AN ANALYSIS OF
108 CASES OF OVARIOTOMY,
WHICH HAVE OCCURRED IN
GREAT BRITAIN.

BY
ROBERT LEE, M.D. F.R.S.
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL,
PHYSICIAN-ACCOUCHEUR TO THE ST. MARY-LE-BONE INFIRMARY,
LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN,
AT ST. GEORGE'S HOSPITAL.

Received October 30th.—Read November 12th, 1850.

Dr. Nathan Smith, Professor of Physic and Surgery in Yale College, Connecticut, published, in the 'Edinburgh Medical and Surgical Journal' for 1822, the history of a "Case of Ovarian Dropsy, successfully removed by a Surgical Operation." There was a large tumour in the right side of the abdomen, which was moveable to a considerable extent, and in which a distinct fluctuation could be perceived. "The patient being placed on a bed," observes Dr. Smith, "with her head and shoulders somewhat raised, an assistant pushed up the tumour to the middle of the abdomen, and held it there. I then commenced an incision about an inch below the umbilicus, directly in the linea alba, and extended it downwards three inches. I carried it down to the peritoneum, and there stopped till the blood had ceased to flow, which it soon did. The peritoneum was then divided the whole extent of the external incision. The tumour, now exposed to view, was punctured; a canula was introduced, and seven pints of a dark-coloured ropy fluid were discharged into a vessel. About one pint was lost, so

that the whole was about eight pounds. Previous to puncturing the tumour, by introducing the finger by the side of it, I ascertained that it adhered for some extent to the parietes of the abdomen, on the right side, between the spine of the ilium, and the false ribs. After evacuating the fluid, I drew out the sac, which brought out with it, and adhering to it, a considerable portion of omentum. This was separated from the sac by the knife; and two arteries, which we feared might bleed, were tied with leather ligatures, and the omentum was returned. By continuing to pull out the sac, the ovarian ligament was brought out; it was cut off; two small arteries were secured as before, and the ligament returned. I then endeavoured to separate the sac from its adhesions to the parietes of the abdomen, which occupied a space about two inches square. This was effected by a slight touch of the knife, at the anterior part of the adhesion, and by the use of the fingers. The sac then came out whole, excepting where the puncture had been made, and I should think it might weigh between two and four ounces. The incision was then closed with adhesive plaster, and a bandage applied round the abdomen. No unfavorable symptoms occurred after the operation. In three weeks the patient was able to sit up and walk, and since has perfectly recovered."

This operation, similar in the first stage to the Cæsarean section, but much less formidable, was undertaken by Professor Smith, from the following considerations:—"The patient, although her health was not greatly injured, was sensibly affected by the disease. She was quite certain that the increase of the tumour in a given time was augmented, and probably, at no distant time, would destroy her.—I had also an opportunity to dissect the body of a patient who had died of ovarian dropsy, after having been tapped seven times. In this case, the sac was found to be the right ovarium, which filled the whole abdomen, but adhered to no part, except the proper ligament, which was not larger than the finger.—I have seen two other ovarian sacs which were taken from patients after death; they had been tapped

several times, and the sacs were equally unattached, except to their own ligaments. Thence I inferred, that in a case of ovarian dropsy, while the tumour remained moveable, it might be removed with a prospect of success; and the event has justified my expectations. The mode of operating in the above case has been described in several of my last courses of 'Lectures on Surgery.'"

In the following year, 1823, Mr. John Lizars, of Edinburgh, made a long incision through the abdominal parietes of a woman, aged 27, who, in the opinion of some of the most experienced physicians in that city, was afflicted with ovarian disease; but the symptoms were produced by obesity and distension of the intestines, and there was no ovarian cyst or tumour found present to remove, on laying open the abdomen. This patient did not die from the operation. In 1825 Mr. Lizars removed an enlarged ovarium by a long incision from another patient. Some hæmorrhage followed the operation. The other ovarium was diseased, and was not removed. In 1825 Mr. Lizars operated in another case, and the results were fatal. In 1826 Mr. Lizars repeated the operation, but he encountered a vascular tumour which could not be removed. In 1826 Dr. Granville made an incision of nine inches and a half through the abdominal parietes of a woman who had an ovarian cyst; but the adhesions were so strong, that the operation was abandoned. In 1827 Dr. Granville repeated the operation, but there was no ovarian tumour to remove. Some time after this, it was proposed again to perform the operation; but the consent of the patient could not be obtained, and she died some years after under the care of Dr. Scott, of Stratton Street. Both ovaria were sound; and the enlargement arose from a great vascular tumour imbedded in the walls of the uterus. The preparation of the uterus and tumour is in the Museum of St. George's Hospital.

The difficulty, or rather the impossibility, of determining whether ovarian cysts and tumours were present in these cases, and whether, when they actually existed, their extirpation was practicable, were strikingly illustrated by these

operations; and during six years after their performance ovariotomy was almost wholly abandoned in this country. In 1833 the operation, as performed by Dr. N. Smith, was revived by Mr. Jeaffreson, of Framlingham, who made an incision one inch and a half to two inches between the umbilicus and pubes, through the abdominal parietes of a patient, exposed an ovarian cyst, which had no adhesions, and after emptying the cyst by tapping, drew it out, tied and excised the root. During the last twenty-seven years the operation of ovariotomy has been attempted or performed more than one hundred and thirty times in Great Britain. Of 108 cases I have obtained authentic reports; and now beg leave to present an Analysis of these to the Royal Medical and Chirurgical Society. In about one third of these cases there was either no ovarian cyst or tumour to remove, or there were present ovarian cysts and tumours the removal of which was found to be impracticable. It is demonstrated by the following Analysis of 108 Cases of Ovariotomy, that in about one third of the whole number, before an opening had been made into the sac of the peritoneum, it was impossible to determine whether any ovarian disease actually existed; or whether, when ovarian cysts and tumours were present, it was possible to extirpate them by a surgical operation.

POSTSCRIPT.

Since the preceding paper was presented to the Society, details more or less complete have been obtained, of 54 additional cases of Ovariotomy which have occurred in Great Britain. An analysis of these has been appended to the table, making, in all, 162 cases in which the operation has been undertaken. In 60 the ovarian disease could not be removed; 19 of these proved fatal. Of the remaining 102 cases in which the operation was completed, 42 terminated fatally. The present condition of the 60 patients who recovered is very imperfectly known.

<i>Analysis of 162 Cases of Ovariectomy which have occurred in Great Britain.</i>					
No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not. Result.
1	1823, Oct. 24.	27	Enlargement commenced 1815; long incision; no ovarian cyst or tumour; the enlargement produced by obesity and distension of the intestines. (Observations on Extraction of Diseased Ovaria; J. Lizars, Esq. Edin., 1825.)	J. Lizars, Esq.	No ovarian disease to be removed. Recovered from the operation.
2	1825, Feb. 27.	36	One enlarged ovary removed by a long incision; the other ovary diseased and not removed. Some hæmorrhage followed the operation. The ligature had not come away when the history of the case was published. (Ibid.)	J. Lizars, Esq.	Removed: other ovary diseased not removed. Recovered from the operation.
3	1825, March 22.	25	Ovarian tumour seven pounds, adhering to the brim of the pelvis, colon, and abdominal walls, which were partly overcome by dissection, tension, and the handle of the scalpel; incision from sternum to symphysis pubis. Gangrene of the intestine followed. (Ibid.)	J. Lizars, Esq.	Removed. Died.
4	1825.	34	A solid and vascular fibrous tumour of the uterus, adhering to the omentum majus. (This patient died in 1850. Both ovaria were found healthy. The fibrous tumour adhered to the fundus uteri.) (Ibid.)	J. Lizars, Esq.	No ovarian disease to be removed. Recovered from the operation.
5			A case, similar to the first of these, was seen by Dr. Gooch about 1829 in Guy's Hospital. The patient, a young woman, had been in the hospital some time before, for what was considered ovarian dropsy; but purgatives removed the tumour. A few months before I saw her, having a return of the enlargement, she consulted an enterprising surgeon, who assured her that she had a tumour in the ovary, which could be removed only by extirpation; for this purpose he made an incision in the linea alba six inches long, by which the cavity of the abdomen was exposed. It was then discovered, as in the case at Edinburgh, that there was no tumour, and that the enlargement depended on flatulence and fat; the wound was closed and healed; but the patient's health sustained great injury. (See Dr. Gooch's Account, &c., p. 222.)	Unknown.	No ovarian disease to be removed. Recovered from the operation.

6	1826.	..	Incision nine inches and a half long; a large ovarian tumour brought to view, which had extensive adhesions, by firm hands, with the adjacent viscera and peritoneal coverings. (Medical Gazette, vol. i, 1842-3, p. 540.)	Dr. Granville.	Not removed.	Recovered from the operation.
7	1829, March 21.	30	Incision nine inches; a tumour, which weighed eight pounds, removed, and supposed to be ovarian. Dr. Lee examined this tumour in the recent state, and ascertained that it was a fibrous tumour, which had adhered to the fundus uteri by a thick peduncle; a portion of small intestine, which had come in contact with this root where incised, became inflamed and gangrenous. The preparation was several years after in the possession of J. North, Esq., but it has not been preserved.	Dr. Granville.	No ovarian disease to be removed.	Died from the operation.
8	1835.	..	November 1833, a tumour, discovered during the second labour, occupying the entire left half of the pelvis, pressed above the brim of the pelvis, and the labour natural. March 4, 1845, delivered again without assistance; left ovary dropsical, which afterwards rapidly increased. Incision from ten to twelve lines in the course of the linea alba, between umbilicus and pubes; one cyst containing twelve pints, and another two ounces. The entire ovary extracted, and its connections divided; ends of ligature protruded; wound closed with two sutures, adhesive plaster, and lint. On the 10th, incessant vomiting, hiccough; pulse scarcely to be felt. These symptoms subsided. Secretion of milk. The patient recovered; and has since given birth to five healthy children, and is still alive.	W. Jeaffreson, Esq., Framlingham, Suffolk.	Removed.	Recovered from the operation and disease.
9	. . . .	..	Abdomen distended during three years with solid and fluid matter; two gallons of fluid removed by tapping; operation repeated; the solid part of the mass was large, irregular, and presenting three spherical projections; elastic feel; the disease had made slow progress. An incision about three inches through the parietes, a little above a line drawn across the abdomen from the umbilicus; the fluid escaped, and a portion of omentum: the wound was closed. The tumour, after death, was found to be an enlarged gland, in a fold of the mesentery. (Lancet, vol. i, 1837, p. 586.)	H. C. King, Esq., Saxmundham, Suffolk.	Not removed.	Died a few months after.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
10	1834, March.	40	A tumour on the right side, between the superior spine of the ilium and the short ribs, four to five inches long and two or three broad; movable; health not much deranged. A vertical incision through the parietes and linea semilunaris of seven or eight inches; search made for tumour without success; wound enlarged four inches, in direction of lumbar vertebra; tumour not discovered; wound closed. Health improved after the operation. (<i>Lancet</i> , vol. i, 1837, p. 587.)	H. C. King, Esq., Saxmundham, Suffolk.	Not removed.	Recovered from the operation.
11	1836.	40	Hannah Cavell, Aug. 1833. Abdomen enlarging for three years; enlargement, with fluctuation, went on increasing; emaciation; an incision as in the last case; twenty-seven pints of gelatinous fluid removed; opening enlarged to three inches; a large thick cyst and solid tumour extracted; ligature slipped off; three ligatures reapplied; little hemorrhage. The patient was in good health five months after, and twelve months since. (<i>Ibid.</i> , p. 586.)	H. C. King, Esq., Saxmundham, Suffolk.	Removed.	Recovered from the operation.
12	1836, Nov. 2.	45	Mrs. Hurston, of Southborough, mother of three children. Incision, two inches; sac punctured, and twenty pints of fluid drawn off; then drawn out, and its root tied and divided; no adhesions; doing well when the history of the case was published. Present, Dr. Scudamore and Mr. Hargraves. This patient is now alive and well. (See the Tables of Mr. B. Phillips and Mr. S. Lee.)	— West, Esq.	Removed.	Recovered from the operation.
13	. . .	23	Miss S—. Small incision; no adhesions; twenty-four pints of fluid removed. (<i>Ibid.</i>)	— West, Esq.	Removed.	Recovered from the operation.
14	. . .	40	Small incision; adhesions; cyst not removed. (<i>Ibid.</i>)	— West, Esq.	Not removed.	Recovered from the operation.
15	. . .	24	Short incisions; cyst tapped before extraction; eleven gallons of fluid removed. (<i>Ibid.</i>)	— West, Esq.	Removed.	Died.
16	. . .	..	The disease had existed more than twenty years; tapping twice. No details of the operation could be obtained. The lady recovered perfectly, and was then in good health. (<i>Lancet</i> , 1839-40, vol. i, p. 287.)	B. C. Crisp, Esq.	Removed.	Recovered from the operation.

17	.. . . .	..	"On discharging the fluid (about five pints of dark grumous matter), the sac was found to be very thickened and adherent, and complicated with tumour, about the size of a child's head at birth. The patient died in about five days; a <i>post-mortem</i> was not allowed." (Communicated by Mr. Hargraves, and never previously published.)	T. Hargraves, Esq.	Not removed.	Died.
18	.. . . .	..	"I was also present at an unsuccessful case at Riverhead, where the disease was complicated with tumour. The patient died in less than a week after the operation, although little more was done than the fluid let off, and a slight attempt made to break through the adhesions to the parietes." (Communicated by Mr. Hargraves, and likewise never previously published.)	.. . . .	Not removed.	Died.
19	1840.	21	Unmarried; in good general health. Incision two inches and a half; sac seized with the vulsella; 330 ounces of fluid evacuated; opening enlarged; cyst drawn out; root tied and excised, and sac removed without difficulty. Severe pain followed, with vomiting; and I saw the patient about half an hour afterwards with rapid feeble pulse; and cold extremities. I was present at the examination of the body, when the appearances of recent inflammation were observed within the pelvis, with a small quantity of extravasated blood. St. Marylebone Infirmary. (Med. Gazette, vol. xxvii, p. 83.)	B. Phillips, Esq.	Removed.	Died.
20	1843.	19	E. D—. Fifteen months before slight increase of abdomen. Perceived pain in right side, with fever; rapid increase; a large tumour occupying the abdomen; on the left side adhesions suspected where the mass was hard; fluctuation on right side. Incision at first four inches below umbilicus; incision extended upwards to the ensiform cartilage. No adhesions. (Guy's Hospital Reports, vol. i, p. 477.)	A. Key, Esq.	Removed.	Died.
21	1843.	32	Married, but never pregnant; cysts and solid tumour; adhesions with cancerous disease of the uterus; long incision; a portion of omentum included in ligature; peritonitis. This and the last case occurred in Guy's Hospital. (Med.-Chir. Trans., vol. xxvii, p. 76.)	B. Cooper, Esq.	Removed.	Died.
22	1843, Sept. 3.	29	Mary Nicholson, married. Good health till her marriage, more than two years before. Six months after a moveable tumour, the size of an orange in the pubic region, which rapidly enlarged; nine months after	T. M. Greenhow, Esq.	Removed.	Died in a few days.

No.	Date	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
23	1843, Nov. 19.	28	supposed to be in labour; abdomen enlarged, and strength failed; fluctuation in one or two places, but the tumour generally firm; incision from near the ensiform cartilage, to the pubes; several adhesions divided; root tied, and tumour excised. (Med.-Chir. Trans., vol. xxvii, p. 88.)	S. Lane, Esq.	Removed.	Recovered.
24	1844, Feb. 15.	47	Miss —. Removed the entire cyst; no adhesions; had suppurations within the peritoneal cavity; recovered. Since married, has had one dead and one living child. Is now living. (The history of this and the following cases was communicated by Mr. Lane to Dr. Lee.)	S. Lane, Esq.	Removed.	Recovered. Died two years after.
25	1844, Feb. 15.	43	Mrs. L—. Removed a very large cyst; firm adhesions to the anterior wall of abdomen above the umbilicus, and from one hypogastric region to the other; none elsewhere. Recovered; died two years after of stricture of the rectum. (Ibid.)	S. Lane, Esq.	Partially removed.	Recovered.
26	1844, Nov. 21.	20	Mrs. —. Removed the cyst, with the exception of a portion attached to the side and fundus of the uterus; recovered; lost her husband three years after the operation. Married again in about a year; died about fifteen months after her last marriage. (Ibid.)	S. Lane, Esq.	Removed.	Recovered.
27	1845, Sept.	40	Miss P—. Removed the cyst; no adhesions; recovered; now living. (Ibid.)	S. Lane, Esq.	Cyst partially removed.	Died in three days, from peritonitis.
28	1845.	39	Mrs. W—. Removed the cyst; universal adhesions to the anterior wall of the abdomen, also posteriorly to the liver, kidney, renal capsule, and the cava inferior; left a small portion of the cyst adherent to the renal capsule and cava. Died of peritonitis on the third day from the operation. (Ibid.)	S. Lane, Esq.	Removed.	Recovered partially.
29	1846, Nov.	31	Miss T—. Removed the cyst; no adhesions; had pelvic abscess; recovered; still living, but the discharge from the abscess has never ceased; and the movements of the hip-joint are much interfered with. (Ibid.)	S. Lane, Esq.	Not removed.	Recovered from the operation.

30	1847, Apr. 24.	40	Mrs. P.—. Solid tumours and ascites; small explorative incision made; tumours not removed on account of their connections; well in two days from the operation; still living. (Ibid.)	S. Lane, Esq.	Tumour not removed.	Recovered from the operation.
31	.....	..	Large solid tumour of the size of the uterus at the full period of pregnancy. Incision from umbilicus to pubes; tumour too much connected with the uterus for removal; recovered from the operation; wound healed; able to walk about; died suddenly five weeks from the operation, after an attack of dyspnoea. The <i>post-mortem</i> examination discovered no cause of death, with the exception, perhaps, of pale flabby heart; no evidence of inflammation of the abdominal cavity. (Ibid.)	S. Lane, Esq.	Tumour not removed.	Died in five weeks after.
32	1848, Oct. 15.	54	Miss D.—. Incision made; universal adhesions prevented the removal of cysts; rapid recovery from the operation. Two years after, suppurations produced in three or four of the cysts. Now living in tolerable health. (Ibid.)	S. Lane, Esq.	Cysts not removed.	Recovered from the operation.
33	1849, Nov.	24	Miss H.—. Inflammation of the cyst produced, followed by cure. (Ibid.)	S. Lane, Esq.	Not removed.	Recovered.
34	1839.	26	Small incision. Adhesions; tumour not extracted. Operated upon in Guy's Hospital by Mr. Morgan. Considered by all who saw the case most favorable for the operation. (See Mr. B. Phillips's Table, p. 474.)	— Morgan, Esq.	Not removed.	Died in forty-eight hours.
35	1842.	46	The tumour large and solid; pelvic cavity filled; fluctuation one, detected above the pubes; incision nearly from sternum to pubes. (The histories of this and the following cases were communicated by Dr. Clay.)	Dr. Clay.	Removed.	Recovered.
36	1842.	57	Nine children. Ascites; paracentesis; an ovarian tumour four pounds in the left iliac region, hard and heavy; parietes in front, below the umbilicus, attached to it. Incision ten inches; strong adhesions in every direction, overcome by the scalpel; a double ligature passed through the root; tumour removed; recovery rapid. (Ibid.)	Dr. Clay.	Removed.	Recovered.
37	1842.	47	Great enlargement, and fluctuation chiefly on the left side. Two years before tapped of two pints of bloody fluid; at first a small incision. The whole anterior surface of the mass adherent; tumour vascular; pierced in various parts when blood issued. The removal of the tumour impracticable. Died on the sixth day after the operation. (Ibid.)	Dr. Clay.	Not removed.	Died from the operation.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
38	1842.	39	Right side of abdomen enlarged four years before; tapped four times; a bold incision; sac exposed with numerous incisions; an immense sac removed; recovery rapid. Good health. (Ibid.)	Dr. Clay.	Removed.	Recovered.
39	1843.	35	Mrs. L—. Frequently tapped; extensive adhesions between the cyst and parietes; tumour eighteen pounds and a half; fluid seven pounds. (Ibid.)	Dr. Clay.	Removed.	Died.
40	1843.	40	Mrs. E—. Sterile; the tumour weighed thirty pounds; peritonitis in twelve hours; and she died at the close of the second day. (Ibid.)	Dr. Clay.	Removed.	Died.
41	1843.	46	Mrs. B—. Forty pounds of fluid drawn off by tapping; numerous small tumours felt; incision four inches; large quantity of fluid with hydatids escaped; most of abdominal viscera enlarged and adhering together, especially the uterus; right ovary and spleen; twelve folds of white worsted a foot in length introduced into the abdominal cavity; wound closed. Two years after in health.	Dr. Clay.	Not removed.	Recovered from the operation.
42	1843.	40	Mrs. P—. Ovarian disease of ten or twelve years' standing; repeatedly tapped; a large solid mass with the empty sac right side; incision ten inches; three adhesions; active inflammation followed, but was subdued.	Dr. Clay.	Removed.	Recovered.
43	1845.	38	Mrs. W—. Large ovarian tumour; frequent attacks of inflammation; incision four inches; extensive adhesions; cleared out sac; a string of threads left hanging out of it; discharge nearly gone in four months; size of abdomen nearly natural. In 1847 in good health.	Dr. Clay.	Not removed.	Recovered from the operation.
44	1846.	51	Mrs. S—. Abdomen, size of the gravid uterus at the full period; tapped; sac extirpated. Incision from umbilicus to pubes. No adhesions, no unfavorable symptoms followed.	Dr. Clay.	Removed.	Recovered.
45	1845.	35	Mrs. T—. Sterile; tapped thrice; solid part moveable; few adhesions. Length of incision not stated.	Dr. Clay.	Removed.	Recovered.
46	1845.	38	Two ovarian cysts; tapped; two solid masses remained, and adhesions in two places to the parietes. Length of incision not stated. Cysts and solid matter removed. Six months after was stouter than at any former period of life.	Dr. Clay.	Removed.	Recovered.

			Dr. Clay.	Removed, and also a part of the uterus.	Died soon.
47	1843.	45	Mrs. H.—. Tumour size of the gravid uterus at the eighth month, hard, unyielding, lobulated, moveable, not fluctuating. Incision thirteen inches. No adhesions; tumour exposed; has a broad attachment; the greater part of the uterus forming part of the tumour; great difficulty in securing the exposed vessels; attacks of syncope succeeded; and she died in an hour and a half. The tumour weighed twelve pounds, and included a portion of the os and cervix uteri.		
48	1844.	52	Dr. Clay.	Both ovaries and uterus removed.	Died.
49	1846.	26	Dr. Clay.	Removed.	Died.
50	1846.	32	Dr. Clay.	Removed.	Recovered.
51	1848.	27	Dr. Clay.	Partially removed.	Recovered.
52	1847.	32	Dr. Clay.	Removed.	Recovered.
53	1846.	22	Dr. Clay.	Removed.	Recovered.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
54	1846.	35	Tapped six times. Tumour of considerable size, without adhesions. Incision fourteen inches. On the fifteenth day after the operation returned home.	Dr. Clay.	Removed.	Recovered.
55	1846.	45	Mrs. A—. Ovarian disease twelve years. Large solid tumour. Incision from sternum to pubes. Adhesions. Peritonitis followed, but she recovered.	Dr. Clay.	Removed.	Recovered.
56	1847.	51	Mrs. J—. Emaciated; ovarian disease sixteen years. Tumour weighed forty pounds. Some adhesions. Died in thirty-six hours.	Dr. Clay.	Removed.	Died.
57	1848.	51	Mrs. L—. Long standing ovarian disease; tapping; a cyst with adhesions and a solid mass on the right side. Incision ten inches. Recovered, and was in good health in less than a month.	Dr. Clay.	....	Recovered.
58	1848.	47	Mrs. B—. Ovarian disease five or six years; tapped; sac adherent; exploratory incision. No further proceeding. An incision lower down. No adhesion detected; extirpation; exhaustion. Died on the sixth day.	Dr. Clay.	Not removed.	Died.
59	1848.	40	Mrs. B—. Tumour removed, forty-six pounds. Now in excellent health.	Dr. Clay.	Removed.	Recovered.
60	1848.	19	Miss M. K—. Edinburgh. Tumour removed. Died within twenty-four hours.	Dr. Clay.	Removed.	Died.
61	1848.	35	Mrs. T—. Tumour removed, which with cystic and ascetic fluid weighed fifty pounds.	Dr. Clay.	Removed.	Recovered.
62	1846.	27	Ellen D—. Tumour removed weighed forty-eight pounds. Now quite well.	Dr. Clay.	Removed.	Recovered.
63	1848.	45	Mrs. S—. Tumour removed, which weighed twenty-eight pounds. Now in good health.	Dr. Clay.	Removed.	Recovered.
64	1847.	25	Mrs. A—. Tumour removed, forty-pounds. Is now quite well.	Dr. Clay.	Removed.	Recovered.
65	1848.	18	Miss J—. Tumour removed, thirty pounds. Died in thirty-six hours.	Dr. Clay.	Removed.	Died.
66	1848.	47	Sarah J—. Tumour removed, thirty-seven pounds. Recovered. Now well.	Dr. Clay.	Removed.	Recovered.
67	1847.	27	Tumour removed, thirty pounds. Died on the ninth day.	Dr. Clay.	Removed.	Died.
68	1848.	35	Mrs. R—. Tumour removed, twenty pounds. Died on the third day.	Dr. Clay.	Removed.	Died.
69	1846.	37	Mrs. McA—. Tumour removed, forty pounds. Recovered very slowly, but is now well.	Dr. Clay.	Removed.	Recovered.
70	1849.	33	Mrs. W—. Weight of tumour, thirty-one pounds. Is now well, and has had a still-born child since.	Dr. Clay.	Removed.	Recovered.
71	1849.	32	Miss W—. Tumour thirty-five pounds. Now in good health.	Dr. Clay.	Removed.	Recovered.

72	1849.	48	Mrs. S.—. Tumour seventy-six pounds. Now in good health.	Dr. Clay.	Removed.	Recovered.
73	1850.	45	Mrs. H.—. Weight of tumour extirpated, twenty-four pounds. Now quite well.	Dr. Clay.	Removed.	Recovered.
74	1850.	38	Mrs. S.—. Weight of tumour twenty-four pounds. Contents of sac two days previously, thirty-pounds. Now progressing favorably.	Dr. Clay.	Removed.	Recovered.
75	1844.	22	H. H.—. Ovarian disease five or six years; tapped six times; tumour twenty-nine lbs. fourteen oz.; long incision.	Dr. Clay.	Not removed.	Recovered from the operation.
76	.....	..	Four cases of peritoneal sectional exploration from one inch and a half to two inches and a half.	Dr. Clay.	Not removed.	Recovered.
77	.....	..	Second case of peritoneal sectional exploration.	Dr. Clay.	Not removed.	Recovered.
78	.....	..	Third case of peritoneal sectional exploration.	Dr. Clay.	Not removed.	Recovered.
79	.....	..	Fourth case of peritoneal sectional exploration.	Dr. Clay.	Not removed.	Recovered.
80	.....	..	Fifth case of peritoneal sectional exploration.	Dr. Clay.	Not removed.	Died.
81	1843.	37	Mrs. H.—, mother of six children. After a protracted labour two years and a half before, followed by inflammation, a small tumour felt above and to the left side of the pubis; abdomen afterwards increased with pain; a circumscribed moveable tumour before the operation above the pubis, the size of the fetal head; uterus healthy; an incision through the skin from the right of the umbilicus along the mesial line to within three inches of symphysis pubis; peritoneum exposed and punctured; four quarts of ascetic fluid escaped; wound enlarged to the extent of nine inches; omentum adhering to tumour, separated; pedicle of tumour tied and removed; tympanites and obstinate vomiting, which caused the ends of the ligatures to be drawn within the abdominal cavity. After several weeks a small abscess at the lower part of the cicatrix. In 1845 the patient was in perfect health. (Medical Gazette, 1843.)	G. Southam, Esq.	Removed.	Recovered.
82	1845, June 24.	38	Mrs. S.—, married twenty years. Sterile; enlargement observed eight years before; abdomen before the operation greatly enlarged; fluctuation of a resisting kind; exploratory incision; no adhesions; cyst punctured; sixteen pints of fluid evacuated; opening enlarged above and below to six or seven inches; cyst drawn out; root tied and divided; the ligature came away on the forty-ninth day, and the patient is now in the enjoyment of perfect health. (Provincial Med. and Surg. Association, 1845.)	G. Southam, Esq.	Removed.	Recovered.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
83	1847, May 21.	26	Mary H.—. Five children; after her last confinement became dropsical and was tapped; recently the tumour had increased rapidly with pain; an incision first made three inches long; six pounds of ascetic fluid escaped; no adhesions; unsuccessful attempt to tap the tumour; incision extended; adhesions; tumour removed; faintness; dyspnoea took place on the 23d, and she died on the 26th. (Provincial Med. and Surg. Journal, vol. iii, new series, 1847.)	G. Southam, Esq.	Removed.	Died.
84		. .	"In another case I made an exploratory incision," says Mr. Southam, "with a view of determining on the propriety of extirpation, or adopting the operation recommended by Mr. Bainbrigg of Liverpool, having previously satisfied myself that adhesions existed, which I thought, if they proved too extensive in extirpation, might facilitate the other operation. The patient recovered from the exploratory incision without a bad symptom, but died from the effect of Mr. Bainbrigg's operation, suppuration of the cyst having produced violent irritative fever. The tumour was multilocular, consequently a very favorable one for Mr. Bainbrigg's plan." (This case is not published.)	G. Southam, Esq.	Not removed.	Died.
85	1846,	20	Unmarried; tumour first perceived eighteen months before; tapping six times, large incision; both ovaria diseased and removed; fatal peritonitis and phlebitis followed. (Ed. Med. & Surg. Journ., vol. lxx, pp. 278—308.)	Dr. Handyside.	Both ovaria removed.	Died.
86	1846, Sept. 3.	38	Mrs. P.—, married, and five children. Seen first by Dr. Handyside, Oct. 1845, eleven months subsequent to the birth of her last child; a moveable tumour of the left ovary, with a large dropsical swelling. Feb. 1846, tumour and dropsical swelling increased; tapping; the tapping repeated thrice. Sept. 3, "Incision four inches; a similar procedure adopted to that in the last case, with the exception of the line of exit for the ligature being through the recto-vaginal cul-de-sac of peritoneum." "The two ligatures were carried out per vaginam." The tumour, consisting chiefly of cysts, weighed ten pounds. (Dr. Handyside has communicated the history of this and the following case.)	Dr. Handyside.	Both ovaria removed.	Died of peritonitis.

87	. . . . .	..	"Dr. Simpson communicated verbally to the Edinburgh Medical and Chirurgical Society, in December 1849, a notice of a fatal case of ovariectomy that occurred to himself. So far as I know, this is the only instance in which he has operated." (Unpublished.)			Died.
88	1848.	23	An incision first made of one inch, the finger introduced, and no adhesion felt; opening extended to three inches; the sac tapped; a second cyst detected and tapped, both cysts firmly adhering. Operation could not be completed. (Middlesex Hospital—Pathological Transactions.)	J. M. Arnott, Esq.	Not removed.	Died.
89	1849.	24	F. W.—. Abdomen first perceived to be swollen in 1847; tapped in operation July 9, 1849; incision twelve inches; compound cyst and solid tumour; one adhesion; pedicle thick as a middle-sized finger. August 13, wound healed. (Med. Gazette, vol. xlv, p. 366.)	J. Crouch, Esq.	Removed.	Recovered.
90	1843.	40	Long incision; fibrous tumour of uterus removed; hæmorrhage. (See S. Lee's Table, p. 268.)	A. M. Heath, Esq.	Removed.	Died.
91	. . . . .	..	Incision; cyst removed; recovered. (Ibid.)	M. Morris, Esq. Rochdale.	Removed.	Recovered.
92	1846.	24	This patient, seen first by Mr. Arrowsmith, April 1846, had been tapped once for ovarian dropsy. The case in all respects appeared favorable for the operation. An incision six inches; adhesions so strong in every direction, that the farther steps of the operation were abandoned; no bad symptoms followed. Some weeks after was tapped. The further history of the case unknown. (Communicated by Mr. Arrowsmith to Dr. Lee, June 4, 1851.)	J. Y. Arrowsmith, Esq.	Not removed.	Recovered from the operation.
93	1846.	18	St. George's Hospital. A single cyst without adhesions; incision three inches. (Med. Gazette, vol. iii, New Series, p. 735.)	C. Hawkins, Esq.	Removed.	Recovered.
94	1846.	20	Incision four inches; no adhesions; one cyst, right side; hæmorrhage from slipping of the ligature; left ovary diseased. (Med. Gazette.)	S. Solly, Esq.		Died.
95	1846.	39	Large incision; no adhesions; multilocular cyst, complicated with chronic peritonitis; tumour weighed twenty pounds, fluid ten pounds. Died in four hours from shock of operation. (See S. Lee's Treatise, p. 271.)	Dr. P. Smith.	Removed.	Died.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
96	1845.	18	Unmarried; duration of disease eighteen months; incision fourteen inches; adhesions; two pints of fluid drawn off; the two hands introduced on each side of the tumour deep into the pelvis, and tumour raised; a double ligature passed through the ligature and divided. (Prov. Med. and Surgical Journal, 1845, p. 597.)	J. Dickens, Esq.	Removed.	Recovered.
97	1846.	25	Married six years; three children; enlargement first observed seven years before; small incision first made; no adhesions; the incision extended up to within one inch and a half of the ensiform cartilage and downwards to the pubes; cyst tapped and drawn out; uterus six months gravid; cysts and solid matter removed; afterwards became pregnant and had a healthy child. (Medico-Chirurgical Transactions, Vol. XXX, p. 95.)	H. E. Burd, Esq.	Removed.	Recovered.
98	1850.	38	Compound cysts of seven or eight months' duration; incision under three inches; some difficulty in extracting the large cyst; tapped and difficultly overcome; pedicle tied and divided. (Ibid., Vol. XXXIV, pp. 1—3.)	E. Duffin, Esq.	Removed.	Recovered.
99	1850, Feb. 19.	19	Sept. 1848, a tumour the size of an orange on the right side of the hypogastrium first perceived, which gradually increased in size. In Jan. 1850, the abdomen as large as at the full period of gestation; fluctuation distinct; incision ten inches; two slight adhesions between the omentum and anterior surface of tumour; cyst emptied; root tied and divided; one large and several small cysts removed; the patient in good health eight months after. (Lancet, vol. ii, 1850, p. 680.)	C. H. Cornish, Esq.	Removed.	Recovered.
100	1850, March 7.	33	Sept. 17th, 1844; tapped. Treatment by pressure twelve months. Married, and safely delivered within a year. Tapped 1846 and 1850; an exploratory incision made; a slight recent adhesion. Incision extended to twelve inches. An enormous triple headed cyst removed. Died on the third day from peritonitis. (History communicated by Dr. Ely and Mr. Isaac Brown to Dr. Lee, and not previously published.)	I. Brown, Esq.	Removed.	Died.

101	1850.	24	Married nine months in Feb. 1850. Speedy pregnancy; abdomen large; labour natural; abdomen continued large; constitutional disturbance; jaundice. Ten days after delivery abdomen forty-eight inches and a half in circumference. Eleven weeks after delivery seven gallons of dirty brownish fluid, with flakes of lymph and pus, drawn off; no bad symptoms followed, but twenty-five days after abdomen measured fifty inches. Operation then performed; incision three inches a little to the left side; finger passed between two closely adherent layers, which were the parietal peritoneum and the sac closely adherent. Mr. Phillips seized the exposed sac with double hooks, but it rent, and the contents escaped, which were five gallons of pure pus; edges of sac fastened to wound of abdominal walls. Died ninety-six hours after the operation. After death, cyst found universally adherent. (History communicated by Dr. West and Mr. Paget to Dr. Lee, and never previously published.)	J. Paget, Esq.	Not removed.	Died.
102	1848, Sept. 2.	34	Susan C—, married nine years; one child. Ovarian disease two years and a half's duration; tapped twice; emaciated and debilitated; dyspnoea. Incision from ten to twelve inches; extensive adhesions. The attempt at its removal abandoned; eight days after wound nearly closed. Cyst fast filling. Six days after, during a fit of coughing and vomiting, wound burst asunder and many pints of fluid escaped, and the flow continued till she died on the 23d, three weeks after the operation. A second cyst. The other ovary had a single cyst attached, from which three pints of fluid escaped. (Communicated by Mr. Anderson to Dr. Lee, and never previously published.)	A. Anderson, Esq.	Not removed.	Died.
103	1849, Oct. 29.	25	Unmarried. At the age of 22, tumour appeared in right iliac region; increased rapidly during last six months, but its development unattended with pain. Universal fluctuation. Measured forty-one inches in circumference. Cyst presumed to be single and not adherent. Operation by small incision resolved on. Cyst found to be of remarkable tenuity, containing transparent fluid. Contrary to expectations universal adhesions to peritoneum and compound cysts. In fourteen days the abdomen as large as before. (Communicated by Dr. West to Dr. Lee, and never before published.)	C. De Morgan, Esq.	Not removed.	Recovered from the operation.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
104	1845.	33	Incision four inches; no adhesions; cysts tapped and extracted. (See S. Lee's Table, p. 270.)	W. B. Page, Esq.	Removed.	Recovered.
105	...	..	Long incision; adhesions. (Mr. Phillips's Table.)	A. B.	Not removed.	Died.
106	...	..	Small incision; adhesions. (Ibid.)	C. D.	No tumour.	Recovered.
107	...	..	Large incision; adhesions. (Ibid.)	E. F.	.....	Died.
108	...	..	Long incision; extensive and strong adhesions which were violently torn up. A personal friend who was present at the operation communicated all the details to Dr. Lee. Death speedily followed. (Unpublished.)	Mr. Walne.	Removed.	Died.

FIFTY-FOUR SUPPLEMENTARY CASES.

109	...	58	Large incision; no adhesions; tumour sixteen pounds, nearly all fluid. (Mr. B. Phillips's Table, Med.-Chir. Trans., Vol. XXVII, p. 474.)	Mr. Walne.	Removed.	Recovered.
110	...	57	Large incision; no adhesions; tumour sixteen pounds and three-quarters. (Ibid.)	Mr. Walne.	Removed.	Recovered.
111	...	20	Large incision; no adhesions; tumour twenty-eight pounds. (Ibid.)	Mr. Walne.	Removed.	Recovered.
112	...	54	Large incision; adhesions; not extracted. (Ibid.)	Mr. Walne.	Not removed.	Recovered from the operation.
113	...	45	Large incision; no adhesions; tumour twenty-four pounds. (Ibid.)	Mr. Walne.	Removed.	Died.

			Mr. Walne.	Not removed.	Recovered from the operation.
114	1844, April 22.	30 Miss D.—. Abdomen enlarged from ovarian disease, January 1841. In January 1844, consulted Mr. Walne, who proposed the operation for removal. Operation for removal commenced by Mr. Walne making an incision of one inch midway between umbilicus and pubes in linea alba, down to peritoneum. Dr. Blundell inserted a silver probe its full length into the cavity of the abdomen without ascertaining the position of the solid tumour. Operation proceeded with: incision extended to about three inches in length, and fluid contents of sac burst forth; about twenty-four pints of fluid ran off, leaving the integuments flaccid, and the size entirely reduced; further progress of operation stopped; patient placed in bed, when for nearly a week she suffered much from fever and cerebral disturbance. The patient recovered, but abdomen became again full. In 1846 married; in 1847 bore a still-born child; in 1849 bore a healthy child, which with herself continue well up to the present time. October 31st, 1850, Mr. Walne, Dr. Blundell, Mr. Vincent, and Dr. Hogg, were present on the occasion. Dr. Hogg has communicated to me the above details of this case, which have not hitherto been published. Mr. Walne having declined to communicate to Dr. Lee the entire results of his operations, successful and unsuccessful, after repeated solicitations to do so; it is impossible, therefore, to state these results, as they have not yet been published. Dr. F. Bird likewise declined communicating the desired information, but has since published the following imperfect details.			
115	..	.. Mrs. G.—. Large, non-adherent tumour. (Lancet, vol. ii, 1850, p. 592.)	Dr. F. Bird.	Removed.	Recovered.
116	..	.. Miss H.—. Large, non-adherent tumour; sessile. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
117	..	.. Mrs. W.—. Large, colloid tumour, generally adherent. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
118	..	.. Miss M.—. Large simple sac. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
119	..	.. Tumour adherent to pelvis and uterus, rendering necessary to leave a segment of the cyst attached. (Ibid.)	Dr. F. Bird.	partially removed.	Recovered.
120	..	.. H. T.—. Tumour adherent to pelvis, of great thickness. (Ibid.)	Dr. F. Bird.	Removed.	Died.
121	..	.. Miss M.—. Large sessile tumour; adhesions. (Ibid.)	Dr. F. Bird.	Removed.	Died.
122	..	.. Mrs. L.—. Tumour bound down in pelvis, causing unceasing suffering; tapping required every ten or twelve days. (Ibid.)	Dr. F. Bird.	Removed.	

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
123	...	...	Mrs. H— Two large compound tumours, involving both ovaries. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
124	...	...	Mrs. G— Small tumour, non-adherent. (Ibid.)	Dr. F. Bird.	Removed.	Died.
125	...	...	Large compound tumour. (Ibid.)	Dr. F. Bird.	Removed.	Died.
126	...	...	Miss K— Large, and slightly adherent tumour. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
127	...	...	Large tumour, with very short pedicle. (Ibid.)	Dr. F. Bird.	Removed.	Recovered.
128	1848, Jan. 6th.	30	Mrs. P— Very large malignant mass; inseparably adherent posteriorly; extreme suffering from distension by solid matter, and rapidly approaching death, rendered the attempted operation justifiable. (Ibid.) The following details of this case have been communicated to Dr. Lee by Dr. Hogg:— Mrs. P— Married in 1841; never pregnant. January 1844, first perceived enlargement of the abdomen. In 1846 had strong pressure applied to the abdomen, after being tapped by Mr. J. Brown. A second tapping; the operation of ovariectomy undertaken by Dr. F. Bird, 6th January, 1848, present Dr. Rigby, Mr. Holt, two assistants, and Dr. Hogg, who has communicated these details to Dr. Lee. "An incision of two inches was made in the linea alba, midway between the umbilicus and pubes, and twenty pints of liquid were drawn off by a large canula; the opening was then fairly made into the cavity of the abdomen, and the solid tumour seized by forceps; the size, however, of the tumour was such that the opening was of necessity extended to ten inches before it could be drawn forth; tumour then found adhering strongly behind the small intestines, and, in fact, to all the abdominal viscera. Dr. F. Bird attempted to separate it from them, by conveying his hand behind it, and to a certain extent, succeeded in so doing; but on the tumour advancing through the opening, it brought the colon with it, rather before it, which was so firmly adhering that it defied all attempts at separation, even with the handle of the scalpel; the removal being impossible, it was replaced in the abdomen, and the external opening sewed up. The operation occupied an hour and ten minutes, during the whole	Dr. F. Bird.	Not removed.	Died.

129	...	of which time she was kept under the influence of chloroform. The unfortunate patient on recovering herself from the effects of the chloroform, stated that she had heard all that was said, but suffered very little. She expired twenty-eight hours after." (Unpublished.) Mrs. P—. Small incision; then tapped. (Ibid.)	Dr. F. Bird.	Not removed.	Is now living.
130	...	Small incision; then tapped. (Ibid.)	Dr. F. Bird.	Not removed.	Is now living.
131	...	Miss —. Incision of rather large size. (Ibid.)	Dr. F. Bird.	Not removed.	Lived two years.
132	...	Mrs. C—. Small incision to ascertain character of adhesions, and of small tumour attached to the cyst, as well as to evacuate contents.	Dr. F. Bird.	Not removed.	Lived six weeks.
133	...	Miss G—. Incision. (Ibid.)	Dr. F. Bird.	Not removed.	Lived more than two years.
134	...	Mrs. B—. Incision; then tapped. (Ibid.)	Dr. F. Bird.	Not removed.	Lived nearly three years.
135	...	Miss B—. Incision; then tapped. (Ibid.)	Dr. F. Bird.	Not removed.	Lived six months.
136	...	Miss B—. Incision; then tapped. (Ibid.)	Dr. F. Bird.	Not removed.	Is now living.
137	...	A. B—. Incision; then tapped; tapped several times afterwards. (Ibid.)	Dr. F. Bird.	Not removed.	Not stated.
138	...	Incision; then tapped; tapped afterwards. (Ibid.)	Dr. F. Bird.	Not removed.	Unknown.
139	...	Mrs. S—. Incision; then tapped; tapped many times afterwards. (Ibid.)	Dr. F. Bird.	Not removed.	Unknown.
140	...	Mrs. C—. Incision; not tapped; afterwards tapped and died. (Ibid.)	Dr. F. Bird.	Not removed.	Recovered from the operation.
141	...	Miss G—. Incision to ascertain adhesions, and to remove any viscid contents. Died next day from bursting of a large hepatic abscess. (Ibid.)	Dr. F. Bird.	Not removed.	Died next day.
142	...	Mrs. C—. Small incision; then tapped; subsequently tapped; and was living more than a year afterwards.	Dr. F. Bird.	Not removed.	Recovered from the operation.

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
143		7 .	S. B—. Incision; colloid. Was living after the lapse of ten months. (Ibid.)	Dr. F. Bird.	Not removed.	Recovered from the operation.
144		. .	Mrs. W—. Small incision; then tapped; tapped many times afterwards. (Ibid.)	Dr. F. Bird.	Not removed.	Recovered from the operation.
145		. .	L. —. Small incision; then tapped. Now living.	Dr. F. Bird.	Not removed.	Recovered from the operation.
146		. .	"We have had three other operations in this town by other surgeons, all of which were fatal, and I am acquainted with another which occurred at —, which was also fatal.—None of these have been published." (The above statement was made confidentially to Dr. Lee by an eminent surgeon, well known to all the Fellows of the Society.) First case here referred to, unpublished.			Died.
147		. .	Second of these fatal cases, unpublished.			Died.
148		. .	Third of these fatal cases, unpublished.			Died.
149		. .	Fourth of these fatal cases above referred to, unpublished.			Died.
150	Oct., 1850.	35	"Miss B—, Yorkshire. Single female. Tumour removed with great facility, about twenty-seven pounds weight. Lived till the 9th day. Cause of death, inflammation and subsequent obstruction of bowels." (This and the following four cases have been communicated by Dr. Clay to Dr. Lee.)	Dr. Clay.	Removed.	Died.
151	1850, Nov.	33	Mrs. P—, 9, Manchester. Tumour, ten pounds. Now well; 1851.	Dr. Clay.	Removed.	Recovered.
152	1850, Nov.	57	Mrs. P—, Glasgow, now Manchester. Tumour, twenty-six pounds. Now quite well—well in 1851.	Dr. Clay.	Removed.	Recovered.
153	1850, Oct.	32	Mrs. H—. Sterile. Married some years; tumour small, removed. Now well 1851.	Dr. Clay.	Removed.	Recovered.

154	1851, Feb.	45	Mrs. C—, near Lyme, Regis. Tumour removed; about twenty-five pounds; had been tapped ten times; was greatly exhausted previously (only fourteen days interval between tapping). Died second day.	.	.	.	.	.	Died.
155	1850, 8 Nov.	23	Elizabeth North. In May, 1850, enlargement of the right side of the abdomen. Tumour the size of an orange. In September it was as large as the head of a child; no fluctuation; an incision five inches in length, commencing an inch above the umbilicus; instead of any part of the tumour appearing, several convolutions of the small intestines protruded, these, with some little delay, were returned; anterior parietes of the abdomen adhered very considerably and firmly to the tumour on each side of the incision; adhesions below also considerable, and appeared insurmountable; a portion of small intestine, fully two inches in length, adhered to the anterior part of the tumour; operation abandoned. (Provincial Med. and Surg. Journal, No. 1, 1851, p. 5.)	Geo. Norman, Esq.	.	.	.	Not removed.	Recovered from the operation.
156	1850, Nov. 14.	20	Hannah Hiscox. A tumour first perceived in the right iliac region in 1848. General health good; tumour moveable; fluctuation; incision from the umbilicus to about an inch and a half above the pubes; sac emptied, and root tied. Died three days after. (Prov. Med. and Surg. Journal, No. 11, 1851, p. 37.)	F. G. Stockwell, Esq.	.	.	Removed.	Died.	
157	1850, 4 Dec.	30	Eliza Smith, unmarried. Enlargement commenced December, 1849; a circumscribed ovarian tumour, extending from the left iliac region to the left hypochondriac; fluctuating; uterus healthy; an incision of four inches between the umbilicus, and one inch and a half of the symphysis pubis; adhesive bands on both sides of the incision, separated; incision enlarged six inches upward; multilocular cysts; tumour removed (weight twenty-five pounds) and pedicle tied. January 11th, went to church. Walls of the cysts composed—1. Of a peritoneal layer. 2. A middle or fibrous layer of unequal density. 3. A thick membranous sac containing fluid. The middle coat at the root thick, and arteries, veins, and nerves ramifying upon it. The inner coat, in some of the smaller cysts, consisted of two layers; the cysts placed one within another, like a nest of boxes. (Prov. Med. and Surg. Journal, No. xv, 1851, p. 397.) Read to the Medical and Chirurgical Society, June 24, 1851.)	J. Beales, Esq., Halesworth.	.	.	Removed.	Recovered.	

No.	Date.	Age.	History of the Symptoms and Treatment.	Operator.	Ovarian disease removed or not.	Result.
158	1846, July.	37	Mary Boyce, mother of two children. In 1843 a tumour the size of a hen's egg, in the right iliac region, which increased till it was as large as the gravid uterus; tapped twice; a small incision first made; no adhesions; incision enlarged to five or six inches; adhesions then detected between fundus uteri and bladder. These adhesions were considered of such aserious character, as to preclude the possibility of completing the operation. (Provin. Med. and Surg. Journal, Aug. 6th, 1851.)	Dr. Elkington.	Not removed.	Died on the fourth day, from peritonitis.
159	1848, July 18.	46	Mrs. L—, five children. In 1830 first perceived a tumour in the right iliac region; stationary five years; two children after its appearance; in 1838, after an illness, size of tumour diminished, and remained so for six years,—it then increased; length of incision not stated. "The tumour was connected, by extensive adhesions, to the parietes at the fore and lower part of the abdomen, and to the edge of the omentum;" it was very vascular, and supplied by several vessels, which passed from the lower edge of the omentum to the surface of the tumour. (Provin. Med. and Surg. Journal, Aug. 6, 1851.)	Dr. Elkington.	Removed.	Died thirty-six hours after the operation.
160	1849, April 3.	31	Mrs. Moore, married fifteen months. Soon after began to enlarge on the left side; supposed to be pregnant; tumour very moveable; irregular and nodulated, indistinct fluctuation; tapped Feb. 28. "The tumour was so very large that, although the incision was extended to ten or twelve inches, we were obliged to empty one or two of the cysts before we could remove the tumour." No adhesions; recovered rapidly. April, 1851, safely confined. (Ibid.)	Dr. Elkington.	Removed.	Recovered.
161	1850, Sept. 26.	42	Mrs. Howard. Married twenty-one years; nine children; two years and a half since an enlargement in the left hypochondrium; six months after a hard moveable tumour; became pregnant, and was safely delivered; Aug. 30, tapped. Mr. Day "first drew off five gallons of ascitic fluid with the trocar, then passed a director through the opening made by the trocar, and laid open the abdominal cavity to the extent of five inches; and having ascertained that the tumour was free from adhe-	Mr. Day, of Walsall.	Removed.	Recovered.

162	1851, May 7.	18	<p>sions, he continued the incision upwards, making use of his fingers instead of a director, to within a short distance of the ensiform cartilage; he also extended the incision below nearly to the pubis." Pedicle, three inches wide, tied and divided; recovery slow and, for some time, doubtful; diarrhoea; sickness; aphthous condition of the mouth and fauces. (Ibid.)</p> <p>Rachael U—. Enlargement of abdomen at the age of 12 years and 3 months, which slowly increased; abdomen measuring forty-two inches and a half; swelling uniform; os uteri small, and high in the pelvis. "A small elastic swelling between uterus and bladder, a process of the cyst in the abdomen." Insensible from chloroform; incision two inches below the umbilicus; cyst attached, by thready cellular connections, to the abdominal walls; punctured, and seven gallons of brownish bloody fluid discharged; sickness; cyst propelled between the edges of the wound, it being thought that the attachments of the cyst were of a loose and lacerable kind, the opening was enlarged upwards, and the sac separated from the abdominal walls, lumbar regions, iliac fossæ, rectum and bladder; pedicle tied and divided; hæmorrhage from an artery which was tied; four or five other vessels tied. The patient pallid and faint from loss of blood, feeble efforts to set up reaction, which never came on, fell into a state of collapse, and died twenty-six hours after the operation. (Communicated by Mr. Baker to the President of the Society, and through him to Dr. Lee.)</p>	Alfred Baker, Esq.	Removed.	Died twenty-six hours after the operation.
-----	-----------------	----	---	-----------------------	----------	--