A series of cases to illustrate ovariotomy in a general surgical clinic / by Mayo Robson.

[*Reprinted from* THE QUARTERLY MEDICAL JOURNAL, *July*, 1895.]

A SERIES OF CASES TO ILLUSTRATE OVARIOTOMY IN A GENERAL SURGICAL CLINIC.

BY

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THE following is a consecutive series of cases of ovariotomy performed in a general surgical clinic. The cases are in no sense of the word selected, as whenever operation has offered any chance of success it has been performed, statistics not being considered. My excuse, if such be required for publishing the list, is the desire to demonstrate the fact, that with due care, ovariotomy can be safely and efficiently performed in the ordinary surgical wards of a general hospital and that seclusion and isolation are by no means necessary to success.

The cases number 219, the mortality being at the rate of 5·02 per cent., or if the malignant cases be included 5·93 per cent.

In looking through the list it is seen that the thirteen recorded fatal cases may with advantage be submitted to analysis, the preventable being distinguished from the probably unavoidable deaths.

Two patients (Nos. 151 and 194) died from malignant disease, one ten days after operation, the other from shock within a few hours.

Two succumbed to intestinal obstruction, one on the eighth day from volvulus of the small intestine, the other from gangrene of about a foot of bowel owing to injury to the mesentery in separating adhesions.

One case (No. 90) was admitted with acute peritonitis and was operated on to give her a last chance; in this case death was certainly not due to operation, although it followed it.

In Case 153, operated on for fæcal fistula of four years' duration following on pelvic suppuration and accompanied by a pelvic

tumour, the adhesions were very extensive and the opening in the intestine being deep in the pelvis was with difficulty closed, and in fact re-opened in a few days, the patient sinking from exhaustion seven weeks after.

One case died of exhaustion at the end of a week after the removal of a large suppurating multilocular cyst; as she was extremely low at the time of operation and had general peritonitis the operation cannot be blamed for her death.

Case 109 died of congestive bronchitis, possibly due to æther anæsthesia.

Case 148 succumbed on the night of the operation to pulmonary embolism, apparently owing to the patient, who was the subject of heart disease, getting up in the temporary absence of the nurse. The operation was a very simple one, and only occupied about fifteen minutes.

Case 95 comes under the preventable causes of death inasmuch as the ligature on the pedicle slipped during an attack of vomiting twelve hours after operation, and although I re-opened the wound, ligatured the pedicle afresh, and transfused, it was of no avail. In this case there was hardly any pedicle and I used the Staffordshire knot.

Since that time I have usually applied a separate ligature to the outer part of the broad ligament where there has been any tension.

Of the four cases dying from peritonitis, one patient was in a very insanitary ward, a drain having burst recently beneath the floor. I had been assured that the ward was in a sanitary condition, otherwise I should not have used it.

One case developed distension after the removal of appendages for a large myoma of the uterus, and had she been freely purged I have no doubt she would have recovered, but at that time (ten years ago) morphine was in vogue.

In Case 146 a large suppurating cyst was with difficulty removed, and perchloride of iron had to be applied freely to arrest the hæmorrhage.

In Case 167 a suppurating dermoid cyst was operated on away from my immediate care and was not seen by me until the third

day, when distension had set in, with vomiting ; morphine having been given from the first night after the operation. Although I re-opened the wound and drained and then tried to purge, it was without avail. In this case abstention from morphine, and a turpentine enema on the second day, followed by a purgative would probably have produced relief.

After the most careful consideration I think I am justified in saying that the case of hæmorrhage and three of the cases of peritonitis are the only fatalities I might possibly have prevented ; all the other lethal cases might happen again.

This would bring the *unavoidable* mortality of the series of cases down to 4·1 and the preventable mortality to 1·8 per cent.

The technique of ovariotomy has been so frequently discussed that the repetition of operative details is unnecessary, but I may mention that strict antiseptic precautions are observed, morphia is avoided, drainage is only resorted to where much effusion is expected or where the peritoneum has been unavoidably soiled, lavage is seldom used, a turpentine enema and a saline purge are given in case of distension, thoroughness in the removal of the whole of the disease is aimed at, and finally, expedition is considered of great importance.

A SERIES OF CASES TO ILLUSTRATE OVARIOTOMY IN GENERAL SURGICAL PRACTICE.

86 *Cases previously reported with 4 deaths—one from intestinal obstruction on 8th day; one from exhaustion on 7th day; two from peritonitis.*

No.	Name.	Age.	Date.	Nature of Case.	Operation.	Adhesions.	Drainage.	Result. R D*	Remarks.
87	M. J. M.	23	22/3/89	Pelvic suppuration. Bedridden invalid	Cyst with 1 pint of offensive pus removed	Yes	Yes	R	Omitted from former list.
88	M. A. G.	48	20/6/89	Abdominal tumour	Ovariotomy. Multilocular ovarian cyst	No	No	R	
89	M. A. G.	28	5/8/89	Paroxysmal pelvic and abdominal pain. Metrorrhagia. Chronic invalidism	Double pyosalpinx removed	Yes	No	R	
90	J. N.	46	10/8/89	Acute peritonitis. Suppurating ovarian cyst	Ovariotomy	Yes	Yes	D	Operation *in extremis*. Temporary relief. Death Aug. 12.
91	A. J.	26	17/9/89	Abdominal tumour	Ovariotomy. Right multilocular ovarian cyst	Yes	No	R	Left ovarian cystoma with 6 fluid pints removed by A. W. M. R., 26/11/85. One pregnancy in interval.
92	R. S.	29	18/9/89	Chronic invalidism and severe pelvic pain	Double ovariotomy. Cirrhotic right ovary. Left ovary size of orange. Blood cyst size of hen's egg in left broad ligament	Yes	No	R	
93	S. A. G.	32	29/9/89	Chronic invalidism. Pelvic distress	Double ovariotomy	Yes	No	R	
94	Mrs. N.	32	3/10/89	Salpingitis and ovaritis	Double ovariotomy	Yes	No	R	
95	E. McK.	29	4/10/89	Abdominal tumour	Double ovariotomy. Right cystoma, 8 pints. Left size of tangerine orange; almost sessile	No	No	D	Hæmorrhage due to slipping of ligature on left pedicle, owing to violent vomiting 12 hours after operation. Abdomen re-opened and pedicle re-tied. Transfusion.
96	M. P.	26	21/10/89	Parovarian. Tapped a year previously	Parovarian cyst removed; 10 fluid pints. Cystic ovary	No	No	R	

97	M. B.	32	19/11/89	Pelvic tumour. Pain, and retention of urine	Multilocular left ovary size of large orange with pyosalpinx; 10 fluid oz.	No	No	R	
98	L. J. M.	48	21/11/89	Abdominal tumour, 2 years' history. General anasarca. Left empyema	Ovariotomy. Multilocular ovarian cyst 10 pints. Several pints of ascitic fluid. Empyema aspirated to give relief	No	No	R	Wound healed first intention, but pus re-collected in chest and operation for empyema performed in Dec., 1889. Patient ultimately died from chest trouble.
99	E. M. F.	27	12/12/89	Two years' invalidism. Great pelvic distress	Double pyosalpinx. Both appendages removed	Yes	Yes	R	
100	M. S.	27	17/1/90	Pelvic tumour	Myoma of uterus. Hydrosalpinx with cystic ovaries removed. 4 fluid oz.	Yes	No	R	
101	Mrs. C.	34	20/1/90	Ovarian cyst. Ascites	Ovariotomy. 2 fluid pints, solid 3 lbs.	No	No	R	
102	Mrs. C.	27	21/1/90	Cystic ovary	Ovariotomy	Yes	No	R	
103	Mrs. B.	40	23/1/90	Suppurating dermoid cyst	Ovariotomy	Yes	Yes	R	
104	M. A. B.	29 (s)	23/1/90	Pelvic suppuration	Tube with 10 oz. of pus removed	Yes	Yes	R	
105	A. S.	28 (s)	14/3/90	Multilocular ovarian cyst	Ovariotomy. 6½ fluid pints	Slight	No	R	
106	M. B.	44	18/3/90	Pelvic tumour	Abdominal exploration. Partial ovariotomy. Cauliflower growth filling pelvis	No	No	R	
107	Mrs. B.	26	25/3/90	Fibroid of uterus	Removal of appendages	No	No	R	
108	Mrs. B.	50	1/4/90	Malignant tumour of ovary and peritoneum, with ascites	Abdominal exploration	Yes	No	R	
109	H. W.	40 (m)	8/5/90	Four years' illness. Abdominal tumour	Myoma of uterus. Right hydrosalpinx. Cyst of left broad ligament. Intestine wounded whilst breaking down adhesions, and closed by Lembert's sutures	Yes	Yes	D	Lavage produced collapse. Rallied, but died from congestive bronchitis on 10th. *P.M.* No fluid in peritoneum. No peritonitis. Œdema of lungs.
110	Mrs. C.	38	15/5/90	Fibroid of uterus	Removal of appendages	Yes	No	R	
111	Mrs. C.	29	5/6/90	Diseased appendages	Ovariotomy	Yes	No	R	
112	M. S.	57 (m)	9/6/90	Ovarian cyst	Ovariotomy. 22 fluid pints	Yes	No	R	
113	Mrs. E.	36	10/6/90	Diseased appendages	Ovariotomy	Yes	Yes	R	
114	Miss T.	35	22/6/90	Myoma of uterus	Double ovariotomy	No	No	R	
115	Miss B.	36	29/7/90	Myoma of uterus	Double ovariotomy	No	No	R	
116	H. L. B.	26 (m)	9/8/90	Pelvic tumour	Double ovariotomy	Yes	No	R	
117	Mrs. W.	33	18/8/90	Diseased appendages	Removal of appendages	Yes	No	R	
118	Miss B.	28	16/9/90	Ovarian cyst	Ovariotomy	No	No	R	
119	Mrs. G.	43	17/9/90	Ovarian cyst	Double ovariotomy	No	No	R	

* R = Recovery. D = Death.

No.	Name.	Age.	Date.	Nature of Case.	Operation.	Ad-hesions.	Drain-age.	Re-sult.	Remarks.
120	A. W.	57 (m)	25/9/90	Ovarian cyst	Ovariotomy. 5 fluid pints	Ext'nsive	No	R	
121	K. C.	20 (s)	10/11/90	Pelvic tumour	Left ovary and tube removed. Hæmatosalpinx and cystic ovary. Right pyosalpinx	Yes	Yes	R	
122	J. R.	48 (m)	14/11/90	Pelvic tumour. Multiloc. ov. cyst	Ovariotomy	Ext'nsive	No	R	
123	A. W.	24 (m)	21/11/90	Pelvic tumour	Double pyosalpinx	Yes	Yes	R	
124	S. McG.	39 (m)	1/12/90	Dermoid cyst of right ovary. Parovarian cyst (left side)	Right ovariotomy. Parovarian removed. 20 fluid oz.	Ext'nsive	No	R	
125	M. A. F.	26 (m)	11/12/90	Invalid 12 months. Pelvic tumour	Double hæmatosalpinx removed	Ext'nsive	Yes	R	
126	E. M.	25 (m)	16/12/90	Multilocular ovarian cyst. Ascites	Ovariotomy. Solid tumour, weight 17 lbs. 6 fluid pints	Yes	Yes	R	
127	S. H.	30	19/12/90	Pelvic tumour. Bedridden three months	Removal of right appendage with blood cyst size of fœtal head	Yes	No	R	
128	H. W.	39	16/2/91	Parovarian cyst	Removal	Ext'nsive	No	R	
129	W.	56	25/2/91	Ovarian cyst	Ovariotomy	...	...	R	
130	Mrs. A.	52	27/2/91	Ovarian cyst	Ovariotomy	Yes	Yes	R	
131	A. R.	41 (m)	13/3/91	Ovarian cyst	Ovariotomy. 18 fluid pints	No	No	R	
132	A. E. C.	26 (m)	16/3/91	Ovarian cyst	Ovariotomy	Yes	Yes	R	
133	M. D.	26 (s)	3/4/91	Double ovarian cyst	Double ovariotomy. 14 fluid pints	No	No	R	
134	C. D.	24 (m)	14/4/91	Ovarian cyst	Ovariotomy. 27 fluid ounces	Ext'nsive	No	R	
135	E. F. J.	27 (s)	11/6/91	Ovarian cyst	Double ovariotomy. 14 fluid pints	No	No	R	
136	Miss D.	23	12/6/91	Ovarian cyst	Ovariotomy. 5 fluid pints	No	No	R	
137	Mrs. N.	56	29/6/91	Ovarian cyst	Ovariotomy. 6 fluid pints; solid 1 lb.	No	No	R	
138	Miss R.	32	20/8/91	Ovarian cyst	Ovariotomy. 11 fluid pints; weight of sac 3 lbs. 11 ozs.	No	No	R	
139	Mrs. E.	40	24/8/91	Abdominal fistula and ovarian cyst	Ovariotomy	Yes	Yes	R	
140	Mrs. P.	34	11/9/91	Ovaritis with adhesions	Double ovariotomy	Yes	No	R	
141	E. P.	50 (s)	19/9/91	Ovarian cyst	Ovariotomy. 11 fluid pints	Yes	No	R	
142	Miss E.	31	12/10/91	Ovarian cysts and pedunculated fibroid	Double ovariotomy	Yes	Yes	R	
143	S. M.	41 (s)	19/10/91	Abdominal tumour. Myoma of uterus. Metrorrhagia and pressure symptoms	Oöphorectomy	No	No	R	

144	M. D.	62 (m)	20/10/91	Solid ovarian tumour. Ascites	Left ovariotomy. Tumour weighed 11 lbs.	Yes	No	R	
145	E. K.	35 (m)	30/10 91	Ovarian cyst	Double ovariotomy. 16 fluid pints	Yes	Yes	R	
146	E. P.	50 (m)	27/11 91	Suppurating ovarian cyst	Double ovariotomy. 10 fluid pints	Ext'nsive	Yes	D	Hæmorrhage from adhesions very free. Ferri perchlor. applied to bleeding surfaces. Peritonitis. Death on the 5th day after operation.
147	M. A. S.	26 (m)	4/12/91	Solid ovarian tumour. Ascites. Commencing peritonitis	Ovariotomy. Tumour (10″ × 6″)	Ext'nsive	No	R	
148	Miss F.	23	15/12 91	Ovarian tumour	Ovariotomy	No	No	D	Pre existing cardiac disease. Death evening of operation from pulmonary thrombosis, patient having risen from bed during temporary absence of nurse.
149	M. A. H.	40	4/1/92	Pelvic tumour. Chronic invalidism	Removal of appendages. Pyosalpinx	Yes	No	R	
150	Miss D.	35	5/1/92	Ovarian tumour & fibroid of uterus	Ovariotomy	Yes	Yes	R	
151	H. B. R.	35 (m)	8/1/92	Abdominal tumour. Solid ovarian tumour with ascites	Ovariotomy. 15 ascitic fluid pints. Sarcoma of left ovary. Ruptured cyst of right ovary	Yes	Yes	D	10th day exhaustion. Viscera & peritoneum generally covered with malignant nodules.
152	A. W.	35 (m)	18/1/92	Pelvic pain. Metrorrhagia. Chronic invalidism	Removal of appendages. Double pyosalpinx	Ext'nsive	Yes	R	
153	J. McM.	26	31/1/92	Fæcal fistula, four years' duration, following pyosalpinx and pelvic abscess	Double pyosalpinx. Removal of appendages	Ext'nsive	Yes	R	Adhesions were very firm, and both ascending and descending colons were torn and had to be sutured. Recovery from operation, but death 45 days after from exhaustion due to re-opening of fistula.
154	M. A. H.	42 (s)	19/2/92	Right ovarian cyst. Ascites. Prolapsus uteri	Right ovariotomy. 7 fluid pints	Yes	Yes	R	
155	S. J. S.	45 (m)	22/2/92	Ovarian cyst	Ovariotomy	Yes	Yes	R	
156	Mrs. P.	33	23/2/92	Parovarian cyst	Abdominal section, enucleation of cyst, 8 fluid pints	Yes	Yes	R	
157	M. M.	23 (s)	25/3/92	Pelvic tumour. Chronic invalidism	Removal of appendages. Salpingitis and pelvic abscess, pus 3 ounces	Yes	Yes	R	

No.	Name.	Age.	Date.	Nature of Case.	Operation.	Adhesions.	Drainage.	Result.	Remarks.
158	Mrs. H.	23	3/4/92	Parovarian cyst and blood cyst of ovary	Ovariotomy	Yes	No	R	
159	Miss M.	24	12/5/92	Ovarian tumour	Ovariotomy	Yes	No	R	
160	A. K.	37 (m)	13/5/92	Ovarian cyst. Pressure symptoms	Left ovariotomy, very wide pedicle. 11 fluid pints	Ext'nsive	Yes	R	
161	M. J. M.	50 (s)	3/6/92	Ovarian cyst	Ovariotomy	Yes	Yes	R	
162	S. E. W.	57 (s)	24/6/92	Multilocular ovarian cyst. Metrorrhagia	Ovariotomy	Ext'nsive	Yes	R	
163	H. B.	40 (m)	25/6/92	Myoma of uterus	Removal of appendages	Yes	No	R	
164	S. A. H.	39 (m)	29/7/92	Ovarian cyst and peritonitis	Right ovariotomy. Cyst contained semi-solid, cheesy matter, pedicle twisted, signs of commencing gangrene	No	Yes	R	
165	Miss P.	34	20/7/92	Myoma of uterus	Removal of appendages	No	No	R	
166	M. B.	52 (m)	6/8/92	Ovarian cyst	Double ovariotomy	Ext'nsive	No	R	
167	Mrs. K.	37	17/8/92	Suppurating dermoid cyst between uterus and rectum	Excision by abdominal section	Yes	No	D	Peritonitis.
168	A. D.	44 (m)	26/8/92	Fibroid of uterus	Oöphorectomy	No	No	R	
169	L. R.	35 (m)	27/8/92	Hydrosalpinx	Tube and ovary removed	Ext'nsive	Yes	R	
170	Miss D.	29	28/9/92	Ovarian tumour. Sarcoma of ovary. Ascites	Ovariotomy	Yes	Yes	R	
171	A. C.	40 (m)	30/9/92	Fibroid of uterus	Removal of appendages	No	No	R	
172	M. S.	54	1/10/92	Ovarian cyst	Ovariotomy. 4 fluid pints	Yes	No	R	
173	L. D.	27 (m)	15/10/92	Ovarian cyst (with pregnancy)	Solid tumour of ovary 4½ inches by 2	No	No	R	No miscarriage
174	Mrs. B.	35	18/11/92	Uterine fibroid	Removal of appendages	No	No	R	
175	F.H.D.C	30 (m)	26/11/92	Dysmenorrhœa and menorrhagia. Chronic invalidism	Removal of appendages (ovaries cystic and cirrhotic)	Yes	No	R	
176	M. P.	45 (m)	19/12/92	Pelvic tumour. Chronic invalidism	Double oöphorectomy	Yes	No	R	
177	A. C.	36 (m)	3/1/93	Dysmenorrhœa. Pelvic tumour	Ovariotomy	Yes	No	R	
178	H. D.	43 (m)	7/1/93	Pelvic tumour	Parovarian cyst. Double ovariotomy	Ext'nsive	No	R	

179	Mrs. W.	35	29/1/93	Gangrenous ovarian cyst	Ovariotomy	Yes	Yes	R	
180	R. C.	38 (m)	11/2/93	Ovarian cyst	Incomplete ovariotomy. No pedicle found	Very Ext'nsive	Yes	R	
181	M. S.	34 (m)	17/2/93	Ovarian cyst	Ovariotomy. 5 fluid pints; solid tumour 7½ lbs.	No	No	R	
182	A. J. S.	19 (s)	11/3/93	Ovarian cyst. One month previously tapped of 10 pints	Ovariotomy. 12 fluid pints; solid 2 lbs.	Yes	Yes	R	
183	M. C.	17 (s)	20/3/93	Ovarian cyst	Ovariotomy. 6 fluid pints	No	No	R	
184	S. W.	51	23/3/93	Sarcoma of ovary, with ascites	Double ovariotomy	Ext'nsive	No	R	
185	E. S.	30 (m)	28/3/93	Ovarian cyst	Ovariotomy	No	No	R	
186	M. B.	36	7/4/93	Pelvic tumour. Chronic invalidism	Removal of appendages	Yes	No	R	
187	A. W.	67	24/4/93	Parovarian cyst	Removal of cyst. 2 fluid pints	Yes	Yes	R	
188	E. G.	31 (m)	2/5/93	Ovarian cyst	Ovariotomy	Yes	No	R	
189	Mrs. M.	30	5/5/93	Double pyosalpinx	Removal of appendages	Yes	Yes	R	
190	Mrs. W.	32	9/5/93	Pelvic peritonitis and old pyosalpinx	Removal of appendages	Yes	Yes	R	
191	A. H.	21	19/5/93	Pelvic tumour	Pyosalpinx, removal of appendages	Yes	No	R	
192	C. O.	27 (s)	26/5/93	Ovarian cyst	Ovariotomy	Yes	Yes	R	
193	Mrs. F.	49	11/6/93	Malignant ovarian tumour and ascites	Abdominal section and drainage	Yes	Yes	R	
194	A. E. D.	28	14/6/93	Abdominal tumour. Emaciation anasarca	Double ovariotomy. Malignant disease of both ovaries	Yes	Yes	D	Shock. Death 4 hours after operation
195	J. A. D.	37 (m)	16/6/93	Cystic ovary. Ascites	Ovariotomy	Yes	Yes	R	
196	M. Y.	28	20/7/93	Pelvic tumour. Chronic invalidism	Double pyosalpinx, pelvic abscess, removal of appendages	Yes	Yes	R	
197	Miss C.	38	20/8/93	Fibroid of broad ligament	Enucleation by abdominal section. Left ovariotomy	Yes	No	R	
198	Mrs. B.	45	19/9/93	Ovarian cyst with ascites	Ovariotomy. Solid 4 lbs.	No	No	R	
199	M. R.	43 (m)	22/9/93	Ovarian cyst	Double ovariotomy. 5 fluid pints	No	No	R	
200	E. W.	39	24/10/93	Ovarian cyst	Double ovariotomy	Yes	No	R	
201	J. E. G.	42	6/11/93	Ovarian cyst. Ascites	Double ovariotomy	Yes	Yes	R	
202	S. N.	39	21/11/93	Ovarian cyst	Ovariotomy. 4 fluid pints; solid tumour 7 lbs. 9 ozs.	No	No	R	
203	Mrs. T.	57	5/12/93	Ovarian cyst. Peritonitis	Ovariotomy. 2 fluid pints	Yes	Yes	R	
204	M.A.H.	60	18/12/93	Multilocular ovarian cyst	Ovariotomy. 18 fluid oz.; solid 10 lbs.	Yes	Yes	R	

No.	Name.	Age.	Date.	Nature of Case.	Operation.	Ad-hesions.	Drain-age.	Re-sult.	Remarks.
205	Miss D.	31	6/1/94	Ovarian sarcoma invading mesentery	Removal by abdominal section	Yes	Yes	R	4 inches of intestine separated from mesentery at time of operation. Shock very severe, successfully combated by Transfusion.
206	E. D.	33	10/1/94	Suppurating multilocular ovarian cyst	Ovariotomy	No	No	R	
207	Mrs. W.	29	6/6/94	Ovarian cyst	Ovariotomy. Cyst size of orange	Yes	No	R	
208	F. M.	30(m)	9/1/94	Ovarian cyst	Double ovariotomy. 16 fluid pints, solid tumour 3 lbs.	No	No	R	
209	S. J. E.	34	15/1/94	Pelvic tumour. Prolapsus uteri. Chronic invalidism	Double ovariotomy, removal of tubes. 39 fluid oz., solid tumour 9½ oz.	Ext'nsive	Yes	R	
210	J. P.	41	22/1/94	Multilocular ovarian cyst	Ovariotomy	Ext'nsive	Yes	R	
211	H. M. R.	29	7/2/94	Suppurating ovarian cyst. Pedicle twisted. General peritonitis	Ovariotomy	Yes	Yes	R	
212	H. M.	55	7/3/94	Suppurating ovarian cyst	Ovariotomy	Ext'nsive	Yes	D	Exhaustion 10th day.
213	G. D.	53	23/3/94	Suppurating ovarian cyst	Ovariotomy	Yes	Yes	R	
214	E. A. P.	42(m)	23/4/94	Unilocular ovarian cyst	Ovariotomy. 14 fluid pints, solid 12 oz.	Yes	Yes	R	
215	A. B.	25(m)	22/5/94	Pelvic tumour. Chronic invalidism	Double ovariotomy. Left ovary cystic, right ovary bound down by adhesions	Yes	No	R	
216	Mrs. T.	28	9/6/94	Parovarian cyst and pyosalpinx	Ovariotomy	Yes	Yes	R	
217	H. A.	57	28/6/94	Solid tumour of ovary	Abdominal exploration (malignant)	No	No	R	
218	M. G.	25	7/7/94	Ovarian cyst. Previous peritonitis	Ovariotomy. 11 fluid pints. Hysteropexy	Yes	No	R	
219	E.W.W.	30	16/7/94	Retroflexion of uterus. Small ovarian cysts	Double ovariotomy and hysteropexy	Yes	No	R	

Total 219 *Cases, of which* 206 *Recovered and* 13 *Died* = 5·93 %, *or excluding Malignant Cases* = 5·02 %.