ONE HUNDRED AND SEVENTY-TWO

ANTISEPTIC ABDOMINAL SECTIONS,

WITH

REMARKS ON THE CAUSES OF DEATH IN THE
FATAL CASES.

BY

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IN presenting to the Society a tabular record of so large a number of great operations, it is quite impossible to enter into details of most of the cases. It is indeed unnecessary, for in the vast majority the particulars in the tables are all that are needed. In them will be found the locality from which the patient comes, the place of operation, the date of operation, the social condition of the patient, the length of incision, the presence or absence of adhesions and their nature if present, the treatment of the pedicle or other points of origin of the tumour and its weight, and the final result of the operation. There are, however, certain other particulars of great importance in enabling us to judge how each case progressed to its final result; viz. the record of the highest temperature and pulse, with the day after opera-

tion on which they were noted. These I intend to give in future tables, even at the risk of making them somewhat bulky. I propose also, at the suggestion of my friend and colleague, Dr. Champneys, to give in future a table of all the cases of abdominal tumour which have come under my observation without being operated upon, during the period covered by the operation tables, with the reasons why no operation was performed. I had intended to add such a record to the present paper, but find my notes of the few cases I have rejected and my knowledge of their subsequent history too imperfect to render the table useful. I quite agree, however, with Dr. Champneys that, until such a table is published along with every list of ovariectomies and similar operations, it will be quite impossible, even with a faithful record of all incomplete operations, to judge either of the actual success of the individual surgeon in his treatment of ovarian or other similar disease, or of the general progress made in this branch of surgery. There are two facts in connection with the tables which I bring before the Society to-night, rendering them, I think, especially valuable as a contribution to our knowledge. The cases have all been treated on one common plan, viz. by Lister's method. When I say this I mean by *Lister's own method*, to the exclusion of all so-called *modified Listerism*. They have nearly all been also treated by "complete intra-peritoneal ligature."

There is, I am afraid, a growing tendency to ascribe to Lister's method bad results, which should more properly be ascribed to imperfect knowledge of Lister's teaching, and to consequent imperfect application of his method. As a result of this imperfect knowledge and performance, we have endless varieties of so-called modified Listerism, the modification generally striking so deeply at the foundations of true Listerism that it is an absurdity to attempt to connect such methods with his, even in name.

The fact that, by a rigid adherence to the teachings of my old master, I have in one of the operations (ovario-

tomy) steadily improved my results, lowering my rate of mortality from 23·94 per cent. to 4 per cent. is to me a sufficient reward for resisting this craze for variety.

The following tabular statement will render clear the progressive improvement :

Ovariectomy, non-antiseptic cases, mortality 23·94 per cent.

Ovariectomy, intra-peritoneal non-antiseptic cases, mortality 19·35 per cent.

Ovariectomy, antiseptic cases (all intra-peritoneal), mortality 10·00 per cent.

Ovariectomy, first seventy-five of these antiseptic cases, mortality 16·00 per cent.

Ovariectomy, second seventy-five of these antiseptic cases, mortality 4·00 per cent.

The change from the non-antiseptic to the antiseptic method has on the total result reduced my rate of mortality by 13·94 per cent, or comparing the two series of intra-peritoneal cases, by 9·35 per cent. The difference between the first half of my antiseptic cases, while I was learning how best to apply Lister's method, and the second half, when I had practically discarded drainage, is still more strikingly seen in a reduction of 12·0 per cent. A glance at the tables of miscellaneous abdominal sections, with the date of their performance, will show that, making due allowance for the greater gravity of the operations, and the more unfavourable conditions under which they were performed, an equally steady improvement in results has been obtained. The number of these operations is in each class too small at present to make comparative percentage calculations of service.

Dr. Keith, in a recent letter to the 'British Medical Journal,' July 31st, speaks of ninety-eight cautery cases with only two deaths. Comparing this result with my seventy-five cases with three deaths, it would appear that my application of Listerism is not yet quite perfect. I am not, however, at all sure that in a long run of some hun-

dreds of cases it will be found possible to bring the mortality down below 4 per cent, *i.e.* if the plan I have adopted be strictly followed, and every case which has the least chance of recovery is given that chance; in other words, if there is no selection of cases, with a view to perfect statistics. Had I refused operation to a poor woman dying of septicæmia with a universally adherent cyst (No. 95), and to another apparently dying of malignant disease (No. 104); or had I stopped either of these operations, and tabulated them as incomplete, I should have had only one death in my second seventy-five cases.

Before proceeding to examine more particularly into the actual causes of death in the fatal cases, it will be of interest to note the following facts as to the different groups of cases.

Complete ovariectomies 150.

50 of these had no adhesions and all recovered.

30 „ „ „ slight adhesions and all recovered.

70 „ „ „ extensive adhesions, and in them the whole mortality occurred.

15 cases were operated upon in private houses, and all recovered.

6 cases were operated upon in nursing houses, and all recovered.

50¹ cases had been tapped and 7, or 14 per cent., died.

100 cases had never been tapped, and 8, or 8 per cent., died.

117 cases had only one ovary removed, and 10, or 8·54 per cent., died.

33 cases had both ovaries removed, and 5, or 15·15 per cent., died.

In the whole 150 cases I only drained twelve times, and 3, or 25 per cent., of the drainage cases died; six of these cases were *completely* drained, *i.e.* the glass tube or an india-rubber substitute was kept in as long as anything drained away, and of these two died. The other six were

¹ In 7 of these 50 cases the cyst contents were putrid as the result of the tapping, and 5 of the 7 died after ovariectomy.

only very *partially* drained, *i.e.* the tube was withdrawn under the spray very soon after the operation, because it appeared to me to be causing peritoneal irritation or keeping up hæmorrhage; one of these died.

These results of drainage did not appear to me at all satisfactory, and I determined to abandon the practice, keeping a careful note of those cases in which the tube would have been used. The result is that since I gave it up I have had seventeen cases in which it was indicated, and only two of them, or 11·76 per cent., have died, and one of the two died of malignant disease. The 25 per cent. mortality in the drainage cases certainly does not favour the supposition that I should have gained by continuing the practice, and when I turn to the published results of those ovariologists who have most strongly supported drainage, I get either indefinite information, or definite information which encourages drainage less than my own results do. Dr. Keith, who has been the great apostle of drainage, has given no definite comparative statistics of his drainage cases; and in his paper on "The results of Ovariectomy before and after Antiseptics," 'Brit. Med. Journal,' Oct. 19th, 1878, he frankly admits that drainage has serious drawbacks. My colleague, Dr. Bantock, another great advocate of drainage, has published¹ seventy-five ovariectomies with eighteen cases in which he drained, and of the eighteen, five, or 27·77 per cent., died, a mortality nearly 3 per cent. greater than that of my drainage cases, and therefore I cannot suppose that it was my want of skill in using the method which led to the mortality which deterred me from continuing to use it. Dr. Keith, in his letter to which I have already referred, says: "Where would the antiseptic system be without drainage?" He is speaking of the special operation of ovariectomy, and I reply, from my experience of that operation since I discarded drainage, with a mortality of only 4 per cent.!

It is clear to anyone who carefully considers the subject, that if Lister's theory and practice are sound, drainage

¹ 'Brit. Med. Journal,' May 24th, 1879, and June 12th, 1880.

ought not to be necessary in peritoneal surgery, provided that his method be faithfully applied. It is quite a different matter when we have to deal with other surgical wounds, in which pent-up fluids may lead mechanically to tension, inflammation, and suppuration, even while they remain aseptic.¹ Of course, there is the danger to which I have elsewhere referred, that the fluids left in the peritoneum or effused in the early hours after its closure, may cause peritonitis; but I think my results render it clear that the possible danger from this cannot be compared with the actual and admitted dangers of the drainage tube. In every case the individual surgeon must be guided by his own conviction, as to whether the operation has been so thoroughly antiseptic that he can close the peritoneum with confidence that all inside is aseptic. That this result can be attained is amply proved; and it is equally certain that we can, if we will, avoid both for our patients and ourselves the risks and troubles of drainage. If we now examine the causes of death in the fifteen fatal ovariectomies we find that :

Three died of shock and one of hæmorrhage within a very short time after operation. Possibly it would have been wiser not to operate in either of the four cases, for I am quite certain that under no circumstances could they have survived; but this is being wise after the event, and I should still feel bound in like cases to operate if the patient desired it. The case of hæmorrhage was a very curious one, the hæmorrhage taking place from the coats of a dilated Fallopian tube, which I had opened and cleaned out. The amount of blood lost would not have killed an ordinary patient, but she was dying when I operated from putrefaction in a large and extensively adherent multilocular tumour.

Two died of acute pleurisy, and in both cases I think we cannot acquit the method of operation of blame, the weather was in each case bitterly cold, and I believe the chilling of the spray was the active agent in the mischief.

¹ 'Lancet,' August 30th, 1879.

In the second case I drained, and I believe that the chilling and exposure at the frequent dressings rendered necessary by the presence of the tube, were the actual cause of the chest complication. I am afraid that with all possible precautions there must be some risk of chill when a difficult operation is performed in very cold weather; but I quite admit that at the time these deaths took place my precautions against such a danger were not so perfect as they might have been and now are.

Three patients died of undoubted septicæmia, and these three, with the hæmorrhage case, and one of those which died of shock, make up the five cases already referred to as really killed by non-antiseptic tapping.

One case died suddenly on the fourth day, and as the head could not be examined and there was nothing in the abdomen to account for the result, the real cause of death must remain an open question. It was one of the cases in which much tearing of broad ligament tissues was necessary, and the temperature rose rather rapidly on the first night to 101°. The nurse put on the ice-water cap without my orders, though there was profuse perspiration and free metrostaxis; both were suddenly checked, and the temperature rose instead of falling with the cap, and I cannot help thinking that this started the mischief.

One patient died of cardiac and renal disease, and I am sure I ought not to have operated; but I trusted to the immunity from sépsis to carry me through. The case was published¹ in full at the time by Mr. Doran and myself.

One patient died of obstructed intestine, a complication much more common in the days of septic peritonitis than it is now, but one to which we must, I fear, always be exposed in whatever way the adhesions and pedicle are treated. It is always a subject of surprise to me that we do not more often meet with it.

One patient died in twelve hours with complete suppression of urine. I operated during a very acute peritonitis, a proceeding which I should not advise in future.

¹ 'Obstetrical Journal,' vol. vi, p. 281.

It was a long and difficult operation, and it is quite open to question how much the carbolic acid had to answer for in the result, though we must not forget that these cases of suppression of urine after difficult operations were occasionally met with before we used any carbolic acid at all.

The next death was one already referred to, and was due to general malignant disease of the peritoneum, omentum, &c. I might very well have placed the case among the incomplete ovariectomies, but I hold that no case ought to be called incomplete in which the pedicle is dealt with and the main mass of the tumour removed. If some rule of this kind be not adhered to, cases in which small portions of the cyst are necessarily left adherent to intestine, &c., will become complete or incomplete as the patient recovers or dies.

The last fatal case in the table will be found without any cause of death, because I am not certain myself of what she died. It was a very difficult operation, with two large tumours and much tearing open of the broad ligament, and she did not do well from the first, obstruction of intestine threatening at one time. When she was much reduced, she was attacked with ulceration of the left tonsil, to which she had been very subject; it assumed a low type from the first, and she died, as will be seen, on the fourteenth day, the immediate cause of death being a fetid parotid abscess on the same side as the ulcerated tonsil. The death is clearly due to ovariectomy, but whether to suspect any failure in my antiseptic arrangements, or to blame the throat affection coming upon her when she was already prostrated by a very serious operation, I cannot decide. Parotid swelling seems in my experience especially liable to occur after an ovariectomy in which there has been much enucleation from broad ligament and uterine tissue; and in the other cases which I have seen it has certainly been of septic origin. Whether it is also known as a result of ulceration of tonsil I cannot say.

The discussion of this case affords a good opportunity for the introduction of a subject to which I shall have again to refer in speaking of the uterine cases. In many cases of ovarian disease the tube is elongated and dilated, and this condition is especially likely to be present in cysts whose lower segments are seated in the layers of the broad ligament. In the enucleation, which this last condition renders necessary, this dilated tube may very easily be torn open without the operator being aware of it; and should this accident happen, an open channel may be left into the uterine cavity which contains septic material. The tube itself when diseased and dilated is not unlikely to contain septic mucus, and the tearing open or the passage through it of one of the transfixing silk ligatures may thus leave a road for the entrance of putrefaction into the deepest recesses of the peritoneum. The fact that this is a possible accident and one that we cannot altogether guard against constitutes, I think, the one weak point in the antiseptic performance of ovariectomy. Fortunately the cases in which there is this condition of tube are comparatively rare.

With the above details of the fatal cases before us, it is easy to group them, so that we see at once the bearing of the antiseptic methods on the results.

GROUP 1.—Fatal cases which were not influenced by the method, or in which the result was due to the patient's condition before operation :

3 Shock.

1 Hæmorrhage.

4 Septicæmia.

1 Cardiac and renal disease.

1 Obstruction of intestine (patient hemiplegic and in an extremely depressed mental condition).

GROUP 2.—Fatal cases which the method should have saved! Were the details of its application perfect?

1 Obscure brain affection.

1 Septicæmia (the patient with ulceration of tonsil).

GROUP 3. Fatal cases in which the special method, or

my want of skill in applying it, may have actually brought about the fatal result :

2 Acute pleurisy.

1 Suppression of urine.

Passing now to the consideration of the five *Incomplete ovariectomies*, it will be seen that the two in which I used a glass drainage tube were both fatal. Now, it seems to me that there are two very simple explanations of this result. In these incomplete cases, the tearing and separation is often extensive, and portions of cyst are left behind, which continue to secrete fluid ; if all is thoroughly aseptic and the peritoneum is closed, much of the effused serum is rapidly reabsorbed by the peritoneum, and aids in keeping up the patient's strength. Whereas if a drainage tube is introduced, all this blood and serum drains away, and more or less exhaustion results. Then, again, the overflow in these cases is so great that it is almost impossible to keep things aseptic, and septicæmia steps in to complete the work begun by the exhausting drain.

Of course, if we have to deal with a cyst whose contents are already putrid, the position is altered, and the tube may be used ; but, looking to the results occasionally obtained before either drainage or antiseptics were used, I am inclined even in such cases to endeavour to destroy the existing sepsis and to close the incision. The two deaths in the next table, *Exploratory operations with simple removal of fluid*, are examples of this class of cases ; both patients had cysts with putrid contents, and were almost moribund before I operated, and drainage could not by any possibility have altered the result.

We now have to consider the important class of *Operations for the removal of uterine tumours*. These operations are yet in their infancy, and we have everything to learn, but I think those recorded in my table teach some useful lessons.

There are three cases of operation for the removal of fibro-cystic tumours of the uterus, and in one of them the left ovary was also removed ; all recovered.

There are five cases in which uterine outgrowths were removed with or without one ovary ; four out of the five recovered. Thus, we have seven recoveries in eight operations, but mark the fact that in none of them was the uterine cavity opened, and hence it was possible to complete really aseptic operations. In the fatal cases (three of the antiseptic series), the pregnancy and other complications fully detailed in the 'Transactions of the Obstetrical Society,' vol. xxi, amply explain the fatal result, which was immediately due to obstruction of intestine.

In one other case (8 of the antiseptic series) an outgrowth was removed, but the cavity of the uterus was opened, and the opened portion was included in the blades of a Wells' ovariectomy clamp ; this portion sloughed, and the patient died of septicæmia.

In three cases hysterectomy was performed ; and in two of them both ovaries were removed along with the supra-vaginal portion of the uterus. One case died of shock almost immediately ; another, in which I trusted to the cautery, died in eight hours of hæmorrhage ; and the third recovered without a single bad symptom, and is perfectly strong and well now. This last case, together with a similar one successfully operated upon before I adopted Lister's method, show that there is not *necessarily* any great shock in this formidable operation.

What we have to fear in these cases, and in those in which the cavity of the uterus is opened in removing fibro-cysts or solid outgrowths, is *sepsis*. What we have to find out is how to render these operations really *aseptic*, or how to deal with the divided uterine wall in such a way as to render the septic material least dangerous. Suture of the peritoneal edges of the uterine wound, so as at once to close the peritoneal cavity, the raw surfaces being left without suture towards the interior of the uterine cavity, in order that discharges may escape by the cervical canal, seems to answer in some cases ; but this method has one great disadvantage.

The ligatured mouths of the vessels and portions of half strangled uterine tissue are extruded from our aseptic area, and we know from operations in the interior of the uterus for the removal of polypi, &c., that stumps in the cavity, however treated, are very apt to lead to septicæmia.

I prefer the Wells' clamp to anything else that I have used or seen used for complete hysterectomy; but unfortunately it leaves us also exposed to the risk of septicæmia, and can only be applied in a small number of cases in which the supra-vaginal portion of the cervix is not much enlarged. It has also the disadvantage of much prolonging convalescence and leaving a nasty sore, and eventually a weak place in the cicatrix.

I am firmly convinced, from what I have seen of this branch of uterine surgery since the introduction of antiseptics, that we only want a surely aseptic method to render complete and partial removal of the uterus as little fatal as ovariectomy.

The remaining cases in the table call for no special comment, one being merely exploratory, one a removal of a small piece of adherent omentum which was causing pain, and the other two having been already separately published.

The great lessons I have learnt while performing these one hundred and seventy-two operations may be briefly stated in conclusion:

1. In the simple cases the patients recover under Lister's method with a certainty previously unknown.

2. There is less fever, and convalescence is more rapid than under the old method.

3. The success obtained in the more complicated cases is in proportion to the exactness with which the antiseptic method can be applied to the individual cases.

4. The accidents and complications occasionally following operations, such as hæmorrhage, for example, are more easily overcome in cases which are strictly aseptic.

5. There are difficulties, and even dangers, in the appli-

cation of the method, and the more experience the individual surgeon has in it, the more readily he foresees and avoids these, and the more complete becomes his success in applying it.

I would say, in conclusion, that great as I believe the debt to be which peritoneal surgery owes and will owe to Mr. Lister, I am far from forgetting that it owes a still larger debt to Mr. Spencer Wells; without his untiring energy and success, we should to-day have been as backward in all peritoneal surgery as, I fear, we still are in one special branch of it, viz. the treatment of uterine tumours. To Mr. Wells the glory of ovariectomy must ever be, but to some fortunate follower may still belong the credit of placing hysterectomy and its modifications in an equal position, and whoever he may be his labours have already been lightened for him by the application of Lister's method to abdominal surgery.

TABLE OF COMPLETE OVARIOTOMIES. BY J. KNOWSLEY THORNTON, M.B., C.M.

Operations performed antiseptically.

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Adhesions.	Length of incision.	Treatment of pedicle.	Weight of tumour.	Result.	No. in anti-septic series.
39	From another hospital	Samar. Hosp.	M.	33	1877 Oct.	None	Inches. 4	Ligatures	Pounds. 21	Recovered	1
40	Dr. Pickett, Nottingham Hill	Ditto	M.	37	Oct.	Parietal and omental	3	Ligatures	9	Recovered	2
41	Dr. Nield, Plymouth...	Ditto D	S.	16	Oct.	Parietal, omental, and intestinal	4	Ligatures	13	Recovered	3
42	Mr. Woodward, Portsmouth shore	Private House	M.	57	Nov.	Parietal	5	Ligatures	32	Recovered	4
43	Mr. Crossley, Leicester	Samar. Hosp.	S.	25	Nov.	Parietal and pelvic	4	Ligatures	20	Recovered	5
44	Mr. Royston Pike, Southsea	Ditto	M.	40	Nov.	Parietal, omental, and intestinal; cyst had been explored and drained four years back	5	Ligatures	5	Recovered	6
45	Mr. Square, Plymouth	Ditto	S.	20	Nov.	None	3	Ligatures	29	Recovered	7
46	Dr. Duplex, Torrington Square	Ditto	S.	54	Nov.	None	4	Ligatures	21	Recovered	8
47	Dr. Lorimer, Farnham	Ditto	M.	40	Dec.	Burst cyst; no adhesions	5	Ligatures	25	Recovered	9
48	Mr. Tarzwell, Sturminster Newton	Ditto	S.	30	Dec.	Parietal, omental, and intestinal; twisted pedicle	5	Ligatures	8	Recovered	10
49	Dr. Bell, Catford Bridge	Ditto	M.	37	Dec.	Parietal, omental, and intestinal	5	Ligatures	19	Recovered	11
50	Dr. Gray, Oxford	Ditto	M.	32	1878 Jan.	Peritoneal cysts; extensive adhesions	5	Enucleation and ligatures	10	Recovered	12

51	Mr. Reed, Pool	Ditto	M. 38 Jan.	Parietal, omental, and intestinal	5	Ligatures	15	Died in 28 hours: acute pleurisy	13
52	Mr. Thornton	Ditto	M. 29 Jan.	Parietal; burst papillomatous cyst	4	Ligatures	16	Recovered	14
53	Dr. Lowe, Burton	Ditto	M. 57 Jan.	Parietal	5	Ligatures	24	Recovered	15
54	Mr. Spencer Wells	Private House	M. 31 Jan.	Suppurating cyst, adhering to everything it touched	4	Ligatures	14	Recovered	16
55	Dr. Cole, Bath	Samar. Hosp.	S. 20 Jan.	Parietal, omental, and intestinal; burst papillomatous cyst	4	Ligatures	16	Recovered	17
56	Dr. Iliff, Kennington Road	Ditto	M. 47 Feb.	Uterine and pelvic...	5	Ligatures, both ovaries	34	Recovered	18
57	Mr. Thornton	Ditto	W. 46 Feb.	Parietal and omental; had burst several times	5	Ligatures, both ovaries	34	Recovered	19
58	Mr. Wheeler, Bexley...	Ditto	S. 26 Feb.	None	4	Ligatures	15	Recovered	20
59	Mr. Bailey, Cavendish Place	Ditto	M. 54 Feb.	Parietal	4	Ligatures	18	Recovered	21
60	Dr. Meadows, Ipswich	Ditto	M. 29 Feb.	Omental, intestinal, and uterine; double dermoid	4	Ligatures, both ovaries	4	Recovered	22
61	Dr. Deeping, Southend	Ditto	M. 40 Feb.	Pelvic and uterine ...	4	Ligatures, both ovaries	14	Recovered	23
62	Mr. Napper, Cranleigh	Ditto	S. 42 March	Parietal and omental	5	Ligatures	20	Recovered	24
63	Mr. Glencross, Bourne	Private House	S. 16 March	Omental	3½	Ligatures	13	Recovered	25
64	Dr. White, Notting-ham	Samar. Hosp.	W. 38 March	Pelvic, uterine, and intestinal	6	Ligatures, both ovaries	9	Recovered	26
65	Dr. Buckell, Chichester	Ditto	W. 46 March	None	4	Ligatures, both ovaries	38	Recovered	27
66	Mr. Clifton, Leicester	Ditto	S. 35 March	None	4	Ligatures	11½	Recovered	28
67	Dr. Godfrey, Freemantle	Ditto	M. 49 April	Parietal, omental, and intestinal	5	Ligatures, both ovaries	40	Recovered	29
68	Dr. Anderson, East India Road	Ditto	M. 50 April	Omental and intestinal; burst colloid cyst	5	Ligatures	31	Recovered	30

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Adhesions.	Length of incision.	Treatment of pedicle.	Weight of tumour.	Result.	No. in anti-septic series.
69	Mr. Meredith	Samar. Hosp.	M.	1878	28 April	None	Inches. 4	Ligatures	Pounds. 10	Recovered	31
70	Mr. Thornton	Private House	S.	24 April	None	None	3½	Ligatures	8	Recovered	32
71	Dr. Oxley	Samar. Hosp.	S.	57 April	Pelvic ; fibroid out-growth also removed from uterus	Parietal and omental	4	Ligatures	17	Recovered	33
72	Mr. Spencer Wells.....	Ditto	W.	54 April	Parietal and omental	None	6	Ligatures	75	Died in 79 hours : septicæmia	34
73	Dr. Priestley	Nursing Home	M.	35 April	None	None	4	Ligatures, both ovaries	12	Recovered	35
74	Mr. Spencer Wells.....	Samar. Hosp.	S.	15 May	Omental	Omental	4	Ligatures	17	Recovered	36
75	Mr. Gregson, Newcastle *	Ditto	S.	14 May	Omental	Omental	4	Ligatures	21	Recovered	37
76	Mr. Thornton.....	Ditto	M.	42 May	Intestinal and pelvic ; slight rupture of intestine	Intestinal and pelvic ; slight rupture of intestine	4	Enucleation and ligatures, both ovaries	10	Recovered	38
77	Dr. Percy Boulton	Ditto	S.	17 May	None	None	4	Ligatures	11	Recovered	39
78	Dr. Jenner, Baldoek ...	Ditto	M.	45 May	Parietal and omental	Parietal and omental	4	Enucleation and ligatures, both ovaries	14	Died 4th day : meningitis (?)	40
79	Dr. Magrath, Teignmouth	Ditto	M.	52 May	Parietal, omental, and pelvic	Parietal, omental, and pelvic	4	Ligatures	13	Recovered	41
80	Mr. Debenham, Pres-teigne	Ditto	M.	68 June	Malignant colloid ; ruptured and everywhere adherent	Malignant colloid ; ruptured and everywhere adherent	5	Ligatures	17	Died 80 hours : septicæmia	42
81	Dr. Hodge, Sidmouth	Ditto	S.	35 June	Extensive and general	Extensive and general	4	Enucleation and ligatures	10	Recovered	43
82	Dr. Greenhalgh	Ditto	M.	34 June	Parietal, omental, intestinal, vesical, uterine, &c.	Parietal, omental, intestinal, vesical, uterine, &c.	6	Enucleation, both ovaries	48	Died : shock	44
83	Dr. Kidd.....	Ditto	S.	32 June	Extensive pelvic.....	Extensive pelvic.....	4	Enucleation and ligatures	11	Recovered	45

84	Dr. Routh	Ditto	M. 56 July	Pelvic of second ovary	5	Enucleation and ligatures, both ovaries	30	Died 4th day: cardiac disease	46
85	Mr. Wood, Sheepshead	Ditto	M. 45 July	Omental and mesenteric	5	Ligatures, both ovaries	27	Recovered	47
86	Dr. Roberts Law, Richmond	Ditto	M. 26 July	Omental, mesenteric, and uterine	5	Enucleation and ligatures	18	Died 13 hours: shock	48
87	Mrs. Sturge, M.D.	Ditto	M. 36 Oct.	Parietal	4	Ligatures	17	Recovered	49
88	Dr. Alfred Hollis, Freshwater	Ditto	S. 41 Oct.	None	4	Ligatures	10	Recovered	50
89	Dr. Fairbank, Windsor	Ditto	S. 29 Oct.	None	3½	Ligatures	9	Recovered	51
90	Dr. Smyth, Abergavenny	Ditto	S. 19 Oct.	None	3½	Ligatures	34	Recovered	52
91	Dr. Jackson, Southsea	Ditto	S. 44 Oct.	Parietal and omental	5	Ligatures	23	Recovered	53
92	Dr. Ward Cousins, Portsmouth	Ditto	S. 44 Oct.	None	4	Ligatures	13	Recovered	54
93	Dr. Sullivan, Ilford ..	Ditto	M. 31 Nov.	None	5	Ligatures, both ovaries	10	Recovered	55
94	Dr. Champneys	Do. D 24 h.	S. 38 Nov.	Parietal, omental, and intestinal	4	Ligatures	16	Recovered	56
95	Dr. Percy Boulton ...	Ditto	S. 47 Nov.	None	3½	Ligatures	25	Recovered	57
96	Dr. Jackson, Darlington	Ditto	S. 16 Nov.	None	3½	Ligatures	18½	Recovered	58
97	Dr. Lewis, Basingstoke	Ditto	M. 40 Nov.	None	3½	Ligatures	14	Recovered	59
98	Dr. Evans, Cheshunt...	Ditto	S. 17 Nov.	Parietal and omental	3	Ligatures	13½	Recovered	60
99	Mr. Alban Doran	Ditto D	S. 28 Dec.	Parietal, omental, and pelvic	5	Enucleation and ligatures	29	Died 41 hours: double pleurisy	61
100	Dr. Neale, St. John's Wood	Do. D 80 h.	S. 34 Dec.	Parietal, omental, and pelvic	6	Ligatures	34	Recovered	62
101	Dr. Freeborn, Oxford	Do. Ds 43 h.	M. 33 Dec.	Universal adhesions due to rotation of pedicle	3½	Ligatures, both ovaries	8	Recovered	63
102	Dr. Richmond, Gravesend	Do. D 116 h.	M. 53 March	Parietal, omental, and intestinal	5	Ligatures, both ovaries	20	Recovered	64

* The cases down to this line have been already published ('British Medical Journal, October 19th, 1878'), but are given here in order to make the table complete from first commencing Antiseptic Ovariectomy.

† The absence of operations from December, 1878, to March, 1879, was due to illness.

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Adhesions.	Length of incision.	Treatment of pedicle.	Weight of tumour.	Result.	No. in anti-septic series.
103	Dr. Hitchcock, Lewis-ham	Samar. Hosp. Ds 48 h.	S.	33	1879 March	Uterine and pelvic...	Inches. 4	Ligatures, both ovaries	Pounds. 9	Recovered	65
104	Dr. Playfair	Ditto	M.	42	March	None; ruptured colloid	4	Ligatures	18	Recovered	66
105	Mr. Graves, Junction Road	Ditto	M.	42	March	Parietal and extensive pelvic	4	Ligatures, both ovaries	15	Died 12th day: obstruction of intestines	67
106	Mr. Steward, Wolverhampton	Ditto	S.	31	March	Parietal and omental	3½	Ligatures	19	Recovered	68
107	Mr. Symonds, Oxford	Ditto Ds	S.	39	April	Parietal and omental; putrid cyst	6	Ligatures	29	Died 4 hours: hæmorrhage	69
108	Dr. Thursfield, Brosely	Do. D 90 h.	S.	35	April	Parietal, omental, mesenteric, and intestinal; putrid cyst	6	Ligatures	50	Died 5th day: septicæmia	70
109	Dr. Evans, Gloucester	Ditto	M.	57	April	Extensive parietal, requiring inversion of cyst	4	Ligatures	32	Recovered	71
110	Mr. Woodriffe Smith, Sittingbourne	Ditto	M.	41	April	Parietal and pelvic...	4	Enucleation and ligatures, both ovaries	24½	Recovered	72
111	Mr. Meredith	Ditto	M.	39	April	Omental; ruptured cyst	5	Ligatures	27	Recovered	73
112	Mr. Thomas, Isbstock	Ditto	W.	54	April	Omental and intestinal; ruptured colloid, with acute peritonitis	5	Ligatures	17	Died 12 hours: suppression of urine	74
113	Dr. Wrench, Baslow ...	Ditto	S.	55	May	None	3½	Ligatures	14	Recovered	75
114	Dr. Galabin	Ditto	M.	50	May	None	3½	Ligatures	12	Recovered	76
115	Dr. Clewin Griffiths, Finsbury Square	Ditto	S.	29	May	None; ruptured cyst	5	Ligatures	11	Recovered	77

116	Dr. Hollis, Yarmouth, Isle of Wight	Private House	M.	45 May	None; ruptured cyst	4	Ligatures, both ovaries	20	Recovered	78
117	Professor Lister and Dr. Clarke	Samar. Hosp.	S.	33 May	None	4	Ligatures	13	Recovered	79
118	Mr. Hemming, Kim- bolton	Ditto	S.	20 June	Parietal and omental	3½	Ligatures	18	Recovered	80
119	Mr. Royston Pike, Southsea	Do. D tents.	M.	35 June	Parietal, omental, and intestinal; fecid suppurating cyst with fistula	4	Ligatures	—	Recovered	81
120	Dr. Percy Boulton	Ditto	S.	19 June	None	3	Ligatures	8	Recovered	82
121	Dr. Lauphler, Alford...	Do. D 114 h.	M.	56 July	Omental, mesenteric, intestinal, uterine, and pelvic	6	Ligatures, both ovaries	10	Recovered	83
122	Dr. Galabin.....	Ditto	W.	67 July	Omental adhesions at site of rupture of cyst in 1851	4	Ligatures	25	Recovered	84
123	Mr. King, Stratton ..	Do. Ds 48 h.	S.	32 July	Parietal, omental, in- testinal, uterine, vesical, and pelvic	5	Ligatures	14	Recovered	85
124	Mr. Corner, Poplar ..	Ditto	S.	39 July	None	4	Ligatures, both ovaries	11	Recovered	86
125	Dr. Edis	Ditto	S.	24 July	None	3½	Ligatures	8	Recovered	87
126	Dr. Moorhead, Wey- mouth	Ditto	M.	49 July	Parietal, omental, and uterine; cyst had been tapped and drained eleven years before	3½	Ligatures	6	Recovered	88
127	Mr. Davis, Clevedon ...	Nursing Home	S.	51 July	None	3½	Ligatures, both ovaries	11	Recovered	89
128	Dr. Kidd.....	Private House	M.	42 Aug.	None	4	Enucleation and ligatures	13	Recovered	90
129	Mr. Thornton.....	Ditto	M.	41 Aug.	None; burst cyst	4	Ligatures	11	Recovered	91
130	Dr. Hensley, Bath.....	Nursing Home	S.	42 Sept.	Parietal and omental; inflamed cyst, with rotation	3½	Ligatures	6	Recovered	92
131	Dr. Pearce, Plymouth	Ditto	M.	49 Sept.	Omental and intes- tinal	7	Enucleation and ligatures	53	Recovered	93

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Adhesions.	Length of incision.	Treatment of pedicle.	Weight of tumour.	Result.	No. in anti-septic series.
132	Dr. Prickett	Samar. Hosp.	S.	19	1879 Oct.	Omental	Inches, 3½	Ligatures	Pounds, 14	Recovered	94
133	Mr. Meredith	Ditto	W.	28	Oct.	Universal adhesions; putrid cyst	7	Ligatures	82	Died: shock	95
134	Mr. Cartwright, Calne	Ditto	M.	48	Oct.	Parietal	4	Ligatures	10	Recovered	96
135	Mr. Doran	Ditto	S.	36	Oct.	Omental	6	Enucleation and ligatures	8	Recovered	97
136	Dr. Prickett	Ditto	M.	20	Oct.	None	3½	Ligatures	19	Recovered	98
137	Mr. St. Quintin Bond, Havant	Ditto	S.	57	Oct.	None	5	Ligatures	12	Recovered	99
138	Dr. Kidd	Ditto	S.	18	Oct.	None	4	Ligatures, both ovaries	16½	Recovered	100
139	Dr. Jones, Sydenham Park	Private House	M.	50	Oct.	None	4	Ligatures	17	Recovered	101
140	Mr. Short, Walsham-le-Willows	Samar. Hosp.	M.	39	Oct.	None	3½	Ligatures	25	Recovered	102
141	Mr. Walters, Reading	Private House	M.	30	Oct.	Omental	4	Ligatures	18	Recovered	103
142	Mr. Nash, Hatch-Beauchamp	Samar. Hosp.	M.	46	Nov.	Extensive malignant adhesions; omental and pelvic	4	Ligatures	16	Died 5th day: exhaustion	104
143	Mr. Sers, Epperstone	Ditto	S.	34	Nov.	None; semi-solid dermoid tumours of both ovaries	5½	Ligatures, both ovaries	8	Recovered	105
144	Mr. Young, Reading ...	Private House	S.	55	Nov.	Parietal	4	Ligatures	15	Recovered	106
145	Mr. Norris, South Petherton	Samar. Hosp.	S.	26	Nov.	None	3½	Ligatures	23	Recovered	107
146	Mr. Way, Fortsea	{ Ditto	M.	34	Nov.	Parietal and very extensive omental and intestinal	6	Ligatures	27	Recovered	108
147	Mr. E. Leslie, Alton ...	Ditto	M.	39	Nov.	Parietal, omental, mesenteric, and pelvic	6	Ligatures	31	Recovered	109

148	Mr. Yate, Godalming...	Ditto	M.	59 Nov.	Extensive parietal and pelvic	4	Ligatures	17½	Recovered	110
149	Mr. Branford Edwards, Ipswich	Ditto	S.	47 Dec.	Parietal	4	Ligatures	22	Recovered	111
150	Mr. Paulson, Mount-sorrel	Ditto	M.	34 Dec.	Parietal and omental; chronic peritonitis	4	Ligatures	28½	Recovered	112
151	Dr. Hemming, Bishop's Waltham	Ditto	W.	57 Dec.	Parietal and omental; burst colloid	4	Ligatures	9	Recovered	113
152	Dr. Matthews Duncan	Private House	M.	28 Dec.	Parietal, omental, and pelvic; burst cyst	6	Ligatures, both ovaries	26	Recovered	114
153	Mr. E. Leslie, Alton ...	Samar. Hosp.	M.	45 Dec. 1880	Extensive parietal ...	4	Ligatures	38	Recovered	115
154	Dr. McCloskey, Stock-ton-on-Tees	Ditto	S.	31 Jan.	Parietal and omental	4	Ligatures	34	Recovered	116
155	Mr. Spencer Wells.....	Ditto	S.	30 Jan.	None	3	Ligatures, both ovaries	10	Recovered	117
156	Dr. Watchorn, Not-tingham	Ditto	M.	38 Jan.	Parietal, omental, intestinal, and pelvic	6	Ligatures	34	Recovered	118
157	Dr. Greenhalgh	Ditto	S.	23 Jan.	Extensive parietal, omental, and pel- vic; semi-solid sar- coma	7	Ligatures and enucleation	8	Recovered	119
158	Mr. Knowsley Thorn- ton	Ditto	S.	29 Jan.	None	4	Ligatures	8	Recovered	120
159	Mr. Jowers, Brighton	Ditto	S.	61 Feb.	Very extensive pelvic and intestinal	4	Ligatures, both ovaries	19	Recovered	121
160	Dr. Cole, Bath	Ditto	S.	19 Feb.	None	3	Ligatures	20	Recovered	122
161	Mr. Thorne, Leaming- ton	Nursing Home	S.	20 Feb.	None	3	Ligatures	8	Recovered	123
162	Dr. Bagshawe, St. Leo- nard's	Samar. Hosp.	M.	25 Feb.	Omental	4	Ligatures	18	Recovered	124
163	Mr. Meredith	Ditto	M.	40 Feb.	None	4	Ligatures	10	Recovered	125
164	Dr. Prince, Bayswater	Ditto	M.	29 March	Parietal and omental; burst cyst	4	Ligatures	28	Recovered	126
165	Dr. Walker, Chester- field	Ditto	M.	35 March	Parietal and omental	4	Ligatures	49	Recovered	127

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Adhesions.	Length of incision.	Treatment of pedicle.	Weight of tumour.	Result.	No. in anti-septic series.
166	Dr. Aldridge, Dorchester	Samar. Hosp.	M.	23	1880 March	Extensive parietal and omental	Inches. 4	Ligatures	Pounds. 20	Recovered	128
167	Mr. Willoughby Davis	Ditto	S.	47	March	Parietal, omental, mesenteric, and pelvic	4	Ligatures, both ovaries	20	Recovered	129
168	Mr. Nelson Kiddle, Leamington	Ditto	W.	55	March	Omental and intestinal; general peritonitis	4	Ligatures	11	Recovered	130
169	Mr. Plowman, Coventry	Ditto	S.	42	March	Extensive enucleation	5	Ligatures, both ovaries	18	Died 14th day	131
170	Mr. Maurice, Reading	Private House	M.	25	March	Parietal; solid alveolar sarcoma	6	Ligatures	4½	Recovered	132
171	Mr. Corner, Poplar	Samar. Hosp.	W.	53	March	Extensive pelvic.....	4	Ligatures and cautery, both ovaries	10	Recovered	133
172	Mr. Knowsley Thornton	Private House	S.	28	April	None	4	Ligatures, both ovaries	20	Recovered	134
173	Prof. Lister and Dr. Aikman, Guernsey	Samar. Hosp.	M.	30	April	Extensive pelvic and tubal	4	Ligatures and enucleation	9	Recovered	135
174	Mr. Thorne, Leamington	Private House	S.	46	April	None; fibroid out-growth also removed from uterus	5	Ligatures	—	Recovered	136
175	Dr. Jones, Torrington	Samar. Hosp.	S.	50	April	Extensive parietal...	5	Ligatures	22	Recovered	137
176	Mr. Knowsley Thornton	Ditto	M.	29	April	Parietal and omental	5	Ligatures	35½	Recovered	138
177	Mr. Phillips, Leinster Gardens	Ditto	S.	26	April	None	3½	Ligatures	16	Recovered	139
178	Dr. Haynes, Stanstead	Ditto	M.	52	April	Parietal	3½	Ligatures	19	Recovered	140
179	Mr. Knowsley Thornton	Private House	S.	46	April	Ruptured cyst with chronic peritonitis	4	Ligatures, both ovaries	5	Recovered	141
180	Mr. Corner, Poplar.....	Samar. Hosp.	S.	17	April	None	3½	Ligatures	13	Recovered	142
181	Mr. Truman, New Basford	Ditto	M.	47	May	Parietal and omental	4	Ligatures	35½	Recovered	143

182	Mr. Watson Cheyne ...	Ditto	M. 29 May	None; burst cyst ...	3½	Ligatures	3	Recovered	144
183	Dr. Percy Boulton ...	Ditto	M. 36 May	Uterine and pelvic ...	3	Ligatures	13	Recovered	145
184	Mr. Hunt, Chagford ...	Ditto	S. 31 May	Slight parietal	3½	Ligatures	5	Recovered	146
185	Mr. Mason, Pontypool	Ditto	M. 35 May	Extensive parietal and pelvic	5	Ligatures	24	Recovered	147
186	Dr. Matthews Duncan and Dr. Fulcher, Burbage	Nursing Home	S. 52 May	Extensive parietal, omental, and pelvic	5	Ligatures	23	Recovered	148
187	Dr. W. H. Day	Samar. Hosp.	M. 35 May	None	3½	Ligatures	10	Recovered	149
188	Dr. Galabin.....	Ditto	M. 32 June	Very extensive parietal, omental, intestinal, vesical, and pelvic; semi-solid sarcoma	8	Ligatures and enucleation	13	Recovered	150

The letter D, inserted under "Place of Operation" in order to be conspicuous, marks the cases in which the glass drainage tube was used; the small s following it, the cases in which a special tube suture was used.

Incomplete Ovariectomies. Operations performed Antiseptically.

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Particulars.	Result.	No. in anti-septic series.
3	Mr. Newstead, Clifton	Samar. Hosp.	S.	38	1877 Oct.	Exploratory incision. Malignant tumour, involving both ovaries, uterus, &c. Cysts opened, and three pints of fluid removed. Incision closed. No drain	Recovered, and died at home 5 months after wards	1
4	Dr. Rice, Cadogan Place	Private house	S.	39	Sept.	Exploratory incision. Malignant disease of both ovaries, peritoneum, &c. Removal of most of one tumour and of fluid contents of the other. Glass drainage tube	Died in 40 hours. Exhaustion. Septicæmia(?)	2
5	Dr. Mouat, Swansea ...	Samar. Hosp.	M.	49	1879 May	Exploratory incision. Papillomatous tumours of both ovaries, with extensive peritoneal infection and large fibroids of uterus. Removal of fluid and large masses of papilloma. No drain	Recovered	3
6	Mr. Jepson, Durham...	Nursing home	M.	68	Aug.	Exploratory operation. Cancerous tumour of left ovary; considerable separation of adhesions. Operation given up on finding extensive intestinal adhesions. No drain	Recovered: died at home in 2 months (cancer of stomach)	4
7	Mr. Dobson, Leeds ...	Samar. Hosp.	M.	21	Oct.	Exploratory incision. Ovarian cyst universally adherent, after three tapplings before she came under my care. Prolonged attempt to remove it. Small portions of cyst removed. Septicæmia. Faecal fistula. Glass drainage tube	Died in 3 weeks, exhausted by prolonged discharge and faecal fistula	5
4	Mr. Owen Willis, Monmouth	Private house	M.	—	1877 Dec.	Exploratory incision. Large ovarian cyst with universal adhesions; had been tapped without	Died in 48 hours. Septicæmia	1

Exploratory Operations with Simple Removal of Fluid (Antiseptic).

Hysterectomies and Abdominal Sections for Removal of Uterine Tumours (Antiseptic).

5	Mr. Tarzwell, Sturminster, Newton	Samar. Hosp.	M. 50	1879 March	antiseptic precautions. Patient given to drink, and in low typhoid condition, with aphthae of mouth, &c. Fluid removed, cyst sponged out, and incision closed	2	Exploratory incision. Papilloma bearing cyst universally adherent, and extensive infection of peritoneum. Fluid removed, and incision closed. No drain	Recovered
6	Dr. Parsons, Dover	Private house	M. 47	Oct.	Exploratory incision. Enormous fibroid uterus with extensive intestinal and other adhesions. Large thin cysts, either fibro-cysts of uterus or cysts of left ovary, full of <i>fœtid</i> fluid and lymph and old clot. Sponged out and incision closed	3	Exploratory incision. Enormous fibroid uterus with extensive intestinal and other adhesions. Large thin cysts, either fibro-cysts of uterus or cysts of left ovary, full of <i>fœtid</i> fluid and lymph and old clot. Sponged out and incision closed	Died in 28 hours. Exhaustion
3	Mr. Moore, Bourton-on-the-water	Samar. Hosp.	M.	1878 May	Exploratory operation. Removal of tumour involving uterus and both ovaries. Universal adhesions. Rupture of left external iliac artery. Clamp applied just above vaginal portion of uterus	1	Exploratory operation. Removal of tumour involving uterus and both ovaries. Universal adhesions. Rupture of left external iliac artery. Clamp applied just above vaginal portion of uterus	Died of shock a few minutes after she was placed in bed
4	Mr. Hingston, Liskeard	Ditto	S.	45 Nov.	Exploratory operation. Removal of fibroid uterus, weighing six pounds, and right ovary. Ligatures applied after division of uterus, just above cervix, with actual cautery. Right ovary removed, and some cysts in right broad ligament opened. Rallied well after operation, but six hours later became suddenly collapsed. I came just at the time, and at once opened the wound and found peritoneum full of blood, but could not find the bleeding vessel. Right broad ligament open and full of clot. Weight 6 lbs.	2	Exploratory operation. Removal of fibroid uterus, weighing six pounds, and right ovary. Ligatures applied after division of uterus, just above cervix, with actual cautery. Right ovary removed, and some cysts in right broad ligament opened. Rallied well after operation, but six hours later became suddenly collapsed. I came just at the time, and at once opened the wound and found peritoneum full of blood, but could not find the bleeding vessel. Right broad ligament open and full of clot. Weight 6 lbs.	Died 8 hours after operation from hæmorrhage; right uterine and spermatic arteries

No.	Medical attendant.	Place of operation.	Condition.	Age.	Date of operation.	Particulars.	Result.	No. in anti-septic series.
5	Mr. Lakin, Leicester...	Samar. Hosp.	M.	39	1879 May	Exploratory operation during pregnancy. Large solid tumour impacted and adherent in pelvis. On removal it turned out to be a uterine outgrowth. Pedicle secured by silk ligatures after transfusion. Dead child born eighteen hours after operation. Tumour weighed $5\frac{1}{2}$ lbs.	Died 5th day. Acute enteritis and obstruction	3
6	Dr. Roberts Law, Richmond	Ditto	M.	40	May	Exploratory operation. Large fibroid uterus with such pelvic connections that its removal was impossible. Incision closed	Recovered. Well in July, 1880	4
7	Mr. Day, Lower Edmonton	Ditto	M.	46	June	Exploratory operation. Removal of enormous cystic sarcoma of uterus, weighing 62 lbs. Extensive adhesions. Pedicle clamped. No drain. <i>Vide</i> 'Medical Times and Gazette,' Oct., 1879	Recovered. Is in perfect health, July, 1880	5
8	Dr. Clement Godson ...	Ditto	S.	38	Nov.	Removal of large fibroid uterus with outgrowths, and both ovaries. Ovarian pedicles ligatured. Clamp applied to uterus just above vagina. Weight, 5 lbs.	Recovered. Is in perfect health, July, 1880	6
9	Mr. King, Stratton ...	Private house	S.	34	Dec.	Removal of large and small fibroid outgrowths from uterus without opening its cavity. Pedicles secured by silk ligatures. Right ovary and tube also removed. Weight, 4 lbs.	Recovered. Is in perfect health, July, 1880	7
10	Mr. Hemming, Kimbolton	Samar. Hosp.	M.	44	1880 Feb.	Removal of fibroid (soft) outgrowth from uterus. It involved the right angle of the fundus uteri. Clamp applied on the uterus. Uterine cavity opened. Extensive parietal and intestinal adhesions. Right ovary also removed. Weight, 4 lbs. Free fluid, $4\frac{1}{2}$ pints	Died 4th day. Septicæmia: sloughing of uterus below the clamp	8
11	Dr. Russel, Worksp. and Dr. Percy Boulton	Ditto	M.	41	Feb.	Enucleation of a cyst from the uterine wall. Weight, 4 lbs.	Recovered	9

Other Abdominal Sections performed Antiseptically.

12	Mr. Marriott, Swaffham	Private house	S.	44	March	Removal of fibro-cyst of uterus, together with small cystic left ovary. Pedicles ligatured. Uterine cavity not opened. Weight, about 10 lbs.	Recovered. Is in perfect health, July, 1880	10
13	Dr. Fox and Mr. Green, Bath	Ditto	S.	37	May	Removal of three uterine outgrowths, with cystic left ovary. Pedicles ligatured. Weight, 4½ lbs.	Recovered. Is in perfect health, July, 1880	11
14 } 15 }	—	—	—	—	—	Included in Ovariectomy Table, cases 71 and 174 ...	Both recovered, and are well, 1880	12 13

1	Mr. Thornton.....	Samar. Hosp.	M.	42	1877 Aug.	Removal of painful omental hernia some months after ovariectomy. Some adherent coils of intestine also separated from the cicatrix	Recovered	1
2	Mr. Izod, Tottenham...	Ditto	M.	32	1878 March	Removal of hydatids of the omentum and from the pelvis during seventh month of pregnancy. Living child born a week after operation. <i>Vide</i> 'Medical Times and Gazette,' November 16th, 1878.	Recovered. Remained well some time, but has lately died of hydatids in lung	2
3	Dr. W. H. Day	Ditto	S.	7	1880 Jan. 2	Removal of left kidney for hydronephrosis. <i>Vide</i> 'Lancet,' June 5th, 1880	Recovered. Is now quite strong, and much grown. July, 1880	3