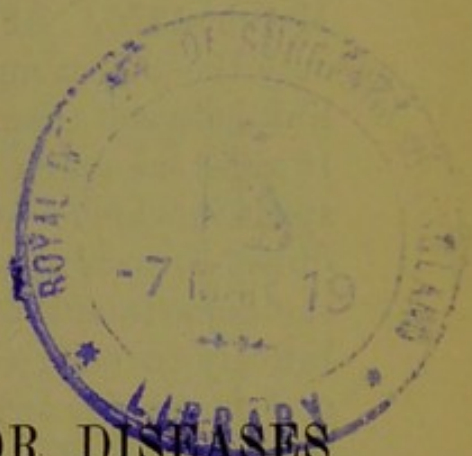
Report of the in-patient department for diseases of women for the year 1890 / by Charles J. Cullingworth.



REPORT

OF THE

IN-PATIENT DEPARTMENT FOR DISEASES OF WOMEN

FOR THE YEAR 1890.

By CHARLES J. CULLINGWORTH, M.D., F.R.C.P.

The plan laid down in the two previous reports has again been followed in the present one. I am indebted to Mr. Herbert C. Low for the preparation of Tables I and II (General Statement of Patients and General Table of Diseases), while for the remaining tables (general and special) I am myself responsible.

I cannot allow this opportunity to pass without alluding to the retirement of the ward sister in the month of November, 1890, after thirty-two years of faithful service to the hospital. She was first appointed a nurse on the 5th of May, 1858, when the hospital was in the Borough, and when the duties of a nurse included the scrubbing of floors, &c. On the removal of the hospital to its temporary home in the Surrey Gardens, Nurse Anne (as she was generally called, though her real name is Clara Holloway) became a staff

nurse, and when the present hospital was opened (in September, 1871) she was attached in that capacity to Adelaide Ward, being promoted to the rank of sister on the 25th of March, 1876. At the time of her retirement she was not only the oldest nurse in the hospital, but the sole remaining link between the nursing systems of the present and the past. It gives me much pleasure to bear witness to the praiseworthy spirit in which she accepted the additional and unaccustomed duties thrown upon her when, in 1888, the surgical work of the department became suddenly increased. She struggled bravely to meet the new demands made upon her strength and energy for two years and a half, when she felt compelled to resign, and was succeeded by the present sister, Miss Christie. The good wishes of many generations of officers, students, and nurses follow our late sister in her well-earned retirement.

Table I.

General Statement of Patients in Adelaide Ward (female).

Number of Beds in Ward (including small Ward)		21
Number of Patients in Ward, Jan. 1st, 1890		10
" " " Dec. 31st, 1890...		12
" " discharged or died during 1890:		
		Rate per cent.
Cured	120 ...	47·0
Relieved	98 ...	38·2
Unrelieved	32 ...	12·5
Died	6 ...	2·3
Total	256 ...	100·0

Average number of days of each patient's stay in hospital—22.

Table II.—*General Table of Diseases.*

DISEASE.	Number of cases.	Age.						Duration of residence.					Cured.	Relieved.	Unrelieved.	Died.	REMARKS.
		10–20	–30	–40	–50	–60	Above 60	Under 1 wk.	1–2 weeks	2–4 weeks	1–2 months	Above 2 mos.					
I. Diseases of Ovaries.																	
A. *Cyst.*																	
a. Simple and multiple	13	...	1	4	2	2	3	1	1	3	6	2	11	...	1	1	All operated upon (see Special Table).
b. Malignant . .	3	...	...	...	2	1	...	1	...	...	2	...	...	2	...	1	
c. Dermoid . .	2	...	...	2	...	...	...	...	...	...	2	...	2	...	...	...	
B. *Growths*																	
a. Fibroid . . .	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Operated upon (see Special Table).
b. Sarcoma . .	1	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	
C. *Displacement*																	
Prolapse . . .	1	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	Left ovary prolapsed and adherent; pelvic peritonitis.
II. Diseases of Fallopian Tubes.																	
Salpingitis, simple . .	20	4	13	2	1	...	...	4	7	2	6	1	4	14	2	...	The two unrelieved left at their own request. Three were treated by abdominal section, the remainder by rest, &c.
Pyosalpinx . . .	4	...	2	2	...	...	...	...	...	...	3	1	3	1	...	...	Abdominal section performed on all four.
Hæmato-and hydrosalpinx	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Abdominal section.
Tubercular salpingitis and peritonitis	3	1	2	...	...	...	...	...	...	...	1	2	...	2	...	1	In 1 case the disease was limited to the Fallopian tubes. Abdominal section was performed, and the appendages were removed. In the second case, only an exploratory incision was made as there was general tubercular peritonitis. In the fatal case abdominal section was performed, and the patient died over 2 months afterwards from perforation of the intestine.

TABLE II—*continued.*

DISEASE.	Number of cases.	Age.						Duration of residence.					Cured.	Relieved.	Unrelieved.	Died.	REMARKS.
		10–20	–30	–40	–50	–60	Above 60	Under 1 wk.	1–2 weeks	2–4 weeks	1–2 months	Above 2 mos					
III. DISEASES OF UTERINE LIGAMENTS AND OF THE ADJACENT PERITONEUM AND CELLULAR TISSUE.																	
A. Hæmatocele.																	
a. Intra-peritoneal .	4	...	3	...	1	...	...	...	...	2	2	...	3	1	...	...	In 2 abdominal section was performed. The other 2 were treated by rest.
b. Extra-peritoneal .	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Diagnosis confirmed by exploratory incision.
B. Inflammation.																	
a. Pelvic peritonitis .	13	...	9	4	...	...	...	3	3	5	2	...	4	9	...	...	
b. Pelvic cellulitis .	12	3	3	3	2	1	...	1	2	6	1	2	4	7	1	...	
c. Abscess . . .	5	...	...	3	2	...	...	...	...	1	1	3	...	5	...	...	All treated by incision.
C. Cysts of broad ligament																	
a. Parovarian . .	2	...	1	1	...	...	...	...	...	2	...	...	2	...	...	...	See Special Table, No. 1.
b. Subperitoneal .	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	See Abstract.
IV. DISEASES OF UTERUS AND CERVIX.																	
Endometritis . . .	15	...	6	4	4	1	...	...	7	7	1	...	7	7	1	...	
Chronic metritis . . .	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	
Chronic cervical catarrh .	1	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	
Fibroma	15	...	...	7	6	1	1	3	4	3	5	...	1	8	5	1	Oöphorectomy was performed in three cases. In the fatal cas the patient died of pyæmia.
Polypus, fibrous . . .	5	...	1	1	2	1	...	...	2	3	...	...	5	...	...	...	
„ mucous . .	3	...	...	...	2	1	...	2	1	...	...	...	3	...	...	...	
Carcinoma of cervix . .	12	...	1	2	7	2	...	4	4	2	1	1	2	3	7	...	Hysterectomy performed in two. No operative measures taken in any of the others either on account of an operation being declined or the disease being too advanced.

Retroflexion	5	...	...	4	1	...	...	1	1	2	1	...	3	1	1	...	In 1 case there was marked deformity of spine (? spondylolisthesis), causing incarceration of the uterus. In another abdominal section was performed.
Inversion	1	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	Complete inversion with sloughing fibroid (see Lancet, June 21st, 1890).
Prolapse	2	...	...	...	...	1	1	...	1	...	1	...	...	2	...	...	
Stenosis of os internum	1	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	Patient, æt. 41, para 9. Retention of menstrual fluid; menorrhagia and metrorrhagia.
Laceration of cervix	2	1	1	...	...	...	...	1	1	...	...	...	...	2	...	...	
Hypertrophic elongation	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	
Primary syphilitic sore on cervix	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	
V. Diseases of Vulva, Vagina, &c.																	
Septum of vagina	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	Congenital.
Vesico-vaginal fistula	3	...	2	1	...	...	...	1	...	1	1	...	...	...	3	...	2 operated upon; in the other, operation was deferred on account of suppurative disease of kidney, the patient being transferred to have nephrectomy performed.
Contraction of upper part of vagina from sloughing	1	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	Probably due to old ulceration.
Rectocele	1	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	
Prolapse of anterior vaginal wall	1	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	
Prolapse of mucous membrane of urethra	1	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	
Abscess of Bartholin's gland	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	
Cyst of anterior vaginal wall	1	...	1	...	...	...	...	...	...	1	...	..	1	...	...	...	
Urethral caruncle	2	...	2	...	...	...	...	1	1	...	...	...	2	...	...	...	Removed.
Rupture of perinæum	10	1	7	1	1	...	...	1	...	7	1	1	8	1	1	...	Operation performed in 9. In one of these the operation was not completely successful. In the case tabulated as unrelieved an operation was considered unnecessary.

TABLE II—*continued.*

DISEASE.	Number of cases	Age.						Duration of residence.					Cured.	Relieved.	Unrelieved.	Died.	REMARKS.
		10–20	–30	–40	–50	–60	Above 60	Under 1 wk.	1–2 weeks	2–4 weeks	1–2 months	Above 2 mos.					
PREGNANCY AND ITS ACCIDENTS.																	
Pregnancy	4	...	2	1	1	...	...	4	...	...	...	...	1	1	2	...	1 case admitted for diagnosis; 1 had had a fall, which was followed by vomiting and pain; patient did not abort; 1 case had contracted pelvis; labour to be induced later on at 8th month; 1 case suffered from obstinate constipation.
Induction of premature labour	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	Contracted pelvis; labour induced at 8th month.
Retroverted gravid uterus .	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Retention; uterus replaced; labour not interrupted; febrile attacks.
Accidental hæmorrhage .	2	...	1	1	...	...	...	...	1	...	1	...	2	...	...	...	Both cases aborted.
Hæmorrhage from retained fœtal products	29	2	12	15	...	...	...	...	13	15	1	...	27	...	2	...	The 2 cases unrelieved declined operative treatment; all the others cured by the removal of the fœtal products.
Eclampsia	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	Induction of labour under chloroform. Death 5 days afterwards from double pneumonia; nephritis.
Extra-uterine fœtation .	3	...	2	1	...	...	...	...	...	...	3	...	3	...	...	...	Abdominal section performed in all 3.
Cæsarian section . .	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	See Lancet, May 17th, 1890.
Rupture of uterus . .	1	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	Shoulder presentation; version; rupture at junction of cervix with body. Treatment, rest and antiseptic douches.
Hydatidiform degeneration of chorion	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	
Subinvolution . . .	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	
Vomiting of pregnancy .	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	
Varicose veins . . .	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	
VARIOUS.																	
Dysmenorrhœa . . .	6	...	3	3	...	...	...	2	4	...	...	...	...	6	...	...	
Menorrhagia	1		1						1				1				

Metrorrhagia . . .	3	...	1	2	...	...	...	...	2	1	...	...	1	2	...	...	
Hysteria	7	...	3	2	1	1	...	4	2	1	...	...	1	5	1	...	1 case complained of an abdominal tumour (phantom).
Pelvic neuralgia . . .	5	...	3	2	...	...	...	1	1	3	...	...	...	4	1	...	
Vaginismus . . .	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	
Abdominal abscess . .	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	Incision and drainage; cause not made out.
Chronic cystitis . . .	2	...	1	1	...	...	...	...	...	...	2	...	...	2	...	...	
Pneumonia . . .	1	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	Clearing up; secondary to influenza; old abdominal section
Carcinoma of rectum . .	1	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	Transferred to Alexandra Ward.
Tubercular kidney . .	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	Transferred to Charity Ward.
Hernia through scar of abdominal section	1	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	Operated upon.
Periproctitis . . .	1	1	...	...	...	...	...	1	...	...	...	...	...	...	1	...	? Malignant.
Suppuration in wound after abdominal section	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	Incision and drainage.
Ventral hernia . . .	1	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	
Renal cyst	1	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	Aspirated.
Ulcerative endocarditis .	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	Transferred to Christian Ward.

TABLE III.—*Operations performed during the Year.*

Abdominal section:		
Cystic adenoma of ovary		8[1]
Cystic adenoma of ovary (suppurating)		1
Cystic fibroma of ovary		1
Malignant disease of ovary—4 cancer (2 colloid), 1 fibro-sarcoma		5
Subperitoneal cysts of broad ligament		1
Dermoid cyst of ovary		2
Parovarian cyst		2
Salpingitis and pelvic peritonitis		2
Purulent salpingitis and pelvic peritonitis		5
Hæmato-salpinx		1
Hæmatocele		2
Porro-Cæsarian section		1
Ectopic gestation		3
Removal of normal tubes and ovaries for fibroids		4
Exploratory incision for—		
Tubercular peritonitis	2	
Hæmatoma of broad ligament	1	
Sinus after abdominal section	1	
Retroflexion of uterus	1	
Abdominal abscess	1	= 6
		44
Posterior colporrhaphy	1	
Polypus uteri (fibroid)	5	
Removal of cervix uteri (infra-vaginal)	1	
Vesico-vaginal fistula	1	
Recto-vaginal fistula	1	
Lacerated perinæum	8	
Vaginal hysterectomy	2	
Cyst of anterior vaginal wall	1	
Inversion of the uterus with fibroid polypus	1	= 21
Total number of operations		65

TABLE IV.—*Causes of Death in Fatal Cases.*

Continuous vomiting (without peritonitis or symptoms of septicæmia) after abdominal section: (1) for colloid cancer of right ovary; (2) for cystic adenoma of the right ovary	2
Septic peritonitis after abdominal section for large, adherent, sub-serous cyst of broad ligament	1
Tuberculosis; intestinal perforations with fæcal fistulæ two months after an exploratory operation and removal of encysted ascitic fluid	1
Puerperal eclampsia and pneumonia	1
Total	5

[1] One with colloid cancer of cæcum.

Abdominal section.

The cases of abdominal section have been arranged in two tables : No. I including all cases generally classed under the heading of ovariotomy, viz. those in which the operation was performed for ovarian or broad ligament tumours ; and No. II, including all other cases.

Table No. I consists of twenty cases, of which three died. One of these, No. 2, was a case of colloid cancer of the ovary. Death took place seventy-six hours after the operation, vomiting having set in twenty-four hours previously and continued up to death. An autopsy was not permitted, but a partial examination was made through the wound. There was no peritonitis or stomach disease, but, on tracing the intestine from the duodenum downwards, there was found to be colloid cancer of the last three inches of the ileum and of the ileo-cæcal valve. No other lesion was discovered. The second case that proved fatal, No. 7, was that of a very stout, flabby woman of sixty, with marked capillary injection of the face, and an unhealthy livid colour of the skin generally. There was a layer of pale, subcutaneous fat, an inch and a half thick, on the abdominal wall. The omentum was pale and œdematous, and of great thickness. In short, without there being any definite lesion, the patient was obviously in an exceedingly unfavorable condition for bearing a serious operation. Vomiting, which occurred once in twenty-four hours during the first two days, became, after that, much more frequent, increasing in frequency up to the time of death, nearly six days after the operation. On the third day the temperature rose to 101·4°, and the pulse to 140, but after that the highest recorded temperature until a few hours before death was 100°, and the highest pulse record 120. No *post-mortem* examination was permitted, so that the cause of death can only be guessed at. The third of the fatal cases, No. 18, is reported more fully, the cause of death (septic peritonitis) having been placed beyond doubt by an autopsy.

In looking over the entire series, it is impossible not to be struck with the large proportion of cases in which there was malignant disease. Thus, out of the twenty cases, five were

certainly of a malignant character, and in another (No. 12), though the ovarian disease was to all appearance ordinary cystic adenoma, there was colloid cancer of the cæcum. The difficulties that sometimes attend the determination of the nature of a morbid growth by examination under the microcope find a striking illustration in the case of A. D— (No. 13). On July 17th, 1890, this patient had a solid tumour of the right ovary removed, the healthy left ovary being also removed as a matter of precaution. There was no ascites, and there were no adhesions. Mr. Shattock examined a section of the tumour under the microscope, and pronounced it a simple fibroma. But within six months the patient's health broke down, and after an illness of several months, during which she became emaciated almost beyond recognition, vomiting of uncontrollable character set in, and she died from fibro-sarcoma of the stomach. There can, of course, be no reasonable doubt that the original disease was of the same nature, especially as the autopsy showed that the uterus and adjacent intestines had become markedly affected.

The series includes two cases of parovarian cyst, and two of dermoid cyst of the ovary. The two latter are preserved in the hospital museum. One of them (Case 20) was remarkable in that the tumour was (except for adhesions, the result of inflammation) lying free in the peritoneal cavity, all trace of pedicle having disappeared. The phenomenon is not a very uncommon one in the case of pedunculated sub-serous fibroids of the uterus; but in the case of ovarian tumours it is very rare, and, so far as I know, confined to dermoids.

The cases in Table No. II are twenty-four in number. They include nine cases of removal of diseased uterine appendages; four cases of removal of the normal tubes and ovaries for uterine fibroids; three cases of extra-uterine gestation (two in an early stage, after rupture of the Fallopian tube, and one at a later stage, four weeks after the death of the fœtus, which had never attained maturity); three cases of hæmatocele, probably all due to tubal gestation; one case of Porro's operation for deformity of the pelvis, and four exploratory operations. Of these last, two proved to be cases of tubercular disease of the peritoneum and other parts; one was a case of effusion, most probably of blood

(hæmatoma), in the broad ligament, while the fourth, thought to be disease of the uterine appendages, turned out to be a retroflexed uterus, enlarged from fibroids and incarcerated in the hollow of the sacrum.

Only one death occurred amongst the patients in this series. The case was one of extensive tubercular disease in which an exploratory incision was made, and a large quantity of ascitic fluid removed, death occurring two months afterwards from the advance of the disease.

Full reports of the nine cases of removal of diseased uterine appendages, of the three cases of hæmatocele, and of the four exploratory operations have been communicated to the Obstetrical Society of London in a paper on "Abdominal Section in Certain Cases of Pelvic Peritonitis." The case of Porro's operation was published in the 'Lancet.' The two cases of ruptured tubal gestation form the subject of a separate paper in the present volume.

As the operation for removal of diseased uterine appendages is still the subject of controversy, it may be well to summarise briefly the various conditions actually found in the nine cases included in Table II. In six, *i. e.* in two-thirds of the cases, the disease was of a suppurative character. In four of these, the seat of suppuration was one or both Fallopian tubes, in another case, in addition to the purulent salpingitis, there was a suppurating ovarian cyst; while, in the sixth case, the ovary alone was the seat of suppuration, the accompanying disease of the Fallopian tubes being non-purulent in character. In the remaining third of the cases, three in number, the Fallopian tubes were one or both the seat of chronic inflammation; and in two out of the three one of the ovaries had undergone cystic change of a marked character. All the patients recovered from the operation; in only one case did the abdominal wound fail to heal without suppuration. With regard to the results of the operation, all the nine left the hospital well and free from pain. Seven of them were seen some months afterwards; of these, six remained well and free from pain, and the seventh, although she complained of pelvic pain, looked exceedingly well, had a normal temperature, and had, on physical examination, no sign of inflammatory exudation or other

morbid condition in the pelvis. Her pain was probably either neuralgic in its character or the result of an omental adhesion. The patient, in whom suppuration was found to exist both in tubes and ovary, made an excellent recovery, and, so far as her pelvic organs were concerned, remained well. But a few months later she was operated upon for cancer of the breast and died, within twelve months, from cancer of the stomach.

With regard to the technique of the operation there has been no change of importance in my practice since the last report.

Special Table I.—*Abdominal Section for Ovarian or Broad-ligament Tumours.*

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritoneum flushed.	Result of operation.	Remarks.
					1890							
1	L. A.	Islington	27	M.	Jan. 16	Cystic adenoma of left ovary	Abdominal parietes above umbilicus	Normal	None	No	R.	Highest temp. 100·6°.
2	M. S.	Clapham	47	M.	Feb. 13	Colloid cancer of right ovary; weight of tumour 9 lbs. 6 oz.	Above and behind, also in pelvis to posterior pelvic wall and to uterus; and to small intestine, the last very vascular	Shrivelled and hard, but not diseased	55 hours	Yes	D.	Vomiting set in on 3rd day, and continued to death the day following, 76 hours after operation. No P.M. permitted. Abdominal incision reopened; no peritonitis; colloid cancer of last 3 inches of ileum; no disease of stomach. Cause of death not discovered.
3	C. G.	Kensington	71	W.	April 3	Cystic adenoma of left ovary	Recent; chiefly parietal	Senile	44 hours	No	R.	Highest temp. 99·2°, Discharged well on 24th day.
4	S. McN.	Clapton Park	42	S.	April 24	Columnar-celled carcinoma of both ovaries; weight 2 lbs. 5½ oz.	Universal in pelvis; none in abdomen	See "Nature of tumour"	44 hours	Yes	R.	Pneumonia 6th to 11th day after operation. Remained fairly well to end of May, after which disease recurred, and patient died Sept. 24th, 1890.
5	M. C. S.	Streatham	56	S.	April 24	Cystic adenoma of right ovary; a multitude of small cysts, nearly all filled with blood-clot; weight 13 lbs. 6 oz.	Firm to abdominal wall, high up in front; recent posteriorly; none in pelvis	Normal	44 hours, india-rubber substituted	No	R.	Recovery uninterrupted. Three months later presented herself in perfect health.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and treatment of other ovary.	Glass drainage tube.	Peritoneum flushed.	Result of operation.	Remarks.
					1890							
6	F. W.	Lewes	71	M.	May 1	Cystic adenoma of right ovary, and large hydrosalpinx of left Fallopian tube; weight of ovarian tumour 24 lbs. 5 oz.	Parietal and omental	Senile; removed with adjacent hydrosalpinx, to which it was adherent	50 hours	No	R.	Highest temp. 100°; after 5th day normal.
7	J. M.	Lambeth	60	M.	May 8	Cystic adenoma of right ovary; weight 7 lbs. 2 oz.	Parietal and omental	Senile	50 hours	Yes	D.	Vomiting set in 58 hours after operation, and continued, with increasing frequency, up to death at 1·30 p.m., May 14th. No P.M.
8	E. D.	Edmonton	35	M.	May 22	Cystic adenoma of both ovaries	None	See "Nature of tumour"	None	No	R.	Recovery uninterrupted. Highest temp. 100·8°. Left hospital well June 18th.
9	A. T.	Kensington	34	W.	June 5	Cystic adenoma of left ovary; weight 9 lbs.	Parietal; slight	Normal	44 hours	Yes	R.	Recovery uninterrupted. Highest temp. 100°. Left hospital well June 25th.
10	A. McD.	Walworth	69	M.	June 12	Cystic fibroma of right ovary; two cysts, one containing 64 fl. oz. dark brown fluid, the other 10 fl. oz. straw-coloured serum; between cysts and pedicle a hard fibroma size of pigeon's egg; nature verified by microscope	None	Normal	20 hours	No	R.	Recovery uninterrupted. Highest temp. 100·2°. Left hospital well July 10th.
11	C. MacD.	Rochester	53	W.	June 26	Carcinoma of right ovary, size of hen's egg; with large hæmato-salpinx of right tube	Universal, pelvic	Normal	72 hrs., replaced by rubber tube	Yes	R.	Recovery interrupted by suppuration. Highest temp. 100·2°. On Sept. 20th disease had recurred, forming a tumour filling the abdominal cavity.

12	M. A. M.	Hook, near Surbiton	47	M.	July 7	Cystic adenoma of right ovary, with colloid cancer of cæcum	None	Normal	24 hours	No	R.	Transferred to surgical wards July 14th, having had no bad symptoms since operation. Was allowed to go home, and failed to return for the excision of cæcum.
13	A. D.	Plumstead	26	S.	July 17	Fibro-sarcoma of right ovary, 5½ in. × 3½ in. × 3 in.; weight 12¾ oz.	None	Normal; removed as a precautionary measure	21 hours	No	R.	Highest temp. 100·2°. Re-admitted April 9th, 1891, with obstinate vomiting, emaciation, abdominal distension. Died May 17th of fibro-sarcoma of stomach.
14	F. M.	Kensington	25	S.	July 21	Parovarian cyst of right side	None	Both ovaries normal	48 hours	No	R.	Alarming symptoms supervened an hour after operation; abdomen reopened; blood in peritoneal cavity from slipping of pedicle. Pedicle secured. Suppression of urine 22 hours. Pyrexia for a week, then quick recovery.
15	E. H.	Bournemouth	36	S.	July 26	Dermoid cyst left ovary, 3½ in. × 2½ in., situated in retro-uterine pouch. Two cysts, one containing liquid fat, the other a ball of hair	None	Normal	None	No	R.	Highest temp. 99·8°.
16	M. R.	Cavenham, Suffolk	44	M., nulli-para	Aug. 4	Cystic tumour of right ovary with colloid contents; weight 13¼ lbs. Appendix vermiformis distended with colloid material, which was escaping into peritoneal cavity through a perforation in wall of appendix; also sub-peritoneal fibroids; one removed	None	Normal; removed	48 hours, then rubber tube	Yes	R.	Much colloid material escaped through wound during first few days, followed later by suppuration; slow recovery. No recurrence twelve months later.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Nature, &c., of tumour.	Adhesions.	Condition and and treatment other ovary.	Glass drainage tube.	Peritoneum flushed.	Result of operation.	Remarks.
					1890							
17	M. B.	Putney	39	S.	Aug. 5	Parovarian cyst; left broad ligament removed with stretched tube and normal ovary. Contents 360 fl. oz. clear, colourless fluid. Sp. gr. 1000	None	Both ovaries normal	None	No	R.	Highest temp. 100°.
18	M. N.	Battersea	51	M.	Nov. 10	Large mass of subperitoneal serous cysts of right broad ligament	Old, dense, and universal	Both ovaries and tubes normal, adherent; not removed	48 hours	Yes	D.	See Abstract.
19	S. R.	Battersea	33	S.	Nov. 12	Small suppurating cyst of right ovary containing 3½ fl. oz. of fetid pus, and measuring 2½ in. × 1½ in., situated behind uterus. Right tube inflamed, but pervious, incorporated in cyst wall	Dense and universal	Normal, adherent; not removed	48 hours, replaced by rubber tube	Yes	R.	Suppuration for a month. Highest temp. 100°. Oct. 17th, 1891.—Quite well, and in full work as an ironer.
20	M. L.	Kensington	39	M.	Dec. 11	Dermoid cyst of left ovary, 2¼ in. × 2 in. × 1¼ in., containing a compact ball of hair and some solid fat; no trace of pedicle	Universal	Normal	18 hours	No	R.	Recovery uninterrupted. Highest temp. 99·8°.

In only one of the three fatal cases in the preceding table was a complete autopsy permitted; the following is an abstract of the case.

Case 18. *Severe pain in back and before and during defæcation, dating from an "inflammation" after birth of only child thirty years ago, worse recently; uterus retroverted and adherent; soft swelling in front and to right of uterus, inseparable from it; abdominal section; right side of pelvis filled with a number of thin-walled, densely adherent, sub-peritoneal cysts of the broad ligament; cysts separated and removed; death on eleventh day; autopsy; septic peritonitis* (from notes by A. How).—M. N—, æt. 51, married, residing at Battersea, admitted November 3rd, 1890. The catamenia commenced at 14, and were regular. Married in 1860. First and only child born about a year afterwards; labour protracted and followed by an illness which the doctor said was inflammation, and for which she had to keep her bed for six weeks. The illness was accompanied by an unpleasant discharge. Since that time the periods have been profuse and irregular, easily brought on by a chill, exertion, or excitement, and the pain accompanying them has been severe. From August, 1889, to January, 1890, menstruation ceased; then a profuse flow came on and lasted a month. Between January and April she was constantly losing a little blood, and had incessant pain in the back and lower part of abdomen. Patient states that she has had "a lifetime of suffering."

On admission. — A fairly well-nourished, sallow-complexioned woman, of somewhat sad countenance. Complains of pain in lower part of back, increased by movement or stooping; also of great pain before and during defæcation.

On vaginal examination, uterus found retroverted and fixed; canal three inches long; a soft swelling, equal in size to a man's fist, felt lying in front and to the right of the uterus. *Per rectum,* the body of the uterus can be traced up to the fundus, over which the forefinger can be hooked. From each side of the uterus a tense band runs upwards and outwards, presumably the upper border of the broad ligament, displaced owing to the displacement of the uterus.

Abdominal section was performed 9.30 a.m. November

10th, 1890. Occupying the whole of the right side of the pelvis were a number of thin-walled cysts of the broad ligament, mostly containing clear serum, but a few containing serum of a dark-brown colour from the admixture of blood. One cyst was equal in size to a large orange; the others were smaller. The cysts were in the right broad ligament, and were united by old and dense adhesions to all the parts around, except those lying immediately in front. With considerable difficulty the cysts were separated and brought into view. They were then removed by transfixing and tying the broad ligament at their base.

The body of the retroverted uterus was adherent to the posterior pelvic wall by a number of firm bands, which were torn through by the fingers. The uterus was then straightened, and a Hodge's pessary introduced *per vaginam*. The tubes and ovaries were bound down by old adhesions, and prevented the displacement of the uterus from being completely reduced, even after the posterior adhesions had been separated. The tubes and ovaries were not disturbed. A good deal of bleeding took place from the separated adhesions. The intestines were with difficulty kept from protrusion throughout the operation. There were no intestinal adhesions. The peritoneum was douched with hot solution of boric acid, a glass drainage-tube was inserted, and the edges of the abdominal wound were brought together by sutures of silk-worm gut.

The patient was sick at intervals on the day of operation, and the following day the abdomen was distended, and the expression anxious. A simple enema was administered without effect. At 4 p.m., and again at midnight, morphia was given subcutaneously. The patient rejected everything given by the mouth.

November 12th.—A little flatus had passed through the rectal tube, but the abdomen remained much distended and the vomiting continued. At 3 p.m. the glass drainage-tube was removed. At 6 p.m. an enema was again administered, and returned immediately, with much flatus and some small lumps of fæcal matter. The temperature up to this time had been almost uniformly normal; the highest record had been 99·4°. The pulse had varied between 80 and 120. At

7 p.m., and again at 11 p.m., a drachm of magnesium sulphate was given in solution and retained. At midnight a soap and water enema was tried once more. It brought away some flatus but very little fæcal matter.

13th.—The vomiting continued, and the abdomen was still much distended. A seidlitz powder was given, but returned immediately. Morphia was injected at intervals.

14th.—The vomiting and distension continuing, two punctures of the distended bowel were made with the hypodermic needle through the abdominal wall, but with no result. The temperature was normal and subnormal, and the pulse 94 to 120.

16th.—The symptoms remaining unrelieved, an ounce of castor-oil was given at 3.30 p.m. on the 16th, followed in an hour and a half by a copious enema of soap and water, mixed with glycerine. In ten minutes the enema returned, with a good deal of liquid fæcal matter. After this, liquid motions were passed frequently.

18th.—No vomiting since noon on the 17th. A fair amount of liquid nourishment taken. General aspect of patient improved. Sutures removed; no suppuration; pad stained with sero-sanguinolent fluid without odour.

20th.—Moved into the large ward. At 11.30 p.m. patient complained of some abdominal pain, and morphia was administered subcutaneously. Edges of wound gaping.

At 4 a.m. on the 21st she became seriously collapsed; stercoraceous vomiting occurred, and she died at 8.30 a.m., eleven days after the operation.

There had been no rise of temperature except at 4 p.m. on the afternoon of the 20th, when it reached 101·6°.

Autopsy.—Body of a fairly-nourished woman. Linear incision in mid-line between umbilicus and pubes. Edges gaping, unhealthy looking. On further examination it was found that there was general peritonitis. The coils of intestine were glued together by exudation, and there was a considerable quantity of badly-smelling semi-purulent fluid in the cavity. These signs were most intense in the pelvis, but were quite marked everywhere. In the right side of the pelvic fossa was the stump of the uterine appendages (?) with ligature around. The uterus was adherent to the back

of the pelvis by some old fibrous bands. In structure it was normal, except for the presence of two or three small fibromata in walls.

The left Fallopian tube was blocked at its extremity and formed a cyst containing about an egg-cupful of clear fluid. Ovary normal.

The other abdominal organs presented no abnormality except such as was due to the peritoneal inflammation.

No remarkable change in the organs of the thorax. Bases of lungs congested.

G. GULLIVER.

SPECIAL TABLE II.—*Cases of Abdominal Section for other than Ovarian or Broad-ligament Tumours.*

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
1	H. M.	Putney	41	S.	1889 Dec. 12	Exploratory; solid and recently very painful tumour behind, and either attached to or springing from uterus	Large pedunculated, and several small sessile fibroids of uterus	Pedunculated fibroid, and normal uterine appendages removed	R.	Recovery uninterrupted; a year afterwards patient very well; tumours smaller; menstruation at intervals of 3 months.
2	L. T.	Battersea	27	M.	1890 Jan. 17	Exploratory; pelvic abscess suspected from severe pain and high temperature	Exudation in left broad ligament, with even surface and soft but firm consistence, displacing uterus to right. Probably a hæmatoma	Exploratory; nothing removed or disturbed	R.	On Feb. 7th mass smaller in all dimensions; temperature normal.
3	K. A.	Kentish Town	28	M.	Jan. 21	Exploratory; oval swelling behind uterus, with history of continuous hæmorrhage for 3½ months, commencing with pain and vomiting after missing two menstrual periods	Old intra-peritoneal blood effusion; no organised structure discovered. Tubes and ovaries adherent, but presenting no other marked lesion	Hæmatocele cleared out; nothing else removed	R.	Recovery uninterrupted; highest temp. 100°. Feb. 13th. — Uterus in normal position; no remains of swelling or peritoneal thickening detectable. Probably a so-called tubal abortion.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result of operation.	Remarks.
					1890					
4	M. C.	Blackfriars	25	M.	Mar. 13	Cæsarian section for contracted pelvis	Pregnant uterus; full term	Removal of uterus (Porro's operation)	R.	See 'Lancet,' May 17th, 1890.
5	E. G.	Chelmsford	25	M.	April 1	Extra-uterine gestation four weeks after cessation of fœtal movements, which took place in the 33rd week after last menstruation	Fully-developed fœtus 19 in. long; skin peeling; enclosed in a sac consisting of right broad ligament distended. No bleeding on separation and removal of placenta, which was 9 in. in diameter and 1 lb. 8½ oz. in weight	Fœtus and placenta removed; mouth of sac stitched to lower half of abdominal incision	R.	Satisfactory recovery. Temperature before operation 98·6° to 101·2°; after, 98° to 100°. Wound quite healed in 4 weeks. Left hospital well on May 3rd.
6	E. B.	King's Cross	18	S.	April 10	Removal of inflamed left Fallopian tube	Both tubes thickened from old inflammation and firmly adherent; ovaries healthy, adherent	Tubes and ovaries removed	R.	Much vomiting and pain up to April 27th, with alarming emaciation, after which recovery rapid and permanent.
7	J. R.	Clapham	31	S.	May 8	Removal of normal ovaries and tubes for uterine fibroids	Uterus enlarged by fibroid tumour reaching 2 in above level of umbilicus; tubes and ovaries healthy	Tubes and ovaries removed	R.	Recovery uninterrupted.
8	M. J. H.	Tooting	25	M.	May 22	Removal of tubes for chronic inflammation and of small ovarian cyst on left side	Both tubes enlarged, occluded, and very firmly adherent; left ovary cystic, size of hen's egg, one cyst suppurating; right ovary healthy	Both tubes and left ovary removed	R.	Some suppuration at lower angle of wound after removal of stitches. After 12th day recovery rapid. Sept. 2nd. — Stout and well.
9	E. G.	Lambeth	23	W.	June 6	Removal of inflamed uterine appendages	Right tube thickened; right ovary enlarged and cystic; left tube size of goose-quill; left ovary normal; all adherent	Tubes and ovaries removed	R.	Left hospital well in a month.

10	A. J.	Lambeth	37	M.	June 26	Ruptured tubal gestation	Blood in peritoneal cavity. Left tube distended about middle with a rent 1¼ in. long on peritoneal surface. Fœtus 2¼ in. long in abdominal cavity, attached by cord to placenta, which was hanging out of the rent. Right tube occluded, and distended with mucus and altered blood	Tubes and ovaries removed with products of conception and effused blood	R.	Severe collapse during operation; persistent vomiting first five days; stercoraceous 4th and 5th; suppuration from wound; small sinus on leaving hospital, Aug. 5th (8th week after operation).
11	E. L.	Streatham	34	M.	July 3	Removal of diseased uterine appendages	Right tube thickened, with purulent contents; matting of pelvic viscera; intra-peritoneal abscess on right side of uterus. Left appendages not found	Right tube and ovary removed	R.	Highest temp. 100·4°. Left the hospital well in a month.
12	A. T.	Peckham	24	M.	July 21	Removal of diseased tubes	Both tubes full of pus, ulcerated, perforated, thick-walled, and occluded; ovaries normal, adherent	Tubes and ovaries removed	R.	No pain on leaving hospital; has gained flesh and is in good spirits. No microscopic evidence of tubercle in the tubes.
13	M. M.	Scarborough	23	M.	Aug. 4	Exploratory for persistence of pain and disablement after absorption of a hæmatocele	Appendages on both sides matted by adhesions; otherwise apparently normal. Remnants of blood effusion in retro-uterine pouch	Right tube and ovary separated; latter removed; left appendages not disturbed	R.	Oct., 1891 (14 mos. after).—Better than for years past. Is able to do her work; has no pain, and menstruates regularly and painlessly.
14	L. M.	Lambeth	17	S.	Aug. 5	Exploratory for fluid swelling in the abdomen, with temp. 104°. Patient thought by her friends to be pregnant	Tubercular peritonitis with encysted ascites	Portion of tuberculous right Fallopian tube removed. Ascitic fluid removed	D. 2 mos. after	Died of tuberculosis, Oct. 9th, 1890. Abdominal wound had been kept open by fæcal discharge due to perforation of tubercular intestinal ulcers

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Result.	Remarks.
15	E. B.	Kent Road	40	M.	Aug. 5	Separation of adhesions or removal of adherent uterine appendages	Retroflexed uterus, enlarged by fibroids, and incarcerated in hollow of sacrum. No disease of appendages or evidence of past peritonitis	Uterus set free; vaginal pessary inserted to prevent recurrence of displacement	R.	Went home well; uterus in good position.
16	E. B.	Bermondsey	24	M.	Sept. 2	Ruptured tubal gestation	Blood in peritoneal cavity; rupture of dilated right Fallopian tube, in which lay a placenta, membranes, and a fœtus ¾ in. long (minus its head, missing)	Right tube and ovary removed, with products of conception and effused blood	R.	Severe attack of broncho-pneumonia during convalescence. Left the hospital well Oct. 10th.
17	E. B.	Lambeth	29	M.	Sept. 4	Removal of hæmato-salpinx and hæmatocele the probable result of a ruptured tubal gestation-sac	Left tube distended with blood-clot; ruptured blood-cyst of right broad ligament; intra-peritoneal hæmatocele; no trace of fœtus discovered	Left tube removed; right broad ligament removed with right uterine appendages	R.	Left hospital in a month looking and feeling well; very slight discharge from sinus at lower angle of wound.
18	L. B.	Walworth Road	51	M.	Sept. 9	Removal of diseased uterine appendages	Small ovarian cyst on left. Left tube normal, adherent. Right tube enlarged, prolapsed, and adherent; right ovary normal	Tubes and ovaries removed	R.	Left hospital well in a month. Feb. 28th, 1891.—Has little or no pelvic pain since operation; is well and in good condition; has not menstruated.
19	L. W.	Littlehampton	34	S.	Sept. 25	Removal of normal ovaries and tubes for uterine fibroids attended with excessive menorrhagia	Uterus enlarged to size of seventh month's gestation. Ovaries and tubes normal	Ovaries and tubes removed	R.	Recovery uninterrupted. Jan. 1st, 1892. — Patient stout and well. Has not lost an hour's work since operation; slight metrostaxis.

20	E. B.	Chelsea	34	S.	Oct. 16	Removal of diseased uterine appendages	Pelvic viscera matted by old peritonitis. Both tubes had mucopurulent contents and thickened walls. Outer covering of both ovaries thickened	Tubes and ovaries removed	R.	Improved rapidly. 12 months afterwards remained free from pain, able to work, and in good general health.
21	J. A. H.	Streatham	46	S.	Oct. 23	Removal of diseased uterine appendages	Both tubes thickened and enlarged, with thick purulent mucus in their canal. Right ovary cystic; contents of cyst fœtid pus	Both tubes and right ovary removed	R.	Left hospital stout and well and free from pain. Died 12 months afterwards from cancer of stomach.
22	A. B.	Brixton	22	S. 1-para	Nov. 19	Removal of diseased left tube	Left pyosalpinx	Left tube and ovary removed	R.	Severe attack of bronchitis after operation. Readmitted Jan. 13th, 1891, complaining of pelvic pain; no obvious lesion; patient in excellent health; probably neuralgia.
23	A. H.	Brixton	20	S.	Nov. 22	Exploratory for obscure swelling in right posterior quarter of pelvis	Miliary tubercle of peritoneum; tubercular abscess in abdominal wall; masses of soft consistence beneath peritoneum on both sides of pelvis, probably glandular	Abscess in wall emptied and scraped	R.	Recovery slow. Nov. 22nd, 1891.—Looking very well; no physical sign of disease either in chest or abdomen.
24	H. H.	Bungay, Suffolk	37	M.	Dec. 1	Removal of normal ovaries and tubes for uterine fibroids with excessive hæmorrhage and pressure symptoms	Uterine fibroid filling pelvic cavity; ovaries and tubes normal	Ovaries and tubes removed	R.	Left hospital well in a month.

TABLE(S)
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