Report of the in-patient department for diseases of women for the year 1891 / by Charles J. Cullingworth.

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REPORT

OF THE

IN-PATIENT DEPARTMENT FOR DISEASES OF WOMEN

FOR THE YEAR 1891.

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

In the preparation of the following report I have gratefully to acknowledge the assistance I have received from Dr. W. F. Umney, who kindly undertook the compilation of Tables I and II. These tables comprise the general statement of patients and general table of diseases. For the tables of operations and of the causes of death in fatal cases, as well as for the two special tables dealing with the abdominal operations, and for the remarks which follow them, I am, as on previous occasions, personally responsible.

Table I.

General Statement of Patients in Adelaide Ward.

Number of Beds in Ward (including small Ward)	21
Number of Patients in Ward, Jan. 1st, 1891	12
" " " Dec. 31st, 1891...	10

" " discharged or who died during 1891:

		Rate per cent.
Cured	114 ...	50·44
Relieved	75 ...	33·18
Unrelieved or other causes	29 ...	12·83
Died	7 ...	3·54
Total	225 ...	99·99

Average number of days of each patient's stay in hospital—24·56.

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 Ovary.																	
Cysts.																	
a. Simple and multiple	13	...	3	3	6	1	...	2	1	2	8	...	10	1	...	2	The case "relieved" refused operation; the others all underwent operation. One fatal case due to secondary hæmorrhage owing to ligature of pedicle slipping; the other due to shock owing to enormous size of tumour.
b. Suppurating	9	1	3	4	1	...	...	...	...	1	5	3	8	...	...	1	All underwent abdominal section. Fatal case never rallied from operation; obstruction of small intestine by adhesion.
c. Malignant	2	...	...	2	...	...	...	...	...	...	2	...	...	2	...	...	Both carcinomatous.
Carcinoma	2	1	...	...	..	1	...	...	...	...	1	1	...	1	...	1	Death in fatal case occurred 6 weeks after operation from extension of growth in pelvis.
Infective papilloma	1	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	Growth not removed; large quantity of ascitic fluid removed.
Prolapse	1	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	
II. Diseases of Fallopian Tubes.																	
Hæmatosalpinx	5	...	3	2	...	...	...	...	...	1	4	...	4	1	...	...	The unrelieved case refused operation; the others underwent abdominal section. Two probably cases of tubal gestation.
Hydrosalpinx	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	No operation suggested; condition remained the same.
Salpingitis	10	...	6	4	...	...	...	...	4	6	...	...	1	8	1	...	Unrelieved case went out at own request; other cases treated with rest.
Pyosalpinx	12	...	6	5	1	...	...	...	...	...	11	1	12	...	...	...	Abdominal section in all cases. Two cases septic in origin; others probably gonorrhœal. In one case fæcal fistula resulted from rent in bowel.

																	from which patient recovered. The other case was relieved by removal of appendages.
III. Diseases of Uterine Ligaments and of the adjacent Peritoneum and Cellular Tissue.																	
Pelvic cellulitis . .	16	3	4	6	3	...	...	1	2	8	5	...	9	7	...	...	9 were on left side, 4 right side, 2 both sides, 1 around rectum; 3 pointed above Poupart's ligament and treated by incision; 1 burst into rectum; others treated by rest.
Chronic pelvic peritonitis .	9	...	3	5	1	...	...	...	2	6	1	...	...	9	...	...	All treated by rest except one, which was transferred to surgical side, where laparotomy was performed. The operation, however, was simply exploratory, and swelling gradually disappeared.
Pelvic abscess . . .	2	1	1	...	...	...	...	...	1	...	1	...	1	1	...	...	Abscess burst into vagina in one case; in the other laparotomy performed, appendages undisturbed, abscess subsequently burst into rectum.
Hæmatocele . . .	2	...	2	...	...	...	...	...	...	1	1	...	1	1	...	...	In the case relieved only, operation was declined; the other case recovered with rest.
Broad ligament cyst. .	1	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	Par-ovarian cyst. Abdominal section performed.
Suppurating retro-peritoneal cyst	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Abdominal section.
IV. Diseases of Uterus and Cervix.																	
Endometritis . . .	13	...	1	8	3	1	...	2	7	2	2	...	10	3	...	...	One treated by rest; the others were curetted, and had iodine applied.
Chronic cervical catarrh .	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	Curetted.
Fibro-myoma . . .	8	...	1	5	1	1	...	1	1	2	3	1	1	5	2	...	1 case abdominal section performed, and subperitoneal fibroid enucleated; in 2 cases oöphorectomy performed. One was incarcerated in pelvis, causing retention of urine, and was pushed up; the others treated by ergot and rest.
Fibroid polypus . .	8	...	...	3	5	...	...	1	4	1	2	...	7	1	...	...	The cured cases: polypus removed by scissors, 4 being in a sloughing condition. The relieved case was a submucous fibroid, which was removed, and found to be infiltrated with carcinoma.
Sarcoma of corpus uteri .	1	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	Too far advanced for operation.

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.					
IV. DISEASES OF UTERUS AND CERVIX—*continued.*																	
Carcinoma of cervix . .	11	...	...	6	4	...	1	4	2	2	2	1	...	3	7	1	The relieved cases were treated—One by vaginal hysterectomy; one by supra-vaginal amputation of cervix; in one the cervix was congenitally hypertrophied, so that infra-vaginal amputation sufficed. Of the unrelieved cases—Six were too far advanced for operation, and the others refused operation. In the case that died, vaginal hysterectomy was performed, patient dying of shock.
Latero-version . . .	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	From old pelvic peritonitis.
Anteflexion . . .	1	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	Dilatation with metallic bougies.
Retroflexion . . .	2	...	...	1	1	...	...	...	1	1	...	...	1	1	...	...	In one case relieved only, as uterus was bound down by adhesions; in other case it was replaced, and Hodge's pessary inserted.
Prolapse	2	...	...	1	1	...	...	1	...	1	...	...	...	1	1	...	Cup and stem pessary used in one case; the other case developed delirium tremens, and refused operation.
Recurrence of malignant growth	1	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	Supra-vaginal amputation of cervix had been performed outside for carcinoma. Came up merely for opinion as to recurrence. No signs of it.
V. DISEASES OF VAGINA, VULVA, &c.																	
Vesico-vaginal fistula .	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	The result of labour. Cured by third operation.
Atresia vaginæ . . .	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	The result of cicatricial adhesions after labour. Hæmatokolpos and hæmatometra. Septum divided and retained menstrual fluid allowed to drain gradually away.
Ulceration (simple) . .	1	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	Caused by pessary, which had not been removed for 14 years.
																	Iodide of potassium produced acne rash.

Mucous polypus of vagina	1	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	Removed.
Cystocele	1	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	No treatment necessary.
Cystocele and rectocele	2	...	...	...	2	...	...	...	...	1	1	...	1	1	...	...	One case treated by rest; in the other anterior and posterior colporrhaphy performed.
Urethral caruncle	4	...	2	...	1	...	1	...	2	2	...	...	4	...	...	...	Removed with scissors and cautery applied.
Hæmatoma of labium	1	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	Through accident. Patient 8 months pregnant. Hæmatoma ruptured during delivery with forceps. Labour was not induced prematurely.
Ruptured perinæum	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	Operation.
VI. Pregnancy and its Accidents.																	
Hæmorrhage after abortion	15	1	8	5	1	...	...	3	10	2	...	...	14	1	...	...	Curetting was done in 9 cases; one a placental polypus was removed.
Hydramnion	1	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	Abdominal section was performed, diagnosis being erroneous. Membranes then ruptured per vaginam. Twins born naturally; placenta adherent. On removal of stitches from wound abdomen burst open and intestines protruded. Long convalescence.
Extra-uterine gestation	1	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	Went out of hospital at own request.
Tubal gestation	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Abdominal section. Distinct fœtal products in one tube.
Inversion	1	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	Admitted 7th day after labour, within 24 hours of its discovery. Replaced manually; hæmorrhage and resulting anæmia severe.
Retroversion of gravid uterus	1	...	...	1	..	...	...	...	1	...	...	...	1	...	...	...	
Threatened abortion	1	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	Had taken drugs to procure abortion.
Abortion	4	...	...	3	1	...	...	2	2	...	...	...	4	...	...	...	
Albuminuria	1	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	No eclampsia. After normal labour albumen gradually decreased in amount; was $\frac{1}{20}$th on going out.
Phlegmasia dolens	1	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...	
Puerperal pyrexia	1	1	...	...	...	...	...	...	1	...	...	...	1	...	...	...	No rise of temperature after admission. Child had purulent ophthalmia.
Vomiting of pregnancy	1	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	
Contracted pelvis	2	...	2	...	...	...	...	...	...	1	1	...	1	1	...	...	In one case a live child was born by inducing labour at 7 months; in the other Cæsarian section was performed. Child living.

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.					
VII. VARIOUS.																	
Menorrhagia	5	...	2	2	1	...	...	1	...	3	1	...	3	2	...	...	One case curetted; one case in twice.
Metrorrhagia	1	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	
Dysmenorrhœa	4	...	1	3	...	...	...	1	1	1	1	...	1	1	2	...	The relieved case was in twice.
Pelvic neuralgia	5	...	3	2	...	...	...	2	2	1	...	...	...	3	2	...	
Melancholia	1	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	
Hysteria	5	...	...	3	2	...	...	2	3	...	...	...	1	1	3	...	1 case had incontinence of urine; 1 transferred to Christian Ward.
Pruritus vulvæ	1	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	Neurotic.
Vaginismus	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	Slight vaginitis; chiefly neurotic.
Cystitis	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Followed acute distension of bladder; urine not drawn off till 5th day after delivery.
Tubercular peritonitis	3	...	1	2	...	...	...	1	...	1	1	...	...	1	2	...	One case transferred to Medical Ward; in one exploratory laparotomy.
Enteritis	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	History of retained placenta; ? septic diarrhœa.
Perityphlitis	1	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	Appendix perforated. Abdominal section finished by resident assistant surgeon.
Intestinal obstruction	2	...	1	...	1	...	...	1	...	...	1	...	...	...	...	2	One case due to sarcomatous disease in pelvis; ovary had been removed for ? fibroma in July, 1890; artificial anus made by Mr. Pitts. The other case was transferred to Elizabeth Ward, and died before operation.
Carcinoma of sigmoid flexure	1	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	Recurrence of growth 16 months after vaginal hysterectomy.
Pelvic abscess	1	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	
Secondary syphilis	1	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	
Influenza	2	...	2	...	...	...	...	2	...	...	...	...	1	...	1	...	Transferred to Medical Wards.
Abdominal tumour	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	Gradually disappeared with rest. ? In abdominal wall.
Phantom tumour	1	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	Due to flatulent distension.

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

Abdominal section:			
Cystic adenoma of ovary			8
„ „ „ (suppurating)			4
Carcinoma of ovary (cystic)			2
„ „ (solid)			1
Papillomatous cyst of ovary			2
„ „ „ (suppurating)			1
Suppurating dermoid cyst of ovary			1
Parovarian cyst			1
Suppurating retro-peritoneal cyst			1
Cæsarian section			1
Abscess of ovary			3
Suppurating tubo-ovarian cyst			1
Chronic salpingitis			1
Purulent salpingitis			12
Hæmato-salpinx			4
Ovarian blood cyst with chronic salpingitis			1
Oöphorectomy for uterine fibroids			2
Perforation of vermiform appendix			1
Tubal gestation			1
Tubercle of appendages and peritoneum			3
Pelvic abscess			2
Exploratory incisions—			
Papilloma of ovary		1	
Ascites and subperitoneal fibroid		1	
Tubercular peritonitis		1	
Hydramnion		1	= 4
			—57
Vesico-vaginal fistula			2
Fibroid polypus of uterus			7
Acute inversion of uterus			1
Supra-vaginal amputation of cervix uteri			2
Infra-vaginal amputation of cervix uteri			1
Artificial anus (Mr. Pitts)			1
Vaginal hysterectomy			2
Atresia vaginæ			1
Anterior and posterior colporrhaphy			1
Total number of operations			74

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

Shock: (1) twenty-four hours after an exploratory incision in a case of tubercular disease of the uterine appendages, &c.; (2) during removal of an exceptionally large ovarian tumour; and (3) after vaginal hysterectomy for cancer of the cervix	3
Hæmorrhage from slipping of ligature after ovariotomy . .	1
Exhaustion from carcinomatous disease in pelvis, the ovary having been removed for carcinoma six weeks previously . . .	1
Intestinal obstruction: (1) from inflammatory adhesions six days after abdominal section, in a case of suppurating ovarian cyst; (2) from recurrence of disease in pelvis ten months after removal of ovary for fibro-sarcoma	2
Total	7

Abdominal Section.

The number of cases of abdominal section during the year was fifty-seven. They are arranged as before in two tables.

Table I includes all the cases in which the operation was performed for ovarian or broad ligament tumours. These cases are nineteen in number, of which two died from the operation, and one, a case of carcinoma, died six weeks after the operation from recurrence of the disease. Of the two deaths from the operation one occurred from hæmorrhage, due to the escape of the outer part of the pedicle from its ligature. The abdomen was reopened with as little delay as possible and the pedicle secured, but the patient unfortunately did not rally from the combined effects of the loss of blood and a second operation. The other death took place before the operation was concluded. The tumour was probably the largest in which an attempt at removal has been made; it weighed 154½ lbs., about twice the weight of the patient. The following note of the case appeared in in the 'Lancet' for May 2nd, 1891: "The patient was a widow, aged forty-five, who had had no children, and who had been the stewardess on a well-known line of Channel steamers for many years. The swelling of the abdomen was first noticed nine years ago; for three years and a half it

had been so large that she had been unable to go beyond her own garden; for two years she had not left her room, and for six months she had not left her bed. She had persistently refused operation until recently. After admission on April 9th the abdomen was found to be uniformly and enormously distended by a fluctuating swelling, consisting of one large cyst distending the lower part of the thorax, and hanging down, as she sat in bed, as far as the knees, completely concealing the thighs. The girth, 1½ inches above the umbilicus, was 67 inches; the measurement from the ensiform cartilage to the symphysis pubis was 38 inches. The body was greatly emaciated. The appearance presented by the patient was most remarkable, but she was very cheerful. There was some albuminuria. On April 13th, preparatory to operation and in order to diminish the shock, the abdomen was punctured by a fine trocar, attached to a long india-rubber tube with the lower end placed under a measured quantity of solution of carbolic acid, and the fluid from the cyst allowed to flow away for seven hours. Seventy-four pints of thick grumous chocolate-coloured fluid escaped, containing much altered blood. The day after this an attempt was made, under ether, to remove the tumour. The whole of the anterior surface of the cyst was adherent to the abdominal wall. There were comparatively few adhesions posteriorly, but more in the pelvis. At the end of half an hour the patient became seriously collapsed and the cyst was quickly extracted. It was a large, thick-walled, single (inflamed) cyst of the left ovary. The patient died before the closure of the abdominal wound had been completed, in spite of persistent efforts at resuscitation." Could this patient have been prevailed upon to have the tumour removed earlier, before it had attained such colossal dimensions, and before hæmorrhage and inflammation had taken place, the operation would have been an exceedingly simple and easy one, and the result almost certainly favourable. As it was, the operation was a desperate undertaking for a desperate condition. Had I been intent on keeping my mortality statistics low, I should not have ventured upon an operation where the odds were so terribly against success, but it seemed to me that the

patient, having given her consent and accepted the risk, ought not to be allowed to die without an attempt being made to save her.

Amongst the cases of recovery was that of a girl, aged nineteen, with a solid sarcomatous tumour of the right ovary, 1 lb. 3½ oz. in weight, without adhesions. At the time of writing, two years after the operation, there is no sign of recurrence ; the patient is in good health and able to do her work.

No fewer than four of the cases tabulated were examples of infective papilloma (Nos. 2, 5, 9, and 10). In one case the papillomatous growth was undergoing colloid degeneration. Both ovaries were cystic. On one side the main cyst had undergone rupture, which no doubt accounted for the ascites present. In the second case also both ovaries were cystic, one of the cysts in each ovary being in a state of suppuration. In the third case both ovaries were diseased, one being the seat of a mass of proliferating new growth, the other of a densely adherent cystic adenoma. Nothing was done on this occasion beyond exploring the abdomen and removing the ascitic fluid, the quantity of which was considerable (seventeen pints). For three months there was no return of the effusion. After that the abdomen again began to be enlarged, and, at the end of the year, I re-opened the abdomen and removed the whole of the papilloma. The patient has now remained well for over twelve months. In the fourth case the disease again was bilateral and associated with cystic adenoma. Both ovaries were removed, and this patient, like the rest, made an excellent recovery.

Two examples of twisted pedicle occurred during the year. In one case the result had been acute inflammation of the cyst-wall producing universal and highly vascular adhesions to all the surrounding parts. In the other the extreme pain and tenderness were due to the hæmorrhage that had taken place, as a result of the venous strangulation, both into the interior of the cyst and amongst the tissues of its wall. Both patients made an uninterrupted recovery.

There were two cases of dermoid of the ovary. In one of these there was an ordinary cystic adenoma of the right

ovary, and a dermoid cyst of the left; both were shown under the microscope to be undergoing carcinomatous degeneration. The other was the case of a woman who had been recently delivered in the maternity home-patient department of the hospital. She was not aware, previously to her confinement, that she had a tumour, and when she was admitted to the hospital, nineteen days after delivery, it was thought that the abdominal swelling, which had only been noticed the previous day and was behind the uterus, might be a hæmatocele. She had had a high temperature for a fortnight, that is from the fifth day after delivery, but she had had no rigor or sickness and had not complained of pain until within the past four or five days. During the night of June 2nd—3rd there occurred, along with an action of the bowels, a discharge of about a pint of thick fœtid pus *per rectum*. The temperature at once fell to normal. Pus continued to pass with each evacuation until the 7th June. On the 13th the temperature again rose, and the abdominal swelling was evidently increasing again. Next day there was a further escape of pus from the rectum and this continued, without diminishing the temperature, up to the 18th, when abdominal section was performed. The swelling then proved to be a suppurating dermoid of the right ovary, containing a mass of hair and 28 fl. oz. of thick yellow fluid. The cyst was everywhere adherent and a direct communication existed between it and the right Fallopian tube, which was in a state of acute suppurative inflammation. The cyst had also opened, by ulceration, into the rectum. The operation was one of extreme difficulty and occupied two and a half hours. Notwithstanding the utmost care some of the fœtid contents of the cyst escaped during the operation, through rents in the wall, into the abdominal cavity. The cyst was eventually separated and removed, along with the Fallopian tube, the peritoneum freely flushed with hot boracic acid solution, a drainage-tube inserted, and the abdominal incision closed. Convalescence was somewhat prolonged owing to protracted suppuration, but on September 10th, a week after the patient had left the hospital, she wrote to say the sinus had closed. There has been no further discharge and the patient remains well.

In one of the cases of suppurating ovarian adenoma (No. 17) the change in the contents of the cyst had given rise to an accumulation of the gaseous products of decomposition within the cyst. The result was that the percussion-note over the tumour was tympanitic. I have already, in a paper contributed to a previous volume of these reports ('St. Thomas's Hosp. Reports,' vol. xvii, p. 142), had occasion to allude to the occasional occurrence of this phenomenon.

This case (No. 17) presented another point of interest. Inflamed, and especially suppurating, cysts are always adherent to surrounding parts, and, when the inflammation has been of long standing, these parts themselves become the seat of various inflammatory changes. In the case of the intestine the result is that the wall becomes thickened, softened, and friable, and, when the support of the adherent cyst is removed, is liable to give way under the strain of coughing, sneezing, laughing, or painful defecation, and to allow the contents of the bowel to escape. The patient, A. S—, was an example of this. On the evening of September 7th (the operation having taken place on the 1st) she felt something give way whilst she was laughing. Soon afterwards, on the same evening, a fæcal odour was perceived on removing the dressings, and next morning a decided stain appeared on them. This continued for ten days, when the rupture finally and spontaneously closed. So constantly does spontaneous healing take place under similar circumstances that the accident has long ceased to cause me serious anxiety.

There was only one case of parovarian cyst in the series. The cyst was removed and is now in the hospital museum. The patient made an absolutely uninterrupted recovery.

The cases in Table II are thirty-eight in number. They comprise twenty-nine cases of removal of diseased uterine appendages; two cases of removal of the normal tubes and ovaries for uterine fibroids; one case of hydramnion (mistaken for an ovarian cyst); one of Cæsarian section; one of perforation of the appendix vermiformis; one of unruptured tubal gestation with apoplexy of the ovum; one of tubercular peritonitis; one of removal of a sub-peritoneal fibroid

of the uterus; and one of evacuation of a small retro-peritoneal abscess probably connected with inflamed glands.

Two cases in this series proved fatal. One of the patients died from intestinal obstruction, due to some coils of bowel falling into the space left vacant by the removal of a suppurating ovarian cyst and becoming adherent to a part of the pelvic wall from which the cyst had been separated. The other died from shock twenty-four hours after an operation lasting three hours. The case was one of tubercular disease of the tubes, ovaries, and uterus, with a large intra-peritoneal abscess that had originated in the pelvis and had already opened at the umbilicus. The operation was one of extreme difficulty and severity, and would not have been undertaken except under a strong sense of duty.

Altogether, considering the very serious nature of many of the operations in this Table, a mortality of one in nineteen cannot be considered excessive.

Cases 1, 2, 3, 4, 6, 7, 8, 9, and 11 have been communicated in full detail to the Obstetrical Society of London in a paper published in the 'Transactions' for 1892, "On the Value of Abdominal Section in certain cases of Pelvic Peritonitis." The case of Cæsarian section was also the subject of a paper read before the same Society. The case of unruptured tubal gestation, with apoplectic ovum, was described in a paper on tubal gestation in the last volume of these reports.

In accordance with the plan adopted last year, I may conclude this report by summarising the various conditions found in the twenty-nine operations undertaken for disease of the uterine appendages. In twenty-three of the twenty-nine cases the disease was of a suppurative character. In nine cases the tubes were the seat of the suppuration (in two of these there was also an intra-peritoneal abscess); in seven cases the ovary was the suppurating organ, and in five both tubes and ovaries contained pus. In the remaining two cases the source of the suppuration was not discovered. In one a number of intra-peritoneal collections of pus existed, along with disease of the Fallopian tube, which, however, at the time of operation was not itself suppurating. In the other the intestines were so deeply involved in the

matting of the pelvic viscera that the operation was not completed. A profuse discharge of pus took place a few days later from the rectum with complete relief to the symptoms. Of the cases of ovarian suppuration, three were complicated with salpingitis, two were of a tubercular character and were associated with tubercular disease of the Fallopian tubes, and, in one instance, with tubercle of the peritoneum, whilst one, a case of multiple abscesses in the ovary, was complicated with a fistulous communication between one of the ovarian abscesses and the vagina. Of the cases in which both tube and ovary were the seat of suppuration, one was the advanced case of tubercle of tubes, ovaries, and uterus already alluded to, in which a large intra-abdominal abscess had formed, and had burst at the umbilicus, and in which the operation proved fatal.

Of the six non-purulent cases, two were cases of salpingitis, one of which was complicated with a blood-cyst of the ovary; and four were cases of hæmatosalpinx with intra-peritoneal hæmatocele, in one of which were found membranous products of conception.

As to the results, twenty-seven of the patients recovered and two died. Of the former, nineteen recovered without complication; one suffered from broncho-pneumonia and one from cystitis during convalescence; one had a fæcal fistula and was transferred to the Surgical Wards; and five had some pelvic suppuration with a sinus at the lower angle of the wound. In only one case had the sinus failed to close when the patient was last seen.

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.
1	R. M.	Clerkenwell	52	M.	1890 Dec. 10	Cystic adenoma of right ovary; dermoid cyst of left ovary; both undergoing carcinomatous degeneration	Recent, easily separated, but highly vascular, to uterus, back and sides of pelvis and omentum	See "Nature of tumour"	53 hours	No	R.	Highest temp. 99·8°. Left hospital Jan. 10th, 1891, in good health and spirits. March 18th, 1891.—Mr. Shattock reported the growth to be columnar-celled carcinoma.
2	M. D.	Colchester	38	M.	1891 Jan. 22	Cystic adenoma of both ovaries, with infective papilloma, undergoing colloid degeneration; rupture of main cyst on left; ascites	Omental, slight	See "Nature of tumour"	None	Yes	R.	Highest temp. 100·8°. No sickness. Left hospital well Feb. 14th.
3	K. E.	Orpington	32	M.	Jan. 30	Cystic adenoma of both ovaries; pedicle of tumour on right side twisted; cyst inflamed	Universal and very vascular, to abdominal wall, intestines, and omentum	See "Nature of tumour"	44 hours	Yes	R.	Pulse 2nd day 138 to 150; 3rd day 120. Highest temp. 100°. Excellent recovery. Left hospital well Feb. 22nd.
4	M. B.	Balham	37	S.	Feb. 12	Inflamed thick-walled suppurating cyst of left ovary, with thickened and elongated Fallopian tube, occluded at its distal end	Universal in pelvis	Normal	44 hours	Yes	R.	Temp. before operation 97·8° to 99·4°, usually normal; after operation 95·8°; during convalescence 98° to 101·8°. Broncho-pneumonia first week after operation. Left hospital well March 22nd.

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.
					1891							
5	E. C.	Littleton, Wilts	47	M.	Feb. 20	Cystic disease of both ovaries; all the cysts containing infective papilloma; one cyst in each tumour suppurating	Firm, numerous, and vascular, to intestine, mesentery, omentum, and wall of pelvis	See "Nature of tumour"	44 hours	Yes	R.	Bleeding at first somewhat considerable, so that propriety of reopening abdomen was considered. Suppuration in suture tracks. Temp. 6th and 7th days 99·4° to 101·8°; after 8th day normal. Left hospital well March 28th.
6	L. C.	Alton, Hants	19	S.	April 1	Solid sarcoma of right ovary, 4 in. × 5 in., weight 1 lb. 3½ oz.	None	Normal, removed	None	No	R.	Recovery uninterrupted; highest temp. 100·4°. Aug. 25th, 1891.—No pain or discomfort of any kind; no loss of flesh; no sign of recurrence. Has not menstruated since operation.
7	C. W.	Lewes	45	W.	April 14	Enormous cystic adenoma of left ovary; weight 154½ lbs.	Universal anteriorly; few behind, none in pelvis	Not recorded	—	—	D.	Died on the operating table from the shock. See 'Lancet,' vol. i, 1891, p. 999.
8	C. P.	Battersea	48	M.	April 30	Cystic adenoma of right ovary, twisted pedicle, hæmorr. into cyst and cyst wall; weight 9 lbs.	None	Normal	24 hours	No	R.	Recovery uninterrupted. Left hospital well June 3rd.
9	M. A.	St. Luke's, E.C.	37	M.	May 28	Papillomatous cyst of left ovary; cystic adenoma of right; ascites. Operation (beyond removal of ascitic fluid) simply exploratory	Dense, in pelvis	See "Nature of tumour"	None	No	R.	No attempt was made on this occasion to remove the tumours. Patient remained well for 3 months. At end of 6 months was readmitted, and on Dec. 31st, 1891, the abdomen was reopened,

10	I. R.	Reampton	149	M.	June 1	Devilbowstone	Acetic	None	See "Nature of tumour"	None	No	D.	100·4°. Left hospital well June 24th.
						ries; weight of left 9 lbs. 12½ oz., of right 9¼ oz.; corneous fibromata on surface of cyst						
11	I. W.	Oxford St.	43	S. 1-para	June 12	Cystic adenoma of both ovaries; weight of left 15 lbs. 6 oz.; right cystic, but not much enlarged	None	See "Nature of tumour"	None	No	D.	Hæmorrhage, from slipping of ligature from pedicle, a few hours after operation; abdomen reopened; hæmorrhage arrested. Death from syncope 3 hours after second operation, 9¼ hours after first.
12	E. D.	Blackfriars	35	M.	June 18	Suppurating dermoid cyst of right ovary, communicating with suppurating left tube and with rectum	Universal	Normal	48 hrs., india-rubber tube inserted later	Yes	R.	Prolonged suppuration. Left hospital stout, well, and cheerful, but with sinus still discharging. Sept. 2nd.—Within a week the sinus had closed.
13	S. F.	Sutton, Surrey	50	M.	June 25	Cystic adenoma of left ovary; weight 11 lbs. 7¾ oz.	None	Not recognised	48 hours	No	R.	Recovery uninterrupted. Highest temp. 99·8°. Left hospital well July 18th.
14	E. B.	London	30	S.	June 27	Parovarian cyst in right broad ligament, 5 in. × 4 in.	None	Both ovaries thick, corrugated, and opaque from chronic inflammation; removed	24 hours	No	R.	Recovery uninterrupted. Left hospital well in three weeks.
15	L. P.	Westminster	45	S.	July 2	Cystic adenoma of right ovary; ascites (probably due to hepatic cirrhosis); weight of tumour 10 lbs. 4 oz.	None	Healthy	48 hours, then rubber tube for 18 hours	No	R.	Some sickness first day or two; recovery then uninterrupted. Left hospital well Aug. 1st. Dec. 4th, 1891.—Remains well; is a total abstainer; no return of ascites.

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.
					1891							
16	M. M.	Kennington	37	S.	July 17	Cystic adenoma of the left ovary; weight 13 lbs. 6 oz.	None	Normal, except for a distended follicle, which was punctured	48 hours, replaced for 24 hours by a rubber tube	No	R.	Temp. evening of 18th 101·2°; on and after 24th normal. Left hospital well Aug. 17th.
17	A. S.	Lambeth	24	S. 1-para	Sept. 1	Suppurating cystic adenoma of left ovary, containing gas, and hence giving a resonant note on percussion. Diameter of collapsed cyst 3⅞ in.	Dense and universal	Normal	48 hours, later a rubber tube	Yes	R.	Temp. before operation normal. Whilst laughing on evening of 7th felt something give way, and noticed a fæcal smell soon afterwards. Next day a decided fæcal stain on dressings, which continued to appear daily for 10 days, a purulent discharge following. Left hospital well Oct. 22nd; sinus closed.
18	J. K.	Kennington	53	M.	Sept. 17	Cystic carcinoma of right ovary; hæmorrhage into and rupture of cyst; 9 pints 4 fl. oz. ascitic fluid; tumour 7 in. × 6 in; weight 3 lbs. 1 oz.	Several, to abdominal wall, omentum, mesentery, and intestine	Cystic, adherent, not much enlarged; not removed	48 hours, then india-rubber tube thro'-out	No	D. 6 wks. after operatn.	Death from secondary growth and exhaustion.
19	E. B.	Wimbledon	31	S.	Nov. 20	Cystic adenoma of right ovary; weight 13 lbs. 8½ oz.	None	Normal	46 hours	No	R.	Patient an imbecile. Cystitis during recovery. Highest temp. 101°. Left hospital well Dec. 19th.

SPECIAL TABLE II.—*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.	Glass drainage tube.	Periton. flushed.	Result of operation.	Remarks.
					1890							
1	E. C.	Lambeth	25	M.	Nov. 28	Removal of diseased uterine appendages	Suppurative disease of right ovary; salpingitis	Right ovary and tube removed	24 hours, later rubber tube	No	R.	Suppuration from wound, and on one occasion a stain of fæces. Sinus still discharging when patient left hospital, Jan. 24th, 1891.
2	E. S.	Richmond	25	M.	Dec. 17	Removal of diseased uterine appendages	Double pyosalpinx	Both tubes removed; ovaries not discovered	48 hours, then rubber tube for 24 hours	Yes	R.	Shock considerable; rapid pulse for 2 days; then uninterrupted recovery. Highest temp. throughout 100·2°.
3	E. J. S.	Battersea	25	M.	Dec. 18	Removal of diseased uterine appendages	Hæmatosalpinx (right) with hæmatocele, and occlusion of left tube	Tubes and ovaries removed	44 hours, later rubber tube	Yes	R.	Suppuration in pelvis; sinus still open on leaving hospital Jan. 18th, 1891; closed Feb. 7th.
					1891							
4	I. E.	Bermondsey	32	M.	Jan. 8	Removal of diseased uterine appendages	Purulent salpingitis (left); right hydrosalpinx	Tubes and ovaries removed	24 hours	No	R.	Recovery uninterrupted. July 15th, 1891.—A broad ligament cyst was removed from left side by Dr. Hayes at King's College Hospital.
5	E. B.	Wimbledon	41	M.	Jan. 15	Removal of ovarian tumour	Hydramnion; no tumour	Abdominal wound closed immediately, and membranes ruptured *per vaginam*, 19½ pints of liq. amnii escaped	None	No	R.	Left hospital well Feb. 25th. On April 7th uterine canal measured, length normal.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Glass drainage tube.	Periton. flushed.	Result of operation.	Remarks.
					1891							
6	K. W.	Peckham	23	S.	Jan. 15	Removal of diseased uterine appendages	Small ovarian blood-cyst on left side, with chronic enlargement of adjacent tube	Left ovary and tube removed	None	No	R.	Recovery uninterrupted.
7	C. P.	Peckham	31	M.	Jan. 22	Removal of diseased uterine appendages	Hæmatosalpinx (left) with small hæmatocele, and hydrosalpinx on right side; both ovaries cystic, size of pigeon's egg	Tubes and ovaries removed	48 hours, replaced by rubber tube for 24 hours	Yes	R.	Some suppuration in pelvis during convalescence. Left hospital well Feb. 25th; wound firmly healed.
8	K. W.	Streatham	22	M.	Jan. 29	For chronic pelvic abscess, with opening into vagina	Chronic suppurative ovaritis (right); fistulous communication between one of the ovarian abscesses and the vagina	Right tube and ovary and left tube removed	44 hours	Yes	R.	Abscess formed in abdominal wall; no pelvic suppuration; some cystitis. Highest temp. during convalescence 99·8°.
9	F.C.B.	Finsbury Square	24	S.	Feb. 5	Removal of diseased uterine appendages	Double purulent salpingitis; intra-peritoneal abscess	Tubes and ovaries removed	48 hours	Yes	R.	Patient was suffering from acute gonorrhœa at time of operation, and from so-called gonorrhœal rheumatism. No pelvic suppuration during convalescence.
10	R. J.	Hampstead	32	S.	Feb. 5	Oöphorectomy for uterine fibroids	Appendages on left side behind the tumour, and difficult to reach; those on right in front	Ovaries and tubes removed	None	No	R.	Left hospital well March 5th. Jan., 1892.—Stout, well, and free from discomfort; small hernia lower angle of scar.
11	M. W.	Wandsworth Road	19	S.	Feb. 26	Removal of diseased uterine appendages	Double purulent salpingitis, with suppurating cyst of left ovary, tube and ovary communi-	Tubes and ovaries removed	44 hours	Yes	R.	Recovery without suppuration, except in suture tracks.

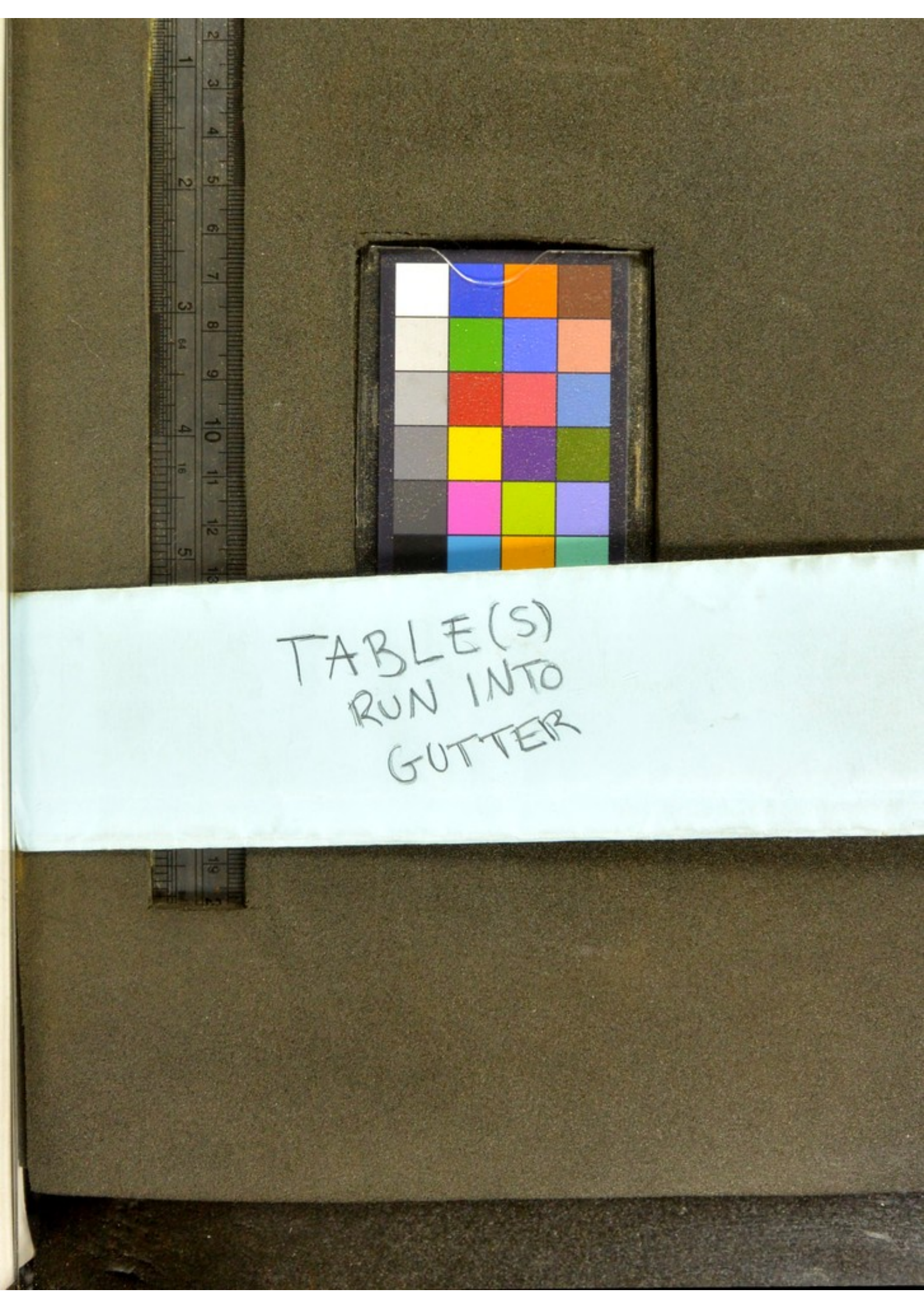
						tory mass on right side of pelvis; uterine appendages having been removed in Liverpool 3 years ago	mour in right iliac fossa, consisting of omentum and intestine, with abscess in centre	intestine separated, appendix dissected out, opening in bowel closed				physician and the resident assistant surgeon.
13	H. O.	Southwark	27	M.	March 23	Exploratory, for tumour, due either to enlargement of prolapsed and adherent left ovary or extra-uterine gestation	Gestation-sac amidst soft blood-clot in expanded outer end of left Fallopian tube; membranes, amniotic cavity, and chorionic villi, but no fœtus found; right tube occluded and adherent	Tubes and ovaries removed	25 hours	Yes	R.	Thick decidua passed *per vaginam* day following operation. Recovery uninterrupted. Left hospital well April 22nd.
14	H. H.	Camberwell	30	M.	March 23	Removal of diseased right uterine appendages	Chronic inflammation of right tube; tube adherent to intestine	Right tube and ovary removed	44 hours	No	R.	Uninterrupted recovery. Highest temp. 99·4°. Left hospital well April 18th.
15	A. S.	Beccles, Suffolk	31	M.	April 9	Removal of diseased left uterine appendages	Tubercular abscesses of left ovary; tubercular disease of both tubes; miliary tubercle of peritoneum	Tubes and ovaries removed	44 hours	No	R.	Temp. before operation normal; highest temp. after 100·2°. Left hospital, feeling well, May 3rd.
16	H. P.	Pontypridd	36	M.	April 9	Oöphorectomy for uterine fibroids	Left appendages in normal situation; right deeply-seated and adherent	Ovaries and tubes removed; a subserous fibroid also removed	None	No	R	Acute lobar pneumonia during convalescence.
17	M. D.	Kennington	38	M.	April 16	Removal of diseased uterine appendages	Small suppurating cyst of left ovary; right hydrosalpinx	Right tube and ovary and left ovary removed	44 hours	Yes	D.	Died 11.55 p.m., April 22nd (six days after operation). P.M.—Intestinal obstruction due to adhesions in pelvis; no peritonitis.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Glass drainage tube.	Periton. flushed.	Result of operation.	Remarks.
					1891							
18	E. P.	Marlborough	27	S.	April 30	Removal of diseased left Fallopian tube	Hæmatosalpinx (left) containing membranous products of conception; blood in peritoneal cavity from open fimbriated end of distended tube	Left tube removed	44 hours	Yes	R.	Recovery uninterrupted. Highest temp. 100°. Left hospital well June 3rd.
19	E. S.	Clapham	39	M.	May 25	Exploratory for ascites with pelvic tumour	Sub-peritoneal fibroid of uterus with cystic cavities containing altered blood; 17 pints 14 fl. oz. ascitic fluid	Tumour removed with right tube and ovary; large subserous cyst punctured; 34 fl. oz. fluid removed	50 hours	Yes	R.	Temp. evening after operation 102°; highest temp. after that 100·6°. Excellent recovery. Left hospital well June 24th.
20	E. A. F.	Camberwell	20	S.	June 4	Exploratory, for source of abdominal abscess already opened. Suspected tubercle of uterine appendages	Tubercular disease of ovaries and tubes; intra-abdominal abscess opening at umbilicus	Tubes and ovaries removed	Until death	Yes	D.	Operation lasted 3 hours; hæmorrhage very difficult to arrest. Died from shock in 24 hours. P.M. —No tubercle elsewhere, except in the uterus.
21	E. W.	Brixton	41	S.	June 11	Removal of diseased left uterine appendages	Suppurative inflammation of left Fallopian tube; intra-peritoneal abscess	Left tube and ovary removed	44 hours	Yes	R.	Superficial suppuration in wound. Recovery delayed by troublesome intestinal distension. Left hospital well Aug. 15th.
22	M. S.	Fulham	22	M.	June 26	Removal of diseased uterine appendages	Suppurating tubo-ovarian cyst (right), pyosalpinx (left)	Tubes, ovaries, and vermiform appendix	44 hours, then rubber tube	Yes	R.	No suppuration after operation; some vomiting first 3 days, recovery then rapid. Left hos-

23	A. B.	Clapham	29	M.	July 2	Removal of distended (probably by an apoplectic ovum), with either a cyst of the ovary or a hæmatocele	Fœtus discovered, or other products of conception	Ovary and normal right ovary removed; hæmatocele emptied				covered cause. Cystitis. Left hospital well Aug. 15th. Last seen Nov. 17th: well, very little pain or discomfort.
24	L. B.	Lambeth	20	S.	July 16	Removal of diseased uterine appendages	Tubercular abscesses of left ovary; tubercular disease of both Fallopian tubes	Ovaries and tubes removed	24 hours after operation glass tube through separate incision in linea semilunaris, replaced in 96 hours by india-rubber tube	No	R.	Bowel wounded during operation; edges of rent secured to abdominal wound. Sept. 3rd.—Transferred to Surgical Ward for treatment of fæcal fistula.
25	L. O.	Clapham	22	M.	July 23	Removal of diseased uterine appendages	Small suppurating cyst of right ovary; acute inflammation of right tube	Right ovary and tube removed	48 hours	Yes	R.	Recovery uninterrupted. Left hospital well Sept. 4th.
26	C. M.	Chelsea	23	M.	Aug. 18	Removal of diseased left uterine appendages	Matting of parts on left side of pelvis and in retro-uterine pouch; purulent collections amongst the adhesions; inflamed left tube	Left tube removed (operator: Mr. Makins)	96 hours, then replaced by rubber tube	Yes	R.	Temp. high before operation; highest record after 99·4°. Large quantity of pus passed *per vaginam* on 4th day. Recovery uninterrupted. Left hospital well Sept. 22nd.
27	E. F.	Wimbledon	37	M.	Aug. 24	Removal of diseased uterine appendages	Purulent salpingitis (right)	Right tube and part of right ovary removed	44 hours	Yes	R.	Some abdominal distension first 3 days; otherwise recovery uninterrupted. Left hospital well Sept. 12th.
28	E. N.	Peckham	37	M.	Aug. 27	Removal of diseased uterine appendages	Left pyosalpinx	Left tube and ovary removed	70 hours, then rubber tube to Sept. 2	Yes	R.	Some abdominal distension 4th and 5th days; from that time recovery uninterrupted. Left hospital well Oct. 2nd.

No.	Name.	Residence.	Age.	Civil condition.	Date of operation.	Object of operation.	Condition found.	Nature of operation.	Glass drainage tube.	Periton. flushed.	Result of operation.	Remarks.
					1891							
29	E.	Battersea	25	M.	Aug. 28	Removal of diseased uterine appendages	Double purulent salpingitis	Tubes and ovaries removed	50 hours, later (12th to 19th day) rubber tube	Yes	R.	Purulent discharge from lower angle of wound on 12th day. Left hospital well, but with small sinus, Sept. 26th. Discharge finally ceased Nov. 13th.
30	A. C.	East Greenwich	21	S. 1-para	Aug. 31	Removal of diseased uterine appendages	Pyosalpinx (right)	Left tube and ovary removed	20 hours	Yes	R.	Recovery uninterrupted. Highest temp. 99·8°. Left hospital well Sept. 23rd.
31	E. P.	Brixton	37	S.	Sept. 10	Exploratory, for suspected suppurating ovarian cyst	Tubercular peritonitis, with tense intra-peritoneal collection of serum	3 fl. oz. serum evacuated; nothing removed	None	No	R.	Urine before operation contained $\frac{1}{8}$th albumen; after operation albumen gradually disappeared. Left hospital Oct. 6th.
32	E. T.	Waterloo Road	36	M.	Sept. 11	Removal of diseased uterine appendages	Double salpingitis; abscess in left ovary; dermoid cyst of right ovary	Tubes and ovaries removed	24 hours	No	R.	Some abdominal distension on 3rd day; otherwise recovery uninterrupted. Highest temp. 100·4°. Left hospital well Oct. 3rd. Last seen Dec. 4th: health better than for many years.
33	C. A.	Vauxhall	24	M.	Sept. 14	Removal of diseased uterine appendages	Dense adhesions of pelvic contents, including much small intestine	Nothing removed	48 hours, then rubber tube for 12 days	No	R.	Fæcal discharge from wound 3rd to 13th day, then ceased; abscess discharged per rectum 17th day. Left hospital Oct. 17th; wound closed. A month later a further discharge of pus per rectum; general condition good.

						appendages		removed				16th.
35	L. W.	Penge	33	M.	Sept. 24	Exploratory, for suspected disease of uterine appendages	Small suppurating ovarian cyst; both tubes occluded and inflamed; the left contained pus	Tubes and ovaries removed	24 hours	Yes	R.	Prolonged collapse. Recovery then uninterrupted. Left hospital well Oct. 22nd. A month later was looking and feeling well.
36	B. M. J.	Pimlico	21	M.	Oct. 8	Cæsarian section for deformed pelvis	Pregnant uterus	Delivery of living male child	None	No	R.	Full report communicated to Obstet. Soc.; see 'Transactions' for 1892.
37	M. C.	Peckham	22	M.	Oct. 22	Removal of diseased Fallopian tubes (gonorrhœal)	Double pyosalpinx; abscess in left ovary	Tubes and ovaries removed	48 hours	No	R.	Recovery uninterrupted, except by a slight attack of broncho-pneumonia. Left hospital well Nov. 19th.
38	M. W.	Waterloo Road	23	M.	Oct. 29	Exploratory, for suspected cyst of right ovary or tubal gestation	Small suppurating subperitoneal cyst on posterior pelvic wall; pelvic peritonitis; occlusion of both Fallopian tubes	Tubes and ovaries removed; abscess evacuated	24 hours	No	R.	Recovery uninterrupted. Left hospital well Dec. 4th.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