which held up the tumor by straps passing over his shoulders. He became more and more impatient to have another attempt made to remove his burden, and I reluctantly and rather against my better judgment consented to try again. He said, "You know it is neck or nothing this time, doctor." On the 5th of February, 1882, I opened the abdomen by the side of the cicatrix of the former incision, and removed two tumors weighing fifty pounds. They were myxo-lipomas. The incision was about twenty inches long, and a transverse incision four inches long was made on the left side just above the umbilicus. The ascending colon crossed the tumor transversely. The peritoneal capsule of the tumor was more or less torn and ruptured, and the tumor was lifted up with great difficulty, owing to its weight. The ascending colon was separated from the tumor with some difficulty and rolled off, after dividing and tying most of its mesentery. The vascular attachments of the tumor were clamped and tied or burnt, from time to time, as was necessary, and the tumor was removed from the abdomen. Another apparently purely myxomatous one now came into sight; after some hesitation this was removed also; it occupied the right hypochondriac and lumbar region, the liver being pressed upwards and to the left into the epigastrium. The peritoneal capsule of this tumor was tough and strong; some of it was removed with the tumor and some of it was left behind. All bleeding points were now secured. Another tumor about ten inches long was now seen lying on the abdominal aorta and pulsating with it. This I decided to let alone. Everything looked as favorable as one could

expect after so severe an operation; not much blood had been lost, the pulse was 85, and very feeble, but not extremely so. The operation had been thoroughly antiseptic. The intestine which had been pushed off the tumor, or rather from under which the tumor had been withdrawn, was largely deprived of its mesentery and might not be well nourished, but, with this exception, affairs looked as promising as after a severe successful ovariotomy. The patient was put in bed and the foot of the bed was elevated. He seemed to do very well and was conscious and comfortable five hours later, and seemed to be getting along well. He asked for a drink of water, and when it was brought said, "I think I am going," and died. The autopsy was very kindly made by Dr. Gannett, who found three tumors of various sizes and the same character as those removed, and no peritonitis.

Case No. II. Was exactly like No. I, except that the patient was a female 61 years old. I saw her in 1881, and could not believe that the tumor did not contain fluid until I had aspirated it in many places without result. It fluctuated and gave a wave on percussion, but it was solid, or at least semi-solid. The operation was similar to the one just described, and the situation of the tumor the same. The patient died soon after the completion of the operation. The tumor weighed 35 pounds. The operation was done March 21, 1882. These are the only two fatty tumors within the abdomen that I have ever seen.

A Case of Pelvic Abscess of long standing communicating with the Rectum.

The patient was a single woman thirty years old. Nineteen months before I saw her, she had been

attacked with pains in the bowels, abdominal distention, chills and fever, etc., i. e., peritonitis. The date of this illness was January, 1884. The catamenia ceased for fifteen months. On and after March, 1884, she remained at home and seldom went out on account of pain and discomfort in the pubic region. In April, 1884, pus was discharged from the rectum in varying quantities nearly every day. In August, 1884, I advised hot vaginal and rectal douches, and these were continued twice a day for six months. She improved and was able to go out, and the catamenia reappeared in April, 1885, and continued for three months. In June, 1885, she began to grow worse and the pus increased in amount. On palpation, a mass of induration was felt in the pubic and iliac regions. On August 29, 1885, the patient was etherized, and the rectum dilated. An opening from the rectum into the abscess was found towards the left at a point as high as the finger would reach, and a uterine sound was bent and passed in, and the tip brought up against the abdominal parietes. The tip of the sound was cut down upon and brought out through the anterior abdominal parietes at a point in the centre of a triangle, of which the base was a line from the umbilicus to the left anterior spine of the ilium, and the apex the pubes. Considerable offensive grumous pus came from the rectum. A rubber drainage tube was passed from the abdominal wound downwards, and out through the rectum and anus. To the finger the upper opening seemed to pass through the mesentery or omentum. In the next few days considerable pus was discharged from both openings. For twenty-four hours the discharge from the anterior opening was slightly fæcal. At the end of a week the tube was shortened and drawn downwards to allow the upper opening to close, for fear of establishing a permanent fæcal fistula, and the tube protruded from

the rectum. The presence of the tube in the anus became very uncomfortable, and it was removed, the opening in the rectum being daily dilated with the finger. The patient went home September 16. On November 28, 1885, I saw her and she looked much better than at any previous time during my acquaintance with her. She had gained flesh and color. There was still some induration in the pelvis, and pus was occasionally discharged from the anus. She died of Acute Phthisis in July, 1886. The lungs were filled with tubercles, in some places softened, and at the apex of one was a cavity. The pelvic organs were matted together, so that the outlines of the generative organs were lost. The abscess looked as if it might have been tubercular, perhaps tubercular salpingitis, but neither ovary nor Fallopian tube could be made out, and only by the sense of touch, and by incision, could the body of the uterus be made out.

Case of Laparotomy for Perityphlitic Abscess.

[Reported in the New York Medical Record, Vol. CXIV, page 388.]

A boy 11 years old began to have pain in abdomen, January 6, 1886, and on January 9, I opened the abdomen on a line a couple of inches above and a little behind the anterior spine of the right ilium, about four inches from the umbilicus and six inches from the spinous processes of the vertebræ. I came down on the healthy bowel, and felt other coils, behind and below, containing fæcal masses, or else enlarged glands, either mesenteric or lumbar. These organs were adherent to one another by a recent plastic process, and on poking about with my finger and carefully separating them, an abscess containing about an ounce or more of offensive (rotten-egg) smelling pus was opened. So far as pos-

sible, I kept the pus out of the peritoneal cavity, and after emptying the abscess, put in a double drainage tube. The abscess continued to discharge for about four weeks. The boy is now stout and strong.

Cases of Intestinal Obstruction.

Case No. I. Is a sequel of Case No. 56 of the ovariotomies, and is reported in the Boston Medical and Surgical Journal, Vol. CVII, p. 413. The obstruction was caused by annular stricture of the sigmoid flexure of the rectum. An artificial anus was established at the lower end of the former scar in the pubic region. The patient was very comfortable for nearly a year, and died of general abdominal cancer in November, 1882.

Case No. II. Was unsuccessful. The obstruction was in the splenic curvature of the colon, and the artificial anus was made in the cœcum. The patient was very stout and the weather very hot, the mercury standing at 96° fahrenheit in the shade at the time of the operation. (Case reported in Boston Medical and Surgical Journal, Vol. CX, p. 146, February 14, 1884.)

Case No. III. Was caused by a band from a Meckel's diverticulum in a young man of 21, who had had a fæcal umbilical fistula from birth. This case is described in the American Journal of the Medical Sciences, Vol. CLXXV, p. 56. Suffice it to say that I did not find the band, that I relieved the obstruction by an artificial anus at the umbilicus, and that the patient died at the end of a week.

Case No. IV. Has been described in the Ovariotomy Cases, No. CCXXII.

I can only say that if I had known at the time of operating on Case No. III, what I know now, the patient would have had a much better chance for recovery. Prof. Fitz's paper has taught me much, and I have operated successfully for the cure of a diverticulum opening at the umbilicus, i. e., the omphalo-mesenteric remains of fœtal life.

Laparotomy for Pyosalpinx and a case of Tubo-ovarian Cyst filled with pus.

Case No. I. May 21, 1886. A single woman, 22 years old, plump and well-nourished, has had much pain in the rectum and vagina since July, 1885. Catamenia normal. On examination a hard tumor was felt in the left pelvic region the size of an apple, and the tissues between the vagina and rectum were thickened. I operated May 21, 1886. With some difficulty the left ovary was pulled up, and a cyst the size of an orange was tapped and emptied of purulent-looking fluid. The ovary and the tube, which was the size of the thumb and filled with pus, were then removed, and the pedicle tied many times on account of bleeding. The right ovary was fixed between the rectum and uterus, and was dislodged with great difficulty. I could not detach the right tube. The right ovary was about the size of a plum, and filled with many abscesses. The disease was probably of gonorrhœal origin. Drainage was used. Recovery was rapid. A suture was discharged some months later. She is now (July, 1887) well and strong.

Case No. II. One of suppurating tubo-ovarian cyst, in a woman 44 years old. Operation done December 6, 1886. Some ascites. Tumor largely composed of a dilated tube with a communicating sacculated ovary.

About three pounds of offensive pus removed, and the tumor was separated with much violence from the neighboring parts. No pedicle could be found. The operation lasted over two hours. Transfusion was employed, 20 ounces of warm solution of chloride of sodium being put into the basilic vein; this restored the pulse and color. She died, however, about twenty-six hours after the operation. Very possibly, the origin was tubercular pyo-salpinx.

Aated that patients have

No.		Health since.	Fibroid seen at Operation.	Fibr at
6	F	Excellent.	No.	
7	M	"	"	
8	A	"	"	
9	S	"	"	
10	S	"	"	
11	N			
12	D	Poor.	"	
13	F	"	"	
14	M	Excellent.	"	
15	M		"	
16	Ju	Excellent.	"	
17	Ju			
18	O			
19	N	"	"	
20	D	"	"	
21	Fe	"	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
6	Feb. 27, 1877.	16	Multilocular cyst.	Left.	Yes.	No.	No.	Single.	Long.	Yes.	No.	Excellent.	No.	No.	No.	Recovered.	No.	Yes.	Health good in 1887.
7	March 30, 1878.	20	" "	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	Living in 1887. Has an abdominal Tumor.
8	Aug. 31, 1878.	58	" "	"	No.	One. Abortion.	"	Widow.	"	"	"	"	"	"	"	"	"	"	
9	Sept. 17, 1878.	60	" "	"	"	No.	"	"	"	Unknown.	"	"	"	"	"	"	"	"	
10	Sept. 29, 1878.	24	" "	"	Yes.	Two.	One. Girl, Nov., 1879.	Married.	"	No.	"	"	"	"	"	"	"	"	
11	Nov. 8, 1878.	48	Unilocular "	Both ovaries, broad ligaments and fundus of uterus.		No.		Single.	"							Died.	"	"	Death, 14 hours after operation.
12	Dec. 28, 1878.	47	Papilloma.	Right.	No.	One.	No.	Married.	"	"	"	Poor.	"	"	"	Recovered.	"	"	Died, July, 1879. Cancer of lungs and abdomen.
13	Feb. 13, 1879.	38	"	Left.	"	No.	"	"	"	"	"	"	"	"	"	"	"	"	Died, Sept., 1879. Cancer of abdomen.
14	March 6, 1879.	26	Multilocular cyst.	"	Yes.	One.	"	"	"	Yes.	"	Excellent.	"	"	"	"	"	"	
15	May 31, 1879.	50	" "				"	"					"	"	"	Died.	"	"	Died, 34 hours after operation.
16	June 26, 1879.	38	" "	Right.	No.	No.	"	Single.	"	No.	"	Excellent.	"	"	"	Recovered.	"	"	Never has menstruated since operation. Only one ovary removed.
17	July 16, 1879.	41	" "	"		"		"	"							Died.	"	"	Died an hour after operation.
18	Oct. 1, 1879.	41	Unilocular "	"				Married.	"							"	"	No.	Died of hemorrhage, 10 hours after operation. Up to this time had used catgut ligatures, never have done so since.
19	Nov. 26, 1879.	24	Mult. & dermoid.	Both.	Yes. Irregular and painful for two years, and then ceased.	"	"	Single.	"	Yes.	"	"	"	"	"	Recovered.	"	"	
20	Dec. 23, 1879.	33	" "	Left.	Yes.	"	"	"	"	"	"	"	"	"	"	"	"	Yes.	
21	Feb. 8, 1880.	39	" "	Right.	"	Two. (Twins.)	"	Married.	"	"	"	"	"	"	"	"	"	No.	

Ated that patients have no

No.	Health since.	Fibroid seen at Operation.	Fibroid at Op
22	Good.	No.	N
23	"	Yes.	
24	"	No.	
25	"	Yes.	
26	"	"	
27	"	"	
28	"	"	
29	"	"	
30	"	No.	
1	"	"	
2	"	"	
3	"	"	
4		Yes.	
5	"	"	
6		"	
7	"	No.	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
22	March 7, 1880.	28	Unilocular cyst.	Left. Broad ligament.	Yes.	Four.	No.	Married.	Short.	No.	No.	Good.	No.	No.	No.	Recovered.	No.	No.	
23	March 25, 1880.	37	Multilocular "	Left.	No.	Three.	"	"	Long.	"	"	"	Yes.	"	"	"	"	Yes.	Catamenia have never appeared since.
24	April 1, 1880.	18	Unilocular "	"	Yes.	No.	"	Single.	"	"	"	"	No.	"	"	"	"	"	
25	April 17, 1880.	48	" "	"	No.	Three.	"	Married.	Short.	"	"	"	Yes.	"	"	"	"	"	
26	April 29, 1880.	58	Multilocular "	"	"	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	
27	May 18, 1880.	38	" "	"	Yes.	One.	"	Married.	Long.	"	"	"	"	"	"	"	"	No.	
28	July 10, 1880.	57	Unilocular "	"	No.	Five.	"	"	"	"	"	"	"	"	"	"	"	"	
29	July 15, 1880.	47	" "	Left. Broad ligament.	"	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	Died, in 1881, of Cancer of stomach.
30	July 31, 1880.	47	Multilocular "	Right.	"	"	"	Married.	"	Unknown.	"	"	No.	"	"	"	"	Yes.	Died in 1885.
31	Aug. 1, 1880.	30	Dermoid "	Left.	Yes.	One.	One. Girl, Oct., 1881.		"	No.	"	"	"	"	"	"	"	No.	
32	Aug. 21, 1880.	29	Multilocular "		"	Two.	No.	Married.	"	"	"	"	"	"	"	"	"	Yes.	
33	Aug. 22, 1880.	29	" "		"	No.	"	"	"	"	"	"	"	"	"	"	"	"	40 oz. serum removed from left thoracic cavity, four days after operation.
34	Sept. 1, 1880.	46	" "	Right.	"			"	"				Yes.	"	"	Died.	"	"	Died, four days after operation.
35	Sept. 2, 1880.	47	" "	"	No.	"	No.	"	"	"	"	"	"	"	"	Recovered.	"	"	Died, June, 1881. Cancer of abdomen.
36	Sept. 7, 1880.	27	Papilloma "	Left.				Single.	"				"	"	"	Died.	"	"	Died, soon after operation.
37	Sept. 23, 1880.	33	Multilocular cyst.	"	Yes.	Six.	One. Girl, 1881.	Married.	3 inches.	No answer.	Not known.	"	No.	"	"				Has not answered.

A ted that patients have no

No.		Health since.	Fibroid seen at Operation.	Fibroid at Ope
38	C	Not known.	Not known.	N
39	C	Good.	No.	"
40	C	"	"	"
41	N	"	"	"
42	N		"	"
43	N		"	"
44	I		Yes.	"
45	I		No.	
46	I		"	
47	J	Good.	"	
48	J	esumed to be good.	"	
49	J	Poor.	"	
50		etter than be- re, except for eart disease.	Yes.	Y
51	J		No.	N
52	J			
53	J	Good.	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
38	Oct. 2, 1880.	48	Multilocular cyst.	Right.	No.	Not answered.		Single.	3¼ inches.	Not known.	Not known.	Not known.	Not known.	No.	No.	Recovered.	No.	Yes.	
39	Oct. 6, 1880.	38	Unilocular "	"	Yes. Irregular.	Three.		Widow.	5 "	No.	No.	Good.	No.	"	"	"	"	"	
40	Oct. 24, 1880.	45	" "	Left.	No.	No.	No.	Married.	2½ "	"	"	"	"	"	"	"	"	No.	
41	Nov. 6, 1880.	31	Mult. dermoid.	"	First two years, Yes. Irregular and scanty since.	"	"	Widow.	3 "	"	"	"	"	"	"	"	"	"	
42	Nov. 18, 1880.	31	Multilocular cyst.	Right.	Not	answered.		Single.	6 "	Not known.	Not known.		"	"	"	"	"	Yes.	
43	Nov. 28, 1880.	52	" "	"	Has not answered.	No.		Widow.	3½ "	"	"		"	"	"	"	"	"	Died, Nov., 1881. Asthma and Heart Disease. At autopsy, no ligature found, no pedicle, only pigment, where vessels had been.
44	Dec. 1, 1880.	37	" "	"	Died of operation. Diseased Kidneys	"		Married.	6 "				Yes.	"	"	Died.	"	"	
45	Dec. 18, 1880.	54	" "	Left.	Died, two weeks after operation. Peritonitis and Erysipelas of face.	"		Single.	Long.				No.	"	"	"	"	"	Facial Erysipelas on fourteenth day.
46	Dec. 21, 1880.	38	" "	"		"		"	3 inches.	No.	No.		"		"	Recovered.	"	No.	
47	Jan. 6, 1881.	26	" "	Right.	Yes.	"	No.	"	5 "	"	"	Good.	"		"	"	"	"	
48	Jan. 26, 1881.	38	" "	Left.	Not	answered.	Afterwards married.	"	5 "	"		Presumed to be good.	"		"	"	"	"	
49	Jan. 27, 1881.	63	" " dermoid.	" dermoid.	No.	Three.		Widow.		"	"	Poor.	"			"	"	Yes.	Died, May, 1881.
50	April 5, 1881.	40	Solid. dermoid.	Right.	Not	answered.		Single.	Long.	"	"	Better than before, except for heart disease.	Yes.	Yes.	"	"	"	No.	Died, 1884. Heart Disease.
51	April 14, 1881.	40	Multilocular cyst.	Left.	"	"		Married.	Short.	"	"		No.	No.	"	"	"	"	
52	April 16, 1881.	42	" " semi-solid.		Died of operation.			"	Long.		"					Died.	"	Yes.	Died of exhaustion on third day.
53	April 17, 1881.	29	Multilocular cyst.	Both.	No.	Four.	No.	"	"	No.	"	Good.	"	"	"	Recovered.	"	"	

Ated that patients have n

?o.	Health since.	Fibroid seen at Operation.	Fibro at C
54	ot good,—fair.	No.	
55	Good.	"	
56	Poor.	"	
57	Good.	"	
58	"	"	
59	"	"	
60	"	"	
61	Poor.	"	
62	Good.	"	
3	"	"	
4	"	"	
5	"	Yes.	
6	"	No.	
7			
8	"	No.	
9	"	Yes.	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
54	May 5, 1881.	34	Multilocular cyst.	Right.	Yes.	Three.	No.	Married.	4 inches.	No.	No.	Not good,—fair.	No.	No.	No.	Recovered.	No.	No.	
55	May 22, 1881.	39	" "	"	No.	No.			5 "		"	Good.	"	"	"	"	"	"	Died, Jan., 1886.
56	May 26, 1881.	42	" "	"	"	Two.	"	Married.	7 "	"	"	Poor.	"	"	"	"	"	Yes.	Died, Nov., 1882, of Cancer. An artificial anus was made in 1881, Dec. 17, on account of cancer of rectum. Passed a comfortable summer.
57	June 1, 1881.	40	Unilocular "	Left.	Yes.	"	"	Widow. Married again.	4¼ "	"	"	Good.	"	"	"	"	"	No.	
58	June 9, 1881.	42	Cyst.	"	No.	"	"	Divorced. Married again, June, 1885.	Short.	"	"	"	"	"	"	"	"	"	
59	June 11, 1881.	51	Multilocular "	"	"	"	"	Married.	4 inches.	"	"	"	"	"	"	"	"	"	
60	June 21, 1881.	18	Unilocular "	"	Yes.	No.	"	Single.	4 "	"	"	"	"	"	"	"	"	Yes.	
61	June 30, 1881.	55	Sarcoma.	"	No.	"	"	Widow.	6 "	"	"	Poor.	"	"	"	"	"	No.	Died. Cancer of stomach. Autumn.
62	July 7, 1881.	30	Unilocular cyst.	Right, and broad ligament.	Yes.	"	"	Single.	5 "	"	"	Good.	"	"	"	"	"	"	
63	July 11, 1881.	23	Multilocular "	Left.	"	"	Not answered.	Married.	4 "			"	"	"	"	"	"	"	
64	July 25, 1881.	14	" "	Right.	"	"	One. Girl.	Single.	3 "	"	"	"	"	"	"	"	"	"	
65	July 27, 1881.	49	" "	Both.	No.	"	No.	"	2½ "	"	"	"	Yes.	"	"	"	"	"	
66	Sept. 1, 1881.	24	Unilocular " Broad ligament.	Left. Broad ligament.	Not answered.	"		"	2½ "			"	No.	"	"	"	"	"	
67	Sept. 8, 1881.	25	Dermoid cyst.	Left.		"	No.	"								Died, 5th day. Acute Mania.	"	"	
68	Sept. 11, 1881.	41	Multilocular "	"	Yes.	Three.	"	Married.	5 "	"	"	"	No.	"	"	Recovered.	"	Yes.	
69	Sept. 18, 1881.	51	" "	"	No.	No.	"	Widow.	3½ "	Yes.	"	"	Yes.	"	"	"	"	"	Died, autumn, 1885, of Apoplexy.

ted that patients have not

No.	ealth since.	Fibroid seen at Operation.	Fibroid rer at Operat
70	or, from Paralysis.	No.	No.
71	Good.	"	"
72	"	"	"
73	"	"	"
4	"	"	"
5	"	"	"
6	"	"	"
	od and poor. e was a sinus upper part of nd, through der, and col- material was ays passing.	"	"
		"	"
	Fair.	"	"
		"	"
	d for a time, hen poor.	"	"
	Good.	"	"
	"	"	"
	"	"	"
	"	"	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
70	Sept. 27, 1881.	60	Multilocular cyst.	Left.	No.	Five.	No.	Married.	5 inches.	No.	No.	Poor, from Paralysis.	No.	No.	No.	Recovered.	No.	No.	
71	Oct. 4, 1881.	45	" "	"	Yes, until 1882, a few times.	Eight.	"	"	7 "	"	"	Good.	"	"	"	"	"	Yes.	
72	Oct. 5, 1881.	45	Dermoid "	Right.	Yes.	No.	"	Widow.	6 "	"	"	"	"	"	"	"	"	No.	Bladder opened at operation, sewed up, never any trouble.
73	Oct. 24, 1881.	57	Multilocular " Left Ovary.	Left.	No.	"	"	Single.	Long.	"	"	"	"	"	"	"	"	Yes.	
74	Oct. 29, 1881.	48	Multilocular cyst.	Right.	"	One.	"	Married.	4 inches.	Yes.	"	"	"	"	"	"	"	"	
75	Nov. 15, 1881.	47	" "	"	"	No.	"	Widow.	3½ "	No.	"	"	"	"	"	"	"	No.	
76	Nov. 19, 1881.	73	" "	"	"	Two.	"	"	6 "	Yes.	"	"	"	"	"	"	"	Yes.	
77	Dec. 1, 1881.	52	Colloid burst dermoid cyst.	"	"	No.	"	Married.	Long.	No.	"	Good and poor. There was a sinus from upper part of wound, through bladder, and colloid material was always passing.	"	"	"	"	"	"	Died, 1885, of Cancer, etc. Stone removed from bladder, Oct., '82. Nucleus, a hair from cyst.
78	Dec. 18, 1881.	30	Multilocular "	Both.				Single.	"				"	"	"	Died of operation, three days.	"	"	
79	Jan. 30, 1882.	27	Dermoid " Right Ovary.	Right.	Yes.	Four.	"	Married.	"	"	"	Fair.	"	"	"	Recovered.	"	"	
80	March 14, 1882.	43	Fibro-sarcoma.	"				Single.	"				"	"	"	Died of operation.	"	"	
81	March 19, 1882.	50	Multilocular cyst.	"	Yes, for 6 months.	Three.	"	Married.	5 inches.	Yes.	"	Good for a time, then poor.	"	"	"	Recovered.	"	No.	
82	March 20, 1882.	45	" "	"	No.	One.	"	Widow.	Long.	No.	"	Good.	"	"	"	"	"	Yes.	
83	March 25, 1882.	45	" "	Left.	Yes, till Jan., '83.	Yes.	"	Married.	"	"	"	"	"	"	"	"	"	No.	
84	April 3, 1882.	25	Unilocular "	Right.	Yes.	One.	Two. 1883, female. 1885, male.	"	4 inches.	Yes.	"	"	"	"	"	"	"	Yes.	
85	April 4, 1882.	32	Multilocular "	"	"	No.	No.	Single.	4 "	No.	"	"	"	"	"	"	"	No.	

ed that patients have

alth since.	Fibroid seen at Operation.	Fibr at
Good.	No.	
"	"	
"	"	
Died.	"	
Good.	"	
"	"	
"	"	
"	"	
Poor.	Yes.	
Good.	No.	
"	"	
"	"	
"	"	
	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
86	April 10, 1882.	15	Dermoid cyst.	Left.	Yes.	No.	No.	Single.	3 inches.	No.	No.	Good.	No.	No.	No.	Recovered.	No.	No.	
87	April 12, 1882.	32	Multilocular "	Right.	"	Three.	Two. Nov., '84, boy. Dec., '86, girl.	Married.	Long.	"	"	"	"	"	"	"	"	Yes.	
88	April 19, 1882.	25	Unilocular "	" Broad ligament.	"	No.	No.	Single. Married, Nov., '86.	Short.	"	"	"	"	"	"	"	"	No.	
89	April 20, 1882.	28	Multilocular "	Right.	"	"	"	Single.	Long.	"	"	Died.	"	"	"	"	"	Yes.	Died of Cancer of cicatrix and abdomen, June, '84.
90	April 22, 1882.	59	" "	Left.	No.	Four.	"	Married.	"	"	"	Good.	"	"	"	"	"	No.	
91	April 22, 1882.	39	Cyst.		Died soon after operation.	One.			"							Died, April 26.	"	Yes.	
92	April 25, 1882.	48	Multilocular cyst.	Right.	No.	Three.	"	"	4 inches.	Yes.	"	"	"	"	"	Recovered.	"	No.	
93	April 29, 1882.	60	" "	Left.	"	No.	"	"	Long.	"	"	"	"	"	"	"	"	Yes.	
94	May 5, 1882.	47	Unilocular "	" Broad ligament.	"	Nine, and seven miscarriages.	"	"	Short.	"	"	"	"	"	"	"	"	No.	
95	May 13, 1882.	41	" "	Left.	Died.	One.										Died after operation.	Yes.	Yes.	
96	June 5, 1882.	64	Multilocular "	Right.	No.	"	"	"	4½ inches.	No.	"	Poor.	Yes.	"	"	Recovered.	No.	"	Died of Cancer of abdomen, Jan., '84.
97	June 12, 1882.	24	Cyst.	Left.	Yes.	No.		Single.	"	"	"	Good.	No.	"	"	"	"	No.	
98	June 14, 1882.	51	Multilocular cyst.	"	No.	Seven.	"	Married.	Short.	Yes.	"	"	"	"	"	"	"	"	
99	June 15, 1882.	14	Dermoid "	"	Yes.	No.	"	Single.	"	No.	"	"	"	"	"	"	"	"	
100	June 19, 1882.	42	Unilocular "	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
101	June 22, 1882.	22	Dermoid "	"		Has not answered.		"					"	"	"	"	"	"	

Ated that patients have r

.	Health since.	Fibroid seen at Operation.	Fibroi at O
	ain in left side.	No.	
	Good.	"	
	ood, I suppose.	"	
	Good.	"	
		"	
	Poor.	Yes.	
	Good.	No.	
	"	"	
	"	"	
	"	Yes.	
	Died.	No.	
	Good.	"	
	"	"	
	Poor.	"	
	Good.	"	
		"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
102	June 27, 1882.	37	Multilocular cyst.	Right.	Yes.	Three.	No.	Married.	Long.	No.	No.	Pain in left side.	No.	No,	No.	Recovered.	No.	Yes.	
103	July 8, 1882.	22	" "	Left.	"		One,—female.	"	Short.	"	"	Good.	"	"	"	"	"	"	
104	July 10, 1882.	29	" "	"	Not heard from.	One.		"	Long.	Unknown.	"	Good, I suppose.	"	"	"	"	"	"	
105	Aug. 16, 1882.	24	Unilocular "	" Broad ligament.	Yes.	No.	No.	Single.	4 inches.	No.	"	Good.	"	"	"	"	"	No.	
106	Aug. 28, 1882.	38	Multilocular "	Right.				Married.			"		"	"	"	Died on 5th day.	"	Yes.	
107	Aug. 31, 1882.	28	" "	" dermoid.	No.	"	"	Single.	Long.	"	"	Poor.	Yes.	"	"	Recovered.	"	"	Died of Cancer, Feb., 1883.
108	Sept. 7, 1882.	24	" "	Right.	Yes.	"	"	"	Short.	"	"	Good.	No.	"	"	"	"	No.	Died of disease of Kidneys, Oct., 1886.
109	Sept. 14, 1882.	56	" "	Left.	No.	"	"	"	Long.	"	"	"	"	"	"	"	"	Yes.	
110	Sept. 19, 1882.	33	" "	"	Yes.	"	"	Married.	"	"	"	"	"	"	"	"	"	"	
111	Sept. 26, 1882.	42	" "	Right.	"	Three.	"	"	Short.	"	"	"	Yes.	"	"	"	"	No.	
112	Sept. 26, 1882.	20	Unilocular of both broad ligaments.	Both ligaments.	Died, 3d day.	No.		Single.	"		"	Died.	No.	"	"	Died.	"	Yes.	
113	Sept. 28, 1882.	32	Multilocular cyst.	Right.	Yes.	Two.	"	Married.	"	"	"	Good.	"	"	"	Recovered.	"	No.	
114	Oct. 4, 1882.	49	" "	"	No.	Six.	"	"	Long.	"	"	"	"	"	"	"	"	Yes.	
115	Oct. 11, 1882.	31	Broad ligament cyst.	Left.	Yes.	No.	"	Single.	Short.	"	"	Poor.	"	"	"	"	"	No.	
116	Oct. 26, 1882.	64	Multilocular cyst.	Right.	No.	One.	"	Widow.	Long.	"	"	Good.	"	"	"	"	"	"	
117	Nov. 8, 1882.	21	" "	"		No.		Single.					"	"	"	Died on 5th day.	"	"	

Aed that patients have not

	ealth since.	Fibroid seen at Operation.	Fibroid re at Opera
	Good.	No.	No.
	Fair.	"	"
	Good.	"	"
	"	"	"
	"	"	"
	"	"	"
	"	"	"
	"	Yes.	"
	"	No.	"
	"	Yes.	"
	"	"	"
	"	"	"
	"	No.	"
	"	Yes.	"
	"	No.	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
118	Nov. 10, 1882.	68	Multilocular cyst. Almost solid.	Right.	No.	One.	No.	Widow.	Long.	Yes.	No.	Good.	No.	No.	No.	Recovered.	No.	Yes, slight.	Operated on again successfully, Feb., 1887.
119	Nov. 11, 1882.	45	Papilloma.	Both.	"	No.	"	Single.	"	No.	"	Fair.	"	"	"	"	"	Yes.	
120	Nov. 22, 1882.	29	Unilocular cyst.	Right.	Yes.	"	"	"	Short.	"	"	Good.	"	"	"	"	"	No.	
121	Nov. 23, 1882.	19	" "	"	"	"	"	"	"	"	Good.	"	"	"	"	"	"	"	
122	Dec. 16, 1882.	49	Multilocular "	"	"	Three.	"	Married.	"	"	No.	"	"	"	"	"	"	"	
123	Dec. 30, 1882.	27	" "	Left.	"	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	
124	Jan. 1, 1883.	53	" "	"	No.	"	"	"	Long.	"	"	"	"	"	"	"	"	Yes.	
125	Jan. 8, 1883.	35	" "	Both.	Yes, once, 10 mos. after operation.	One.	"	Married.	"	Yes.	"	"	Yes.	"	"	"	"	"	
126	Jan. 29, 1883.	50	Dermoid "	Right.	Died, 10 hours.	Several.		Widow.	"							Died after operation. Had Septicæmia from tapping, 3 weeks before.		"	
127	Jan. 31, 1883.	25	Multilocular "	Left.	Yes.	One.	"	Married.	"	"	"	"	No.	"	"	Recovered.	"	"	
128	Feb. 22, 1883.	40	" "	Both.	No.	"	"	"	"	No.	"	"	Yes.	"	"	"	"	"	Died, May, 1884. Pneumonia.
129	March 1, 1883.	42	" "	Right.	"	Seven.	"	"	"	"	"	"	"	"	"	"	"	"	
130	March 19, 1883.	52	" "	Left.	"	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	
131	March 27, 1883.	32	" "	Right.	Yes.	One.	"	Married.	Short.	"	"	"	No.	"	"	"	"	No.	
132	April 4, 1883.	49	" " dermoid.	Left.	No.	Three.	"	"	"	Yes.	"	"	Yes.	"	"	"	"	Yes.	
133	May 2, 1883.	26	Cyst of left broad ligament.		Yes.	No.	"	Single.	"	"	"	"	No.	"	"	"	"	No.	

ated that patients have n

No.	Health since.	Fibroid seen at Operation.	Fibroid at Op
134	Good.	No.	
135	"	"	
136	"	"	
137	"	"	
138	"	"	
139	"	"	
140		"	
141	"	"	
142	"	"	
143	"	Yes.	
144	"	No.	
145	"	"	
146	Good, till 1884.	"	
147	Good.	"	
148	"	"	
149	"	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
134	May 17, 1883.	15	Multilocular cyst.	Left.	Yes.	No.	No.	Single.	Short.	No.	No.	Good.	No.	No.	No.	Recovered.	No.	No.	
135	May 30, 1883.	41	" "	"	"	One.	"	Married.	"	Yes.	"	"	"	"	"	"	"	Yes.	
136	June 16, 1883.	41	Papilloma.	Both.	No.	Two.	"	"	"	No.	"	"	"	"	"	"	"	"	
137	June 19, 1883.	23	Dermoid cyst.	Right.	Yes.	No.	"	Single. Married, Dec., '84.	Long.	"	"	"	"	"	"	"	"	"	
138	July 3, 1883.	24	Multilocular "	"	"	"	One. Girl. Aug., 1886.	Married.	"	"	"	"	"	"	"	"	"	"	
139	July 12, 1883.	39	" "	Left.	"	Two.	No.	Widow.	Short.	Yes.	"	"	"	"	"	"	"	"	
140	July 20, 1883.	19	" "	Right.		No.		Single.	"	Not heard from.			"	"	"	"	"	No.	
141	Aug. 1, 1883.	50	" "	"	No.	"	"	Widow.	"	Yes.	"	"	"	"	"	"	"	Yes.	
142	Aug. 4, 1883.	33	" "	"	Yes.	During growth of cyst, she was pregnant and abortion was produced, and cyst tapped twice.	Two. Easy labors. Aug., 1884. Dec., 1885. Both girls.	Married.	"	No.	"	"	"	"	"	"	"	"	
143	Oct. 10, 1883.	46	" "	"	No.	Five.	No.	"	"	Yes.	"	"	Yes.	"	"	"	"	"	
144	Oct. 12, 1883.	26	Papilloma Multilocular cyst.	"	Yes.	One.	"	"	Long.	No.	Yes. Oct., 1885. Knot on pedicle came away unaltered.	"	No.	"	"	"	"	"	
145	Oct. 25, 1883.	37	Dermoid "	Left.	No.	No.	"	"	"	"	No.	"	"	"	"	"	"	"	
146	Nov. 15, 1883.	22	Multilocular "	"	Yes.	Three.	Two. Dec., 1884. Apr., 1886. Both girls.	"	Short.	"	"	Good, till 1884.	"	"	"	"	"	"	Died, Sept., 1886, of Consumption.
147	Nov. 21, 1883.	27	Unilocular "	Left broad ligament and ovary.	"	No.	No.	"	"	"	"	Good.	"	"	"	"	"	No.	
148	Dec. 3, 1883.	39	Multilocular "	Left.	6 times in 3 years.	"	"	Single.	"	Yes.	"	"	"	"	"	"	"	"	
149	Dec. 26, 1883.	73	Unilocular "	Right.	No.	Eight.	"	Widow.	"	No.	"	"	"	"	"	"	"	Yes.	

Aated that patients have

No.	Health since.	Fibroid seen at Operation.	Fib a
150	Good.	No.	
151	"	"	
152	"	"	
153	"	"	
154	"	"	
155	"	"	
156	"	Yes.	
157	"	No.	
158	"	"	
159	ood, except cystitis.	"	
160	Good.	"	
161	Fair.	Yes.	
162	Good.	No.	
163	"	"	
164	Good till 1885.	"	
165			

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
150	Jan. 16, 1884.	25	Unilocular cyst.	Right broad ligament.	Yes.	No.	No.	Married.	Short.	No.	No.	Good.	No.	No.	No.	Recovered.	No.	No.	
151	Jan. 28, 1884.	44	" "	Right broad ligament.	"	Four.	"	"	"	Yes.	"	"	"	"	"	"	"	"	
152	Feb. 20, 1884.	53	Multilocular "	Left ovary, right broad ligament.	"	No.	"	"	"	"	"	"	"	"	"	"	"	"	
153	March 8, 1884.	66	" "	Left.	No.	Two.	"	"	Long.	No.	"	"	"	"	"	"	"	"	
154	March 24, 1884.	61	Unilocular "	Left broad ligament.	"	Five.	"	"	Short.	"	"	"	"	"	"	"	"	"	
155	April 2, 1884.	24	" "	Left.	Yes.	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	
156	June 7, 1884.	51	Multilocular "	Right.	No.	One.	"	Married.	Long.	"	"	"	Yes.	"	"	"	"	"	
157	June 7, 1884.	55	" "	"	"	No.	"	"	Short.	"	"	"	No.	"	"	"	"	Yes.	
158	June 9, 1884.	22	Unilocular "	"	Yes.	"	"	Single.	"	"	"	"	"	"	"	"	"	No.	
159	June 11, 1884.	48	Multilocular "	"	"	One.	"	Married.	"	Yes.	"	Good, except eyesight.	"	"	"	"	"	"	
160	June 14, 1884.	33	Unilocular "	"	"	No.	"	"	"	No.	"	Good.	"	"	"	"	"	"	
161	June 23, 1884.	52	Multilocular "	Left.	No.	"	"	"	Long.	"	"	Fair.	Yes.	Yes, 3½ x 2½ x 1.	"	"	"	"	
162	June 26, 1884.	47	Unilocular "	Right.	"	Eight.	"	"	Short.	"	"	Good.	No.	No.	"	"	"	"	
163	July 2, 1884.	48	Dermoid "	"	Yes,—irregular.	No.	"	"	"	Yes.	"	"	"	"	"	"	"	"	
164	July 5, 1884.	36	Multilocular "	"	Yes.	"	"	Single.	"	No.	"	Good till 1885.	"	"	"	"	"	"	Died, June, 1886, I think of Cancer of abdomen.
165	July 10, 1884.	24	Multilocular cyst communicating with rectum.	"	Died.	"		"	"	Died.						Died soon after operation. 2d day.	"	Yes.	

ated that patients have

No.	Health since.	Fibroid seen at Operation.	Fibroid at
166	ot very good.	No.	
167		"	
168	Good.	"	
169	"	"	
170		"	
171	"	"	
172	"	"	
173	"	"	
174	oor. Cough.	"	
175	Good.	"	
176	"	"	
177	"	"	
178	"	"	
179	"	"	
180	"	"	
181	"	Yes.	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
166	July 12, 1884.	35	Multilocular cyst.	Both.	Until May, 1885. Not since.	No.	No.	Married.	Short.	No.	No.	Not very good.	No.	No.	No.	Recovered.	No.	No.	
167	July 16, 1884.	63	Cancer of right ovary and peritoneal organs.	Right.	Died.	"	Died.	Single.	Long.				"	"	"	Died on 3d day.	"	Yes.	
168	Aug. 18, 1884.	58	Multilocular cyst.	"	No.	Five.	No.	Married.	Short.	"	"	Good.	"	"	"	Recovered.	"	No.	
169	Aug. 19, 1884.	52	" "	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
170	Sept. 11, 1884.	28	" "	Left.	Died.	No.	Died.	"	Long.	Died.			"	"	"	Died.	"	Yes.	
171	Oct. 9, 1884.	56	" "	Right.	No.	Three.	No.	Widow.	Short.	No.	"	"	"	"	"	Recovered.	"	No.	
172	Nov. 5, 1884.	37	" "	Left.	Yes.	Two.	One. Boy. June, 1886.	Married.	"	"	"	"	"	"	"	"	"	"	
173	Nov. 13, 1884.	23	Unilocular "	Left ovary. Left broad ligament.	"	"	No.	"	"	"	"	"	"	"	"	"	"	"	
174	Nov. 27, 1884.	27	Multilocular "	Left.	"	No.	"	Single.	"	"	"	Poor. Cough.	"	"	"	"	"	"	
175	Dec. 3, 1884.	67	Unilocular "	"	No.	"	"	Married.	"	Yes.	"	Good.	"	"	"	"	"	Yes.	
176	Dec. 4, 1884.	42	Papilloma.	Both.	"	Two.	"	Widow.	Medium.	No.	"	"	"	"	"	"	"	"	
177	Dec. 5, 1884.	40	Multilocular cyst.	Left.	Yes.	No.	"	Married.	"	"	"	"	"	"	"	"	"	"	
178	Dec. 15, 1884.	23	Unilocular "	" broad ligament.	"	"	"	"	Short.	"	"	"	"	"	"	"	"	No.	
179	Dec. 20, 1884.	41	Multilocular "	Left.	"	Six.	"	"	"	"	"	"	"	"	"	"	"	Yes.	
180	Dec. 27, 1884.	37	Papilloma.	Both.	No.	No.	"	"	"	"	"	"	"	"	"	"	"	"	
181	Dec. 31, 1884.	55	Multilocular cyst. dermoid.	Left.	"	One.	"	Widow.	"	"	"	"	Yes.	"	"	"	"	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
182	Jan. 17, 1885.	50	Multilocular cyst.	Right.	Yes, for 18 mos.	Three.	No.	Married.	Short.	No.	No.	Good.	No.	No.	No.	Recovered.	No.	Yes.	
183	Jan. 20, 1885.	54	" "	"	"	Two.	"	"	"	"	"	"	"	"	"	"	"	"	
184	Jan. 24, 1885.	34	Unilocular "	"	Yes.	Three.	"	"	"	"	"	"	"	"	"	"	"	No.	
185	March 2, 1885.	46	Multilocular "	"	Died.	No.		Single.	Long.				"	"	"	Died.	Drainage tube inserted on day after operation.		
186	March 3, 1885.	63	" "	"	No.	"	"	"	Short.	"	"	"	"	"	"	Recovered.	No.	"	
187	March 28, 1885.	44	" "	"		"		Married.	Long.				"	"	"	Died.	"	Universal.	
188	March 31, 1885.	34	" "	Left.		"		Single.	"				"	"	"	"	"	Yes.	
189	April 8, 1885.	24	Unilocular " right broad ligament.		Yes.	"	"	Married.	Short.	"	"	Very good.	"	"	"	Recovered.	"	No.	
190	April 9, 1885.	73	Multilocular cyst.	"	Died.	Ten.		"	"						"	Died.	Yes.	Yes.	
191	April 12, 1885.	26	" "	Right.	Yes.	No.	"	"	"	"	"	Good.	"	"	"	Recovered.	No.	"	
192	April 16, 1885.	33	Unilocular " right broad ligament.		"	"	"	Single.	"	"	"	"	"	"	"	"	"	No.	
193	April 18, 1885.	64	Multilocular cyst.	Left.	No.	"	"	Married.	"	"	"	Poor.	"	"	"	"	"	Yes.	
194	April 24, 1885.	46	" "	"	"	One.	"	"	Long.	Wound not healed.	Yes. June, 1885. Jan., May, Oct., 1886. Dec., Jan., 1887.	Good.	"	"	"	"	Yes.	"	
195	April 29, 1885.	30	" "	Both.	"	No.	"	"	"	No.	No.	"	Yes.	Yes.	"	"	"	"	
196	April 23, 1885.	34	Fibro-cystic tumor of right ovary.	Right.	Yes.	"	"	"	"	"	"	"	No.	No.	"	"	No.	No.	
197	May 1, 1885.	27	Unilocular cyst.	Left.	Not answered.	"		Single.	"				Yes.	"	"	"	"	Yes.	

ted that patients have not

	ealth since.	Fibroid seen at Operation.	Fibroid re at Opera
	ood for six ks. Died of cancer.	No.	No.
	Good.	"	"
	"	Yes.	Yes
	" another abinal tumor.	No.	No.
	Good.	"	"
	"	"	"
	"	"	"
	"	Yes.	Yes.
	"	No.	No.
	"	Yes.	Yes.
	"	No.	No.
	"	"	"
	"	"	"
	"	"	"
	"	"	"
		"	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
198	May 4, 1885.	30	Multilocular cyst.	Left.	No.	No.	No.	Single.	Short.	No.	No.	Good for six weeks. Died of cancer.	No.	No.	No.	Recovered.	No.	No.	Died of general abdominal cancer and also obstruction in region of pancreas.—Cancer in Scar.—October 16, 1885.
199	May 6, 1885.	36	" "	"	Yes.	"	"	"	"	Yes.	"	Good.	"	"	"	"	"	"	
200	May 11, 1885.	35	Multilocular cyst and fibroid of uterus.	Both.	Five times, slight, and decreasing.	"	"	Married.	Long.	No.	"	"	Yes.	Yes.	"	"	Yes.	Yes.	
201	June 2, 1885.	59	Unilocular cyst.	Left.	No.	Three.	"	"	Short.	"	"	" Now another abdominal tumor.	No.	No.	"	"	No.	No.	
202	June 2, 1885.	45	Multilocular cyste	Both.	"	Two.	"	"	"	"	"	Good.	"	"	"	"	"	Yes.	
203	June 5, 1885.	40	" cyst.	Right.	"	Yes.	"	"	"	"	"	"	"	"	"	"	"	No.	
204	June 13, 1885.	51	Unilocular "	Left.	"	No.	"	Single.	"	"	"	"	"	"	"	"	"	"	
205	June 20, 1885.	35	Multilocular cyst and fibroid of uterus.	"	Yes.	"	"	"	"	"	"	"	Yes.	Yes.	"	"	"	"	
206	July 2, 1885.	44	Multilocular cyst.	Right.	"	One.	"	Married.	Medium.	"	"	"	No.	No.	Yes.	"	Yes.	Yes.	
207	July 15, 1885.	47	Multilocular cyst and fibroid of uterus.	Left.	" Irregular.	"	"	"	Short.	"	"	"	Yes.	Yes.	No.	"	No.	No.	
208	July 17, 1885.	61	Fibro-cyst, right. Mult. cyst, left.	Both.	No.	No.	"	"	Long.	"	"	"	No.	No.	"	"	"	Yes.	
209	July 22, 1885.	49	Multilocular cyste	"	"	Four.	"	"	Short.	Yes.	"	"	"	"	"	"	"	"	
210	Sept. 7, 1885.	49	Papilloma.	"	"	No.	"	"	Long. Bladder wounded and sewed up with 12 sutures.	No.	"	"	"	"	"	"	Yes.	"	A remarkable case.
211	Sept. 14, 1885.	40	Multilocular cyst.	Left.	"	Two.	"	"	Long.	"	"	"	"	"	"	"	No.	"	
212	Sept. 30, 1885.	23	Papilloma. Left broad ligament.	"	Yes.	No.	"	Single.	Short.	"	"	"	"	"	"	"	"	No.	
213	Oct. 5, 1885.	63	Multilocular cyst.	"	No.	Two.	"	Married.	"	"	"	"	"	"	Yes.	"	"	Yes.	Died, Feb. 7, 1886, probably of Cancer.

A ed that patients have

	alth since.	Fibroid seen at Operation.	Fib at
	or. Died.	No.	
		"	
		"	
	Good.	"	
	"	"	
	"	"	
	"	"	
	"	"	
	Good death from inal obstruction.	"	
	Good.	"	
	"	"	
		"	
	"	"	
	"	"	
	"	"	

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
214	Oct. 8, 1885.	18	Dermoid cyst.	Left.	No.	No.	No.	Single.	Long.	No.	No.	Poor. Died.	No.	No.	No.	Recovered.	Yes.	Yes.	
215	Oct. 23, 1885.	33	Multilocular "	Both.	Died.			"	Short.				"	"	"	Died on 5th day.	No.	No.	
216	Oct. 24, 1885.	19	Unilocular "	Right broad ligament.	"	"		"	"				"	"	"	"	"	"	
217	Oct. 17, 1885.	39	Multilocular cyst.	Both.	No.	Three.	"	Married.	Long.	"	"	Good.	"	"	"	Recovered.	Yes.	Yes.	
218	Oct. 22, 1885.	30	" cyst.	Right.	Yes.	No.	One, Nov., 1886. Girl.	"	Short.	"	"	"	"	"	"	"	No.	No.	
219	Oct. 26, 1885.	20	" "	"	"	One.	No.	"	"	"	"	"	"	"	"	"	"	Yes.	
220	Nov. 9, 1885.	30	" "	"	"	"	"	"	"	"	"	"	"	"	"	"	"	No.	
221	Nov. 23, 1885.	18	Dermoid cyst. Multilocular.	"	"	No.	"	Single.	Long.	Yes.	"	"	"	"	"	"	"	"	
222	Dec. 11, 1885.	61	Multilocular cyst.	Left.	No.	Ten.	"	Married.	"	No.	"	Good till death from intestinal obstruction.	"	"	"	"	"	Yes.	Died, March 22, 1886, of Intestinal Obstruction. Strangulation through adhesions at cicatrix.
223	Dec. 9, 1885.	45	Unilocular "	Right broad ligament.	Yes.	Four.	"	"	Short.	"	"	Good.	"	"	"	"	"	No.	
224	Jan. 9, 1886.	38	" "	Right broad ligament.	"	Two.	"	"	"	"	"	"	"	"	"	"	"	"	
225	Jan. 14, 1886.	21	Round-celled Sarcoma.	Right.	Died.	No.		Single.	Long.				"	"	"	Died.	"	"	
226	Jan. 16, 1886.	51	Multilocular cyst. 86 lbs.	"	No.	Two.	"	Married.	Short.	"	"	"	"	"	"	Recovered.	"	Yes.	
227	Jan. 19, 1886.	53	Multilocular cyst.	Left.	"	Four.	"	"	"	"	"	"	"	"	"	"	"	"	
228	Jan. 27, 1886.	35	" "	Right.	"	"	One, Dec., 1886. Female.	"	"	"	"	"	"	"	"	"	"	"	
229	Jan. 28, 1886.	52	" " Gangrenous from twisted pedicle.	Left.	Died.	No.		"	"						Yes. Cyst dark cranberry or purple color.	Died.			In Articulo Mortis at time of operation.

stated that patients

o.	Health since.	Fibroid seen a Operation.
0		No.
1	Poor.	"
2	Good.	"
3	"	"
4	"	"
5	"	"
6	"	"
7	"	"
8	"	"
9		"
0	"	"
1	"	"
2	"	"
3	"	Yes.
4	Poor.	No.
5	Good.	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
200	Feb. 1, 1886.	26	Papilloma. Both ovaries.	Both.	Has not answered.	One. Miscarriage.		Married.	Short.				No.	No.	No.	Recovered.	Yes.	Yes.	
201	Feb. 8, 1886. Another operation March 5, 1887. Dr. Utley.	49	Multilocular cyst, with peritonitis.	Left.	Yes.	No.	No.	Widow.	"	No.	No.	Poor.	"	"	Yes.	"	No.	"	
202	Feb. 13, 1886.	19	Multilocular cyst.	Right.	"	"	"	Single.	"	"	"	Good.	"	"	No.	"	"	No.	
203	Feb. 15, 1886.	48	" "	"	No.	Two.	"	Married.	Long.	"	"	"	"	"	"	"	"	Yes.	
204	Feb. 16, 1886.	53	Papilloma.	"	"	Four.	"	"	Short.	"	"	"	"	"	"	"	"	No.	
205	March 4, 1886.	24	Multilocular cyst.	"	Yes.	No.	"	"	"	"	"	"	"	"	"	"	"	"	
206	March 30, 1886.	25	" " Ascites.	"	"	"	"	Single.	Long.	"	Yes.	"	"	"	"	"	"	"	
207	April 1, 1886.	36	Multilocular cyst.	"	"	"	"	Married.	Short.	"	No.	"	"	"	"	"	"	"	
208	April 5, 1886.	35	" "	"	"	Two.	"	"	"	"	"	"	"	"	Yes.	"	"	"	
209	April 20, 1886.	45	Papilloma.	Both.	Died.	No.		Single.	Long.				"	"	No.	Died.	"	Yes.	Died. Obstructed Intestine and Peritonitis.
240	April 22, 1886.	42	Multilocular cyst.	"	No.	Five.	"	Married.	"	"	"	"	"	"	"	Recovered.	"	" Cancer (?) of omentum removed.	
241	May 22, 1886.	41	Dermoid "	Right.	Yes.	No.	"	Single.	Short.	"	"	"	"	"	"	"	"	Yes.	
242	June 3, 1886.	26	Multilocular "	Left.	"	One.	"	Married.	"	"	"	"	"	"	"	"	"	No.	
243	June 7, 1886.	37	Unilocular "	Right.	"	Two.	"	"	"	"	"	"	Yes.	"	"	"	"	"	
244	June 8, 1886.	23	" "	"	No.	"	"	"	Long.	Not healed.	"	Poor.	No.	"	"	"	"	Yes.	
245	June 9, 1886.	22	Multilocular " Piece of omentum removed.	Left.	Yes.	Three.	"	"	"	No.	Yes.	Good.	"	"	"	"	"	"	

A stated that patients

No.		Health since.	Fibroid see Operatic
246	J	Presumed to be good.	No.
247	J	Good.	Yes.
248	J	"	No.
249	J	"	"
250	S	"	"
251	C		"
252	C	Fair.	"
253	I	Good.	Yes.
254	I	"	No.
255	I	"	"
256		"	"
257			
258		"	"
259		"	"
260		"	"
261		"	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
246	July 7, 1886.	43	Multilocular cyst.	Right.	Has not answered.	Ten.	No.	Married.	Long.	No.	No.	Presumed to be good.	No.	No.	No.	Recovered.	Yes.	Yes.	
247	July 8, 1886.	44	" "	"	Yes.	No.	"	Single.	Short.	"	"	Good.	Yes.	"	Yes.	"	"	"	
248	July 9, 1886.	56	" "	Left.	No.	"	"	Widow.	"	"	"	"	No.	"	No.	"	No.	No.	
249	July 27, 1886.	34	Unilocular "	"	Yes.	"	"	Single.	"	"	"	"	"	"	"	"	"	"	
250	Sept. 4, 1886.	23	Multilocular "	Right.	"	"	"	"	"	"	"	"	"	"	"	"	"	"	
251	Oct. 9, 1886.	48	" "	" and Tumor in front of Bladder.	Died of Tetanus.	Two.		Married.	"				"	"	"	Died on 8th day, of Tetanus.			
252	Oct. 16, 1886.	60	Unilocular " 111½ lbs.	Left.	No.	No.	"	Single.	"	"	"	Fair.	"	"	"	Recovered.	"	Yes.	Died, April, 1887.
253	Nov. 10, 1886.	43	Multilocular cyst, dermoid, gelatinous.	"	Not heard from.	"	"	"	Long.	"	"	Good.	Yes.	"	Yes.	"	"	"	
254	Nov. 20, 1886.	15	Multilocular cyst.	"	"	"	"	"	Short.	"	"	"	No.	"	"	"	"	No.	
255	Dec. 15, 1886.	31	Broad ligament.	Neither.	Yes.	"	"	Married.	"	"	"	"	"	"	No.	"	"	"	
256	Jan. 10, 1887.	32	Multilocular cyst.	Left.	"	Three.	"	"	Long.	"	"	"	"	"	"	"	"	Yes.	
257	Jan. 18, 1887.	45	Multilocular cysts	Both.	Died.	One.		"	Short.							Died.			
258	Jan. 29, 1887.	22	Multilocular cyst.	Left.		No.		Single.	Long.	"	"	"	"	"	"	Recovered.	"	No.	
259	Feb. 3, 1887.	37	" "	"	Yes.	"	"	Married.	Short.	"	"	"	"	"	"	"	"	"	
260	Feb. 9, 1887.	72	" "	" and Uterus also removed.	No.	One.	"	Widow.	Long.	"	"	"	"	"	"	"	Yes.	Yes.	
261	Feb. 17, 1887.	30	" "	Both.	"	No.	"	Married.	"	"	"	"	"	"	"	"	No.	No.	

ed that patients have not

alth since.	Fibroid seen at Operation.	Fibroid re at Opera
Good.	No.	No.
"	"	"
	"	"
	"	"
"	"	"
"	"	"
	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
	"	"
"	"	"
"	"	"
"	"	"
	"	"
"	"	"
"	"	"
"	"	"

Antiseptic ovariotomies. Carbolic Acid Spray used. Sixth ovariotomy the first antiseptic one. When it is not stated that patients have not answered, or have died, it is known that they are alive.

No.	Date of Operation.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen at Operation.	Fibroid removed at Operation.	Twisted pedicle.	Result.	Drainage.	Adhesions.	Death subsequently. Date and cause of.
262	Feb. 19, 1887.	36	Multilocular cyst.	Left, and uterus also removed.	No.	No.	No.	Single.	Long.	No.	No.	Good.	No.	No.	Yes.	Recovered.	Yes.	Yes.	
263	Feb. 23, 1887.	48	Unilocular "	Left broad ligament.	"	Two.	"	Married.	Short.	"	"	"	"	"	No.	"	No.	No.	
264	Feb. 25, 1887.	57	Multilocular cyste	Both.	"	Four.	"	"	Long.	"	"		"	"	"	Died.	Yes.	Yes.	
265	Feb. 26, 1887.	23	Unilocular cyst.	Left.	Died.	Three.		"	Short.				"	"	"	"	No.	"	
266	Feb. 27, 1887.	61	" "	"	No.	Six.	"	"	Long.	"	"	"	"	"	"	Recovered.	"	"	
267	March 28, 1887.	48	Dermoid "	Right.	"	Two.	"	"	"	"	"	"	"	"	"	"	"	"	
268	March 30, 1887.	55	Multilocular "	Left.		Four.		"	"				"	"	"	Died.	Yes.	"	
269	April 11, 1887.	40	" "	Both.	"	No.	"	Single.	Short.	"	"	"	"	"	"	Recovered.	No.	"	
270	April 14, 1887.	23	" "	Left.	Yes.	"	"	Married.	"	"	"	"	"	"	"	"	"	No.	
271	April 18, 1887.	60	Multilocular cyste	Both, and broad ligament.	No.	Five.	"	Widow.	"	"	"	"	"	"	"	"	"	Yes.	
272	April 19, 1887.	44	Multilocular cyst.	Right.	Yes.	Three.	"	Married.	"	"	"	"	"	"	"	"	"	"	
273	May 2, 1887.	40	" "	"	Not heard from.	One.		"	"	"	"	"	"	"	"	"	"	"	
274	May 5, 1887.	53	" "	Left.	No.	No.		Single.	"	"	"	"	"	"	"	"	"	No.	
275	May 10, 1887.	33	Dermoid "	"	Yes.	"		"	"	"	"		"	"	"	" (?)	Yes.	Yes.	Died, 16th day, of Pulmonary Embolism.
276	May 11, 1887.	43	" "	Right.	No.	One.		Married.	"	"	"	"	"	"	"	"	No.	No.	
277	May 12, 1887.	55	" "	"	"	Three.		"	"	"	"	"	"	"	"	"	"	Yes.	
278	May 16, 1887.	33	Multilocular "	Left.	Yes.	No.		Single.	"	"	"	"	"	"	"	"	"	"	After nearly four weeks of normal pulse and temperature, she died suddenly, apparently of indigestion.
279	May 20, 1887.	28	" "	Right.	"	One.		Married.	"	"	"		"	"	"	" (?)	"	"	
280	June 8, 1887.	53	Colloid tumors.	Both.	No.	Eight.		"	"	"	"	"	"	"	"	"	"	No.	
281	June 30, 1887.	35	Multilocular cyst.	"	Yes.	No.		Single.	"	"	"	"	"	"	"	"	"	"	
282	July 7, 1887.	45	Papilloma.	"		Three.		Married.	"	"	"	"	"	"	"	"	"	Yes.	

’s by Laparotomy.

No.		Adhesions.	
1	ıd	No.	
2	ırnt.	Yes.	
3	ith	No.	
4	).	Yes.	
5		“	
6		“	
7	e’s	“	
8		No.	
9	e’s	“	
10	rnt.	Yes.	
11	e’s	“	
12	and	“	
13	’s	“	
14		No.	
15		“	
16	e’s	“	

Hysterectomies and removal of Uterine Tumors by Laparotomy.

No.	Age.	Date.	Kind of Tumor.	Catamenia since.	Children before.	Married or Single.	Incision.	Rupture.	Treatment of Pedicle.	Adhesions.	Health.	Cause of Death.	Drainage.	Weight of Tumor.	Result.	Remarks.
1	40	April 5, 1881.	Myoma.	Unknown.	No.	Single.	Long.	Unknown.	Intra-peritoneal. Tied and cauterized.	No.	Good.		No.	1¼ lbs.	Recovered.	
2	22	May 11, 1882.	Fibro-cyst and both ovaries cystic.	Died.	"	"	"		Intra-peritoneal. Tied and burnt.	Yes.	Died.	Debility.	"		Died.	
3	18	April 11, 1883.	Two-horned uterus filled with bloody fluid.	No.	"	"	"	No.	Extra-peritoneal. Tied with silk and kept outside.	No.	Good.		"	5 "	Recovered.	
4	43	April 24, 1883.	Fibro-myoma.	Died.	Six.	Married.	"		Extra-peritoneal. Clamp.	Yes.	Died.	Septicæmia.	"	"	Died.	
5	35	Oct. 9, 1883.	"	"	No.	Single.	"		Intra-peritoneal. Tied.	"	"	"	"	8 lbs.	"	
6	44	Nov. 3, 1883.	"	"	"	Married.	"		Intra-peritoneal.	"	"	Shock.	"	45 "	"	
7	36	June 12, 1884.	"	No.	"	"	"	Yes.	Extra-peritoneal. Kœberle's serre-noeud.	"	Good.		"	2¾ "	Recovered.	
8	52	June 23, 1884.	Fibroid.	"	"	"	"	No.	Intra-peritoneal. Tied.	No.	"		"	1 lb.	"	
9	26	Aug. 6, 1884.	Fibro-myoma.	Died.	"	Single.	"		Extra-peritoneal. Kœberle's serre-noeud.	"	Died.	Septicæmia.	"	7½ lbs.	Died.	
10	26	Dec. 6, 1884.	Fibro-myomatous cyst.	Yes.	"	"	"	"	Intra-peritoneal. Tied and burnt.	Yes.	Good.		"	3½ "	Recovered.	
11	54	Feb. 5, 1885.	Fibro-myoma.	Died.	"	Married.	"		Extra-peritoneal. Kœberle's serre-noeud.	"	Died.	Hæmorrhage.	"	8 "	Died.	
12	50	Feb. 14, 1885.	Myoma.	"	"	Single.	"		Intra-peritoneal. Ligature and cautery.	"	"	Peritonitis.	"	50 "	"	
13	30	April 29, 1885.	Fibro-myoma.	No.	"	Married.	"	"	Extra-peritoneal. Kœberle's serre-noeud.	"	Good.		Yes.	8 "	Recovered.	
14	35	May 13, 1885.	Fibroid. Ovaries cystic also.	Irregular.	"	"	"	"	Intra-peritoneal. Tied.	No.	"		"	Small.	"	
15	35	June 20, 1885.	Fibroid and an ovary cystic.	Yes.	"	Single.	Short.	"	" "	"	"		No.	"	"	
16	47	July 15, 1885.	Fibroid.	"	One.	Married.	Long.	"	Extra-peritoneal. Kœberle's serre-noeud.	"	"		Yes.	[illegible] lb.	"	

s by Laparotomy.

No.	A	Adhesions.	
17	's	No.	
18		"	E
19		"	
20		Yes.	E
21		No.	
22	a	"	
23	ilk,	Yes.	
24		No.	
25	ilk,	Yes.	
26	ion		
27		No.	

Hysterectomies and removal of Uterine Tumors by Laparotomy.

No.	Age.	Date.	Kind of Tumor.	Catamenia since.	Children before.	Married or Single.	Incision.	Rupture.	Treatment of Pedicle.	Adhesions.	Health.	Cause of Death.	Drainage.	Weight of Tumor.	Result.	Remarks.
17	50	Sept. 18, 1885.	Myxo-fibroma.	No.	No.	Single.	Long.	No.	Extra-peritoneal. Kœberle's serre-nœud.	No.	Good.		No.	5 lbs.	Recovered.	
18	34	Jan. 18, 1886.	Fibro-myoma.	"	"	"	"	"	Extra-peritoneal.	"	Excellent.		"	15 " 9 inches of uterine cavity.	"	
19	46	Feb. 22, 1886.	"	Died.	"	"	"	Died.	"	"	Died.	Peritonitis. Ulceration of the cæcal valve, pelvic abscess. Death, 27th day.	"	16 lbs.	Died.	
20	46	Oct. 6, 1886.	Fibro-myxoma.	No.	Six.	Married.	"	No.	"	Yes.	Excellent.		"	23 "	Recovered.	
21	38	Jan. 11, 1887.	Fibro-myoma.	Died.	One.	"	"	Died.	"	No.	Died.	No peritonitis. Death on 5th day. Physiological shock, apparently.	"	6 "	Died.	
22	45	Jan. 22, 1887.	"	No.	No.	Single.	"	No.	Extra-peritoneal, including a piece of the bladder.	"	Good.		"	38 "	Recovered.	A portion of bladder was included in serre-nœud and urine came from the wound for four weeks.
23	72	Feb. 9, 1887.	Normal Uterus.	"	One.	Widow.	"	"	Extra-peritoneal, tied with silk, and held outside with a pin.	Yes.	"		Yes.	Incorporated with left ovary.	"	Ventral hernia cured at same time.
24	51	Feb. 12, 1887.	Fibro-myoma.	"	Three.	Married.	"	"	Extra-peritoneal.	No.	"		No.	7 lbs.	"	
25	36	Feb. 19, 1887.	Uterus incorporated in an Ovarian Tumor.	"	No.	Single.	"	"	Extra-peritoneal, tied with silk, and held outside by a pin.	Yes.	"		Yes.	Incorporated with left ovary.	"	Twisted pedicle.
26	38	March 18, 1887.	Fibro-myoma.	Died.	"	"	"		Extra-peritoneal. Pelvic portion of Tumor left behind.			Obstruction of ureters by wire.	No.	22 lbs.	Died.	
27	48	April 29, 1887.	"	No.	"	"	"	"	Extra-peritoneal.	No.	"		"	16 "	Recovered.	

ne and Ovarian Tumo

	REMA
	is. No Autopsy.
	ncer removed.
	lls of Tumor brought outside and held t
	plum removed. Died some years later.
	s Omentum for Diagnosis.
	topsy.
	ht Ovary.

Laparotomies. Attempted and Partial Removal of Uterine and Ovarian Tumors.

No.	Date.	Age.	Cause of Operation.	Result.	REMARKS.
1	Feb. 3, 1880.	56	Ascites and Sarcomatous Ovaries.	Died.	Died on the 10th day. Diseased Kidneys and probably Peritonitis. No Autopsy.
2	June 14, 1881.	17	Sarcoma of Omentum, Mesentery and Pelvic Organs.	"	Died of shock in a few hours. About 13 lbs. of Encephaloid Cancer removed.
3	July 13, 1881.	50	Uterine Fibro-cyst.	"	Cyst emptied and walls sewed up and dropped back.
4	Nov. 23, 1881.	33	" "	"	Cyst emptied. 10½ lbs. solid matter removed. Cyst walls and walls of Tumor brought outside and held by a Steel Sound.
5	Dec. 29, 1881.	36	" "	Recovered.	Cyst emptied. 14 lbs. fluid removed. Another Fibroid size of a plum removed. Died some years later.
6	Feb. 19, 1882.	50	Solid Sarcoma or Cancer of Uterus, Ovaries, Bowels, and Pelvic contents.	Died.	Shock caused death an hour after operation.
7	May 6, 1882.	42	Ascites and Cystic Tumor in Pelvis.	"	Cysts (small) punctured. Uterus involved in Tumor.
8	Aug. 24, 1882.	39	Adherent Ovarian Cyst.	"	Nothing removed.
9	Sept. 11, 1882.	52	Fibro-cyst of Uterus.	"	Portion of Tumor (7 lbs.) removed.
10	Sept. 21, 1882.	52	Adherent Ovarian Tumors.	"	Ascitic and Ovarian fluid removed and a portion of Cysts.
11	Nov. 15, 1882.	29	Cancer of Ovaries and Peritoneal Organs.	"	One Ovary removed; and Ascitic fluid and a portion of Cancerous Omentum for Diagnosis.
12	April 21, 1883.	39	Ascites and General Abdominal Cancer.	"	Probably growth originally, Papilloma of Ovaries.
13	May 21, 1883.	56	Fibroid of Uterus, and Tumor of both Broad Ligaments and Uterus.	"	Cysts and fluid removed, partially.
14	July 19, 1883.	41	Tumor filled with pus, adherent to Bowels, small and large, and Pelvis.	"	Probably a Salpingitis. Died in Convulsions in 24 hours. No Autopsy.
15	Nov. 27, 1883.	46	Cystic Fibro-myoma and Ovarian.	"	Partial removal of Uterus and 19 lbs. of fluid.
16	Oct. 18, 1884.	54	General Abdominal Cancer. Originally, perhaps, Ovarian.	"	Twenty-five pounds of fluid removed.
17	May 7, 1885.	40	Uterus filled and covered with Fibro-myomatous Tumors.	"	A sebaceous mass removed, and probably more or less of the Right Ovary.

ed to skin.

R E

', of Cancer of liver and uterus.

1885.

it purulent discharge in 1887.

7.

7.

ther disorders.

R E

moved in 1877, on account of cysti

ied soon afterward.

n adult fœtus removed. Specime

eritonitis.

onitis.

Laparotomies for Ovarian Cysts, stitched to skin.

No.	Date.	Age.	Cause of Operation.	Result.	REMARKS.
1	July 18, 1883.	47	Adherent cyst, origin probably ovarian, inseparable.	Recovered.	One side of cyst sewed to skin, and drained.
2	March 4, 1884.	65	Tumor punctured. Ovarian, probably.	"	Tumor stitched to skin, and drained. Died subsequently, of Cancer of liver and uterus.
3	Aug. 13, 1884.	38	Tumor probably ovarian, or of broad ligament, and tubercular. Peritonitis.	"	Tumor drained, and stitched to skin. Well in 1887.
4	Oct. 6, 1884.	40	Tumor ovarian, — adherent.	"	Tumor stitched to skin, and drained. Died of Phthisis, 1885.
5	June 5, 1885.	31	Cyst of right broad ligament.	"	Cyst sewed to skin, and drained. Well in 1887.
6	June 12, 1885.	37	Multilocular ovarian cyst, — adherent.	"	Cyst stitched to skin, and drained. Well, except for slight purulent discharge in 1887.
7	May 25, 1886.	41	Cysts of both ovaries. Left, adherent and inseparable.	"	Cyst stitched to skin, and drained. Perfectly well in 1887.
8	June 5, 1886.	40 (?)	Multilocular ovarian adherent cyst, with thick walls.	"	Cyst stitched to skin, and drained. Perfectly well in 1887.

Laparotomies for Cysts complicated with other disorders.

No.	Date.	Age.	Cause of Operation.	Result.	REMARKS.
1	July 5, 1879.	45	Uterine fibro-cyst.	Died.	Walls of cyst stitched to skin. Both ovaries had been removed in 1877, on account of cystic disease.
2	Oct. 11, 1882.	65	Uterine fibro-myomatous cyst, and ovarian cyst.	"	Ovarian Tumor removed. Uterine cyst stitched to skin.
3	Aug. 1, 1883.	42	Tumor probably ovarian, but exact nature unknown. Almost solid.	Recovered.	Tumor stitched to skin, and drained. Went home, but died soon afterward.
4	Sept. 29, 1883.	About 40	Semi-solid Tumor attached to bladder and all neighboring organs. Probably ovarian, originally.	Died.	Tumor stitched to skin, and drained.
5	March 8, 1886.	35	Cyst of extra-uterine pregnancy, seven years old.	"	Cyst stitched to skin, and drained. All the skeleton of an adult fœtus removed. Specimen in Warren Museum of Harvard College.
6	June 5, 1886.	45	Partial removal of adherent ovarian cyst, and of fibroid Tumor of uterus.	"	Cyst stitched to skin, and drained. Died of shock and Peritonitis.
7	April 5, 1887.	45	Adherent Tubo-ovarian cyst. Fibro-myoma. Hydro-salpinx.	"	Cyst stitched to skin, and drained. Died of Acute Peritonitis.

	REM
	psy, the Tumors were found to be ir
	dominal tappings.
	s.
	me, better than for many years. M
	ovable.
	er.
	Vent home well and strong.

Exploratory Laparotomies.

No.	Date of Operation.	Age.	Cause of Operation.	Result.	REMARKS.
1	Dec. 12, 1878.	62	Ascites, and pelvic Tumor of a sarcomatous nature.	Recovered.	The ascites never recurred. She died a year afterwards.
2	Feb. 22, 1881.	48	Papillomatous adherent Tumors and ascites.	"	Died eight months later, September 9, 1882. At the autopsy, the Tumors were found to be irremovable.
3	Aug. 18, 1881.	36	Solid sarcoma, probably not cystic. So adherent as to be immovable, and originally, ovarian. Some ascites.	"	Died a year or two later.
4	Sept. 22, 1881.	21	Ascites, and pelvic Tumor, immovable.	"	Tumor is *said* to have disappeared in 1885, after many abdominal tappings.
5	Sept. 20, 1882.	37	Ascites, and general abdominal Cancer.	"	Died, March 19, 1883, six months after Laparotomy.
6	May 8, 1883.	34	Ascites, and general abdominal Cancer.	"	Is thought to have died about three months later.
7	Aug. 9, 1883.	60	Ascites, and general abdominal Cancer.	Died.	In three days, died of Peritonitis.
8	March 22, 1884.	66	Ascites, and general abdominal Cancer.	Recovered.	Died about six months later.
9	June 13, 1884.	17	Tubercular salpingitis and cheesy deposits in abdomen, of tubular and tubercular origin.	Died.	Death from Peritonitis, on third day.
10	June 19, 1884.	21	Tubercular peritonitis.	Recovered.	Fat and well in 1886. Married. Has gained thirty pounds.
11	Jan. 3, 1885.	46	Cancer of all abdominal viscera. Ascites and drainage.	"	Death, six months later.
12	July 9, 1885.	18	Cancerous abdominal Tumor, of unknown origin.	"	Died, May 1, 1886, nine months after Laparotomy.
13	Nov. 20, 1885.	62	Cancer of omentum, probably. Ascites.	"	Died of Pneumonia, March 13, 1886. Health, up to that time, better than for many years. Much benefited by operation.
14	Feb. 19, 1886.	28	Enlarged uterus, and apparent Tumor in left iliac region.	"	No removable Tumor found.
15	Nov. 2, 1886.	65	Tumor in right iliac region.	"	Tumor involving and including small intestine, — not removable.
16	Nov. 12, 1886.	56	General abdominal Cancer.	"	Drainage. Ascitic fluid removed. Died some months later.
17	Feb. 16, 1887.	63	General abdominal Cancer.	"	Went home well. Not since heard from.
18	Feb. 22, 1887.	55	Abdominal Tumor.	Death. Septic Peritonitis.	Ovariotomy, six years before.
19	April 20, 1887.	17	Ascites. Tubercular peritonitis. Ovary and tube removed for diagnosis.	Recovered.	Drainage. Prof. Frrz reported the disease tubercular. Went home well and strong.

ge: — Three cures.

r. Her monthly sickness has been

ylum about 1871. The resources of

v lost than before operation.

tter to have removed the uterus.
t of the abdomen. Subsequently

r December 20, 1886, and patient's

One cure. Four,

manent improvement, though the

Goldsmith in American Journal o

lum, of Phthisis, 1886.

ore operation. Catamenia painful.

before operation.

Five cases of removal of Uterine Appendages for the cure of Uterine Hæmorrhage: — Three cures. One no improvement. One death.

No.	Date.	Age.	Cause of Operation.	Catamenia since.	Result.	Recovery or Death.	REMARKS.
1	Oct. 15, 1884.	33	Soft Fibro-myoma.	Flowing slightly much of the time. Catamenia ceased June, 1886.	Recovery.	Recovered.	Tumor, in 1887, smaller. Her monthly sickness has been less than before operation, but a rather continuous leaking of blood till June, 1886.
2	Jan. 18, 1885.	44	Fibro-myoma and Menstrual Insanity.	No.	Perfect recovery. Tumor has dis. appeared, and the patient is happy and overjoyed at her recovery.	"	In Worcester Insane Asylum about 1871. The resources of the town where she lived had been exhausted in attempts to restrain and control her during her menstrual periods.
3	Aug. 25, 1885.	34	Profuse Bleeding from Fibro-myoma.	Flowed for five weeks. Now catamenia is regular and normal.	Perfect recovery. Tumor about the same size.	"	Much less blood is now lost than before operation.
4	Oct. 7, 1885.	30	Profuse Bleeding from Fibro-myoma.	Died.	Died.	Death from Peritonitis.	It would have been better to have removed the uterus. The tumor was a large, wet, spongy fibro-myoma, and the ovaries were only got at after the tumor had been pulled out of the abdomen. Subsequently the tumor was stuffed back.
5	Jan. 21, 1886.	36	Bleeding Fibro-myoma.	Yes. Excessive Flowing.	No improvement.	Recov'd from operation.	Tumor somewhat larger December 20, 1886, and patient's condition worse.

Five cases of removal of Uterine Appendages for Nervous Disorders. One cure. Four, no great improvement.

No.	Date.	Age.	Cause of Operation.	Catamenia since.	Result.	Recovery or Death.	REMARKS.
1	March 26, 1883.	22	Hystero-mania.	No.	Much improvement for 2 years, since then in bed.	Recovered.	I think there is no permanent improvement, though the patient states that there is.
2	July 20, 1883.	19	Moral Insanity. Operation done at Danvers Insane Asylum.	"	Complete relief. Perfectly well.	"	Case reported by Dr. Goldsmith in American Journal of Insanity, October, 1883.
3	Dec. 13, 1883.	27	Mania. (Chronic.)	"	No improvement whatever.	"	Died in Worcester Asylum, of Phthisis, 1886.
4	Aug. 24, 1885.	35	Severe pain in left ovarian region, causing nervous symptoms.	Yes. Regular.	No great improvement.	"	About the same as before operation. Catamenia painful.
5	Nov. 25, 1885.		Pain, Nervous Excitement, and Hystero-Epilepsy.	Yes.	No great improvement.	"	The same condition as before operation.

nors. — Two immense f

	REMARK
	, and the abdominal wound, extending n
	naining behind. Cases reported in "Bo
	. Case reported in "Boston Medical an
	REM
	worn-out, feeble woman. Stones remov
	rnal," Vol. cx, p. 73. Suppression of u
	edical and Surgical Journal."

Laparotomy for other purposes than the removal of Abdominal Tumors. — Two immense fatty Tumors.

No.	Date.	Cause of Operation.	Result.	REMARKS.
1	Oct. 30, 1881.	Immense Lipoma. Retro-peritoneal. Patient, a man aged 38. Operation exploratory.	Recovered.	The Tumor was found to be broadly attached behind the peritoneum, and the abdominal wound, extending nearly from the Ensiform cartilage to the Pubes, was sewed up.
2	Feb. 5, 1882.	Same patient, who desired to try the operation as a last resort.	Died.	Tumors removed weighed 56 pounds. More myxomatous tumors remaining behind. Cases reported in "Boston Medical and Surgical Journal," Vol. cviii, pp. 35 and 241.
3	March 21, 1882.	Patient, a woman with a fluctuating Tumor from which nothing would run when aspirated. Aged 61.	"	Tumor removed, a myxo-lipoma weighing 35 pounds, retro-peritoneal. Case reported in "Boston Medical and Surgical Journal," Vol. cviii, pp. 35 and 241.

Renal Tumors.

No.	Date.	Sex.	Cause of Operation.	Result.	REMARKS.
1	April 19, 1882.	Female.	Calculi and abscess of right Kidney. Aged 30.	Recovery from the operation. Death one month later.	A case of calculous nephritis of long standing, in a worn-out, feeble woman. Stones removed, measured two inches in diameter. Incision at outer border of right rectus muscle.
2	Nov. 23, 1883.	Male.	Sarcoma of left Kidney. Aged 29.	Died.	Case reported in "Boston Medical and Surgical Journal," Vol. cx, p. 73. Suppression of urine and peritonitis.
3	Aug. 1, 1884.	Female.	Large sacculated Kidney (right) filled with pus. Tumor weighed 2 pounds. Aged 42.	"	Suppression of urine. Case reported in "Boston Medical and Surgical Journal."

struction.

Very comfortable for nearly a y

Patient very stout. Weather ve

Great relief for a week. Case d

Described in text.

Abscess.

1887.

Ovaries and Tubes.

R E M A

t tube could not be distinguished. Man

be and uterus distinguishable.

Abscess.

R E

f passing an india-rubber drainage-tube

Laparotomy on account of Intestinal obstruction.

No.	Date.	Age.	Sex.	Cause of Operation.	Treatment.	Result.	REMARKS.
1	Dec. 21, 1881.	43	Female.	Intestinal obstruction, caused by Cancer of the descending colon, seven months after ovariotomy.	Artificial anus in pubic region.	Recovered.	Very comfortable for nearly a year. Died of general abdominal Cancer, November, 1882.
2	July 10, 1882.		"	Intestinal obstruction, caused by Cancer of the descending colon, in the splenic region.	Artificial anus in cæcal region.	Died.	Patient very stout. Weather very hot.
3	Feb. 18, 1884.	21	Male.	Intestinal obstruction, caused by a band from a Meckel's diverticulum.	Artificial anus in umbilical region.	"	Great relief for a week. Case described by Prof. Fitz, in the "American Journal of the Medical Sciences," Vol. clxxv, p. 56.
4	April 3, 1886.	61	Female.	Intestinal obstruction, caused by strangulation of the intestine at the site of the cicatrix of ovariotomy.	Artificial anus at site of old cicatrix.	"	Described in text.

Laparotomy on account of Peri-typhlitic Abscess.

No.	Date.	Cause of Operation.	Treatment.	Result.	REMARKS.
1	Jan. 11, 1886.	Peri-typhlitic abscess and peritonitis.	Laparotomy in right ilio-lumbar region.	Recovered.	Well and hearty in 1887.

Laparotomy for Pyosalpinx and Suppuration in Ovaries and Tubes.

No.	Date.	Age.	Cause of Operation.	Result.	REMARKS.
1	May 21, 1886.	22	Double pyo-salpinx and abscesses in both ovaries (gonorrhœal).	Recovered.	Both ovaries filled with abscesses, and adherent. The right tube could not be distinguished. Many ligatures or rather many knots. Ligature discharged seven months later.
2	Dec. 8, 1886.	44	Suppurating tubo-ovarian cyst, with general old pelvic peritonitis. Tubercular (?)	Died.	Pelvic organs pressed together, and only right Fallopian tube and uterus distinguishable.

Laparotomy for long-standing Pelvic Abscess.

No.	Date.	Age.	Sex.	Cause of Operation.	Result.	REMARKS.
1	Aug. 29, 1885.	30	Female.	Pelvic Abscess for 19 months. Abscess probably tubercular.	Recovered.	Improved by operation, which consisted of passing an india-rubber drainage-tube from the pubic region through pelvis and rectum, and out through the anus. Died of general tuberculosis, July 9, 1886.

e., prior to 1877.

	gatures heard from.	Health since.	Fib

Ovariotomies before the adoption of Listerism:—*i. e.*, prior to 1877.

No.	Date.	Age.	Kind of Tumor.	Which Ovary.	Catamenia since.	Children before.	Children since.	Married or Single.	Length of Incision.	Rupture.	Ligatures heard from.	Health since.	Fibroid seen.	Fibroid removed.	Twisted pedicle.	Result.	Drainage.	Adhesions.
1	1872.	30 (?)	Multilocular cyst.	Both.		No.		Single.	Long.				No.	No.	No.	Died.	No.	Yes.
2	April 24, 1873.	49	Multilocular cyst.	Right.		"		"	"				"	"	"	"	"	"
3	Feb. 17, 1874.	34	Papilloma.	Both.		"		Married.	"				"	"	"	"	"	"
4	Feb. 18, 1874.	43	Multilocular cyst.	Right.		"		"	"				"	"	"	"	"	"
* 5	May 18, 1875.	36	Unilocular "	Left.		Yes.		"	Short.				"	"	"	"	"	No.

* Only one of the above cases, the last, was at all promising. I think I could easily cure a similar one now.