TWO HUNDRED ADDITIONAL CASES,
COMPLETING
ONE THOUSAND CASES OF OVARIOTOMY,
WITH REMARKS ON
RECENT IMPROVEMENTS IN THE OPERATION.

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THE whole of my practice of ovariectomy has been brought before this Society in successive papers between 1859 and 1877, and all the cases, from the first to the eight hundredth, have been arranged in tables similar in form to that which I have the honour to present this evening. The two hundred cases now tabulated bring up the total number of cases of completed ovariectomy in my own practice up to June, 1880, to one thousand.

The total number of deaths among the 1000 patients has been 231, while 769 have recovered. A very large proportion of those who recovered have remained in good health. Many have had one or more children since the operation. In a very few the ovary not removed at the first operation has become diseased and has been removed, generally with success, by a second ovariectomy. In some cases the patients have died at an advanced age, or of

some disease quite unconnected with the operation; death from a recurrence of ovarian disease, or from malignant disease where malignancy of the ovarian growth had been observed or suspected, having been quite exceptional. The exact numbers may be ascertained by reference to the tables.

It is with great gratification that I now bring before the Society evidence proving that in successive series of cases—in other words, with increasing experience or greater knowledge—the mortality after the operation has progressively diminished. The number of deaths in each series of 100 cases, from 34 in the first 100, and 28 in the second, was 23, 22, 20, 28, 24, 24, 17, and 11. The remarkable diminution in the mortality of the ninth and tenth series of 100 cases coincided with modifications in the mode of operating, to which I shall presently refer. The total mortality of the 1000 cases has been 23·1 per cent. But, while that of the first 100 was 34, that of the last 100 was 11, or, in 1880, less than a third of the mortality in 1860.

At the end of 1877 I ceased to operate in hospital. All the cases since January, 1878, commencing with the 888th case, having been in private practice. But I have shown in former papers that there has not been any considerable difference in the results of my hospital and private practice; and it is noteworthy that during the last two years of my hospital practice—in 1876 and 1877—I had only 7 deaths in 71 hospital cases, rather less than 10 per cent., a better result than in my last series of 100 cases exclusively in private practice.

With the beginning of 1878, and the limitation of my practice to private patients, must also be associated the commencement of the testing of what are called “antiseptic precautions,” or the details of the “Listerian method.” Long before Mr. Lister had tried any of his methods, indeed, from the very beginning of my practice of ovariectomy, I had insisted upon all possible care in protecting patients before, during, and after operation

from all the known causes of excessive mortality, and I took unusual precautions against any risk of contagious or infectious disease being communicated to a patient, and against the entrance from without, or the development from within, of anything which could set up traumatic fever or blood-poisoning. I contended that obstetrics and operative gynaecology should seldom be permitted in the same building, or by the same surgeon in private practice; and that such an operation as ovariotomy should never be performed when patients with uterine cancer, or offensive discharges of any kind, may pollute the place. In 1875, a separate branch of the Samaritan Hospital was opened, and since that year the surgical wards have been much freer from such sources of danger. The good effects of this change were noted before other antiseptic measures were insisted on. And cleansing or purification of the ward or room, of everything about the operating table and bedding, of the patient herself and the parts near the seat of operation, of the surgeon, assistants, and nurses, and of all the instruments, sponges, and water used, had gradually become more complete before carbolic acid was used, or any antiseptic precaution added to those adopted before 1878. But in no series of 100 cases had I succeeded in reducing the mortality below 17. Then in the last series of 100 cases, all done antiseptically, the mortality fell to 11. Of the 13 cases, all antiseptic, from 888 to 900, only 1 died. So that the deaths in 113 cases since adopting more complete antiseptic precautions were 12, a mortality of 10·6 per cent. If I may be permitted to add 21 cases, done since the completion of the thousand, with only 1 death, the total number of antiseptic ovariotomy cases in my practice amounts to 134, with 13 deaths, a mortality of 9·7 per cent.

Before inquiring how far this smaller mortality may be due to the additional antiseptic precautions, or to other causes, I will explain precisely what the additions or changes have been.

As the material for tying vessels and uniting the wound, the same pure twisted silk, unmixed with any vegetable fibre, which I have trusted to for about twenty years had been used. I have never tried catgut; and after trial, have abandoned whipcord, hempen ligatures, silver, iron and platinum wire, horsehair and other materials. Various forms of quilled and twisted sutures have also been tried and abandoned. But since 1878, all the silk for ligatures and sutures has been soaked before use in a five per cent. solution of carbolic acid or phenol.

Dry dressing of the wound has been continued; but in place of the pads formerly used, of 5 per cent. of oil of tar with 95 per cent. of chalk, either thymol gauze, or cotton pads charged with borax or phenol have been used. These are more comfortable to the patient, and are better absorbents of moisture. As a rule, they are not touched before the seventh or eighth day, when the sutures are removed, and the wound is almost invariably found to be completely united.

The two most important additions to previous antiseptic precautions are, first, carbolising the sponges and instruments, and secondly, the use of the spray. I had long insisted on the great importance of always using perfectly pure sponges, and I believe this object is more perfectly attained by soaking them in a carbolised solution after washing, than by washing alone.

After an operation, I continue my old plan of keeping the cleansed sponges in a weak solution of sulphurous acid. And during the operation, in addition to washing in pure water, every sponge before use is wetted with a 2 to 3 per cent. solution of carbolic acid or absolute phenol. Soft, clean linen cloths, wetted with a warm solution of phenol, may be used to lessen the number of sponges required; and nurses must be cautioned not to put any of the soiled sponges into the solution until after they have been washed, otherwise albumen may be so coagulated as to prevent thorough cleansing. As nurses often fall into this error, it is well to have two or three

different sets of sponges, all carefully numbered, kept separate for the successive steps of the operation.

Nearly all the instruments used in ovariectomy may be protected from rust by a coating of nickel. They are then more easily and thoroughly cleaned after use, and the cleaned instruments should be placed before, and replaced during, the operation in trays or dishes filled with a warm solution of phenol.

These additional precautions as to sponges, silk, and instruments, I believe to be really important. I feel still doubtful about the spray. In prolonged operations, I have had reason to fear that its chilling effect upon the patients has been injurious. But I have never once seen any other ill effect which I could attribute to it, nor anything like carbolic poisoning. The misty cloud occasionally obscures the field of operation, but not to any serious extent, and it is always easy to protect the peritoneal cavity by a large warm sponge against the continued action of the spray. After a few trials I gave up thymol spray as useless, and for more than a year past have used a spray of absolute phenol of a strength of one in forty. And this I continue to use, believing it to be safer than the irrigation or sponging proposed as substitutes, although I fully admit that we require a far greater number of trustworthy experiments, or of comparative observations made under similar conditions with and without spray than have yet been made known, before we can receive any satisfactory answer to the questions whether carbolic vapour or air can destroy or render innocuous, infective, or putrefactive substances or germs floating in the air; or what is the share which the spray, among other additional antiseptic precautions, has had in obtaining the better results which have undoubtedly accompanied their combined employment.

On carefully going over the notes of all the cases to ascertain if the smaller mortality in those treated antiseptically could be due to any other cause, the only modification in the mode of operation which calls for further

remark is the very much more frequent, almost constant, employment of the *intra*-peritoneal treatment of the pedicle since the trial of the antiseptic system was begun. But before that time, the *extra*-peritoneal treatment had been by far the more successful in my practice. When comparing the results of the two methods at the College of Surgeons in June, 1878, I showed that of 627 *extra*-peritoneal cases, 130 had died, or 20·73 per cent., while of 157 *intra*-peritoneal cases, 60 died, or 38·2 per cent., the mortality with the ligature having been nearly double that of the clamp. I am quite sure that, as has been suggested, the *extra*-peritoneal did not represent the simple, and the *intra*-peritoneal the complicated cases. The difference was simply that of long or short pedicle. Whenever the pedicle was long enough, I used to employ a clamp whatever might be the complications of the case; and in short pedicles I used the ligature or cautery, whether the case was otherwise simple or the reverse. To my mind, one great merit of the antiseptic system is that it has made the *intra*-peritoneal method, which was formerly the less, now the more successful method of dealing with the pedicle. Formerly, septic changes, which are now scarcely ever observed, frequently took place in or about the tied pedicle, and the many disadvantages of the *extra*-peritoneal method, which were only counter-balanced by its greater success, have no longer to be endured.

Another great gain from the antiseptic system is that drainage of the peritoneal cavity is now scarcely ever necessary. In the paper which I brought before this Society on completing 800 cases, I contended that drainage should only be an exceptional practice. But I did not then imagine that it could be almost entirely discarded. I can now say that I have not drained one case in which antiseptic precautions have been taken; and on looking back I cannot believe that there are more than two in which, if a drainage tube had been used, it could have been useful. The simple explanation is, that the mixture

of blood, other fluids, and air left in the peritoneal cavity, or oozing into it after operation, formerly went through putrefactive changes, and if not drained off produced septicæmia, whereas now no putrefaction takes place and absorption is quite harmless.

My own experience has not only convinced me that by the use of antiseptics—especially of phenol—the success of ovariectomy has been remarkably increased, that a much smaller proportion of deaths to recoveries has been obtained; but, further, that those who have recovered have suffered much less from fever, while convalescence has been more rapid than it used to be. Formerly, temperatures of 100° to 103° were usual, and 104° to 107° not very uncommon. And the head was cooled by ice in at least half the cases. Now, cold to the head is scarcely ever thought of, certainly not used in one case in twenty, and a temperature of 102° is rare. Recovery with a temperature which never rises above 100° is the rule.

It would occupy too much time if, in this evening's meeting, I were to review the progress of ovariectomy from the revival of the operation which followed the discussion on my first five cases in this room twenty years ago. I must content myself with the knowledge that an operation which was then a rare and exceptional event in this country and still more so abroad, which had been discredited in more than one important discussion in this Society, and which was then truly regarded as one of the most fatal of surgical operations, is now so frequently performed that several surgeons at home and abroad number their cases by the hundred, that sufficiently full details of more than 3000 cases can be grouped together for study, and that an average mortality of about 10 per cent. has already been attained by several operators.

Surely these facts should encourage the hope that in the future, even this small mortality will be considerably smaller.

TWO HUNDRED ADDITIONAL CASES OF OVARIOTOMY. BY T. SPENCER WELLS, V.P.R.C.S.

No.	Medical attendant.	Date of operation.	Age.	Condition.	Adhesions.	Treatment of Pedicle.	Weight of tumour.	Length of incision.	Result.	Subsequent history or cause of death.
801	Dr. Daley, Hull	1876 Oct.	50	Single	None	Ligature	Pounds. 12	Inches. 4	Recovered	Well in 1881.
802	Mr. Mould	Oct.	64	Widow	Omental	Clamp	25	5	Recovered	Died Sept. 1878. Cancer of liver.
803	Hospital	Oct.	25	Single	Parietal and omental	Clamp	18	5	Recovered	Married in 1880. Boy in 1881. Well in 1881.
804	Dr. Giles, Oxford	Oct.	30	Single	None. Both ovaries	Ligatures	11	4	Recovered	Well in 1881.
805	Mr. Appleby, Newark	Oct.	32	Widow	Omental. Both ovaries	Ligatures	16	5	Recovered	Well in 1881.
806	Mr. Tarleton, Stockton	Oct.	28	Married	Parietal	Clamp	12	5	Recovered	Well in 1881.
807	Hospital	Nov.	39	Single	None	Ligatures	10	5	Recovered	No return.
808	Dr. Paine, Cardiff	Nov.	56	Married	Parietal. Suppurating cyst	Clamp	19	5	Recovered	Well in 1881.
809	Hospital	Nov.	23	Single	Parietal	Ligatures	16	5	Recovered	Married in 1878.
810	Dr. Gage Brown	Nov.	21	Single	None	Ligature	15	5	Recovered	Died 7 months after. Cancer of lung.
811	Hospital	Nov.	36	Married	Omental	Clamp	24	5	Recovered	No return in 1881.
812	Hospital	Nov.	19	Single	Omental	Clamp	28	5	Recovered	Three children born since. Well in 1881.
813	Hospital	Nov.	22	Single	Parietal and omental	Ligature	25	5	Recovered	One child since operation; now pregnant. Well in 1881.
814	Dr. Leadam	Nov.	34	Married	Parietal	Clamp	11	5	Recovered	Well in 1881.
815	Hospital	Dec.	36	Married	Intestinal and pelvic	Ligature	23	8	Recovered	
816	Mr. E. Barker	Dec.	16	Single	Parietal and omental	Ligature	13	5	Recovered	

817	Hospital	Dec.	27	Married	Parietal	Ligature	11	5	Recovered	Two children since operation. Well in 1881.
818	Dr. Oldham, Brighton	Dec.	45	Married	Parietal and omental	Clamp	20	5	Recovered	Well in 1881.
819	Hospital	Dec.	36	Married	Parietal	Clamp	23	5	Recovered	Well in 1881.
820	Mr. Kingdon	Dec.	58	Widow	Pelvic	Ligature, both ovaries	40	6	Recovered	Well in 1881.
821	Hospital	1877	27	Married	None	Ligature	6	5	Recovered	Well in 1881.
822	Mr. Bishop, Tonbridge	Feb.	45	Single	Omental	Ligature, both ovaries	9	5	Recovered	Well in 1881.
823	Dr. Priestley	Feb.	28	Married	Omental	Clamp	13	5	Recovered	Three children since operation. Well in 1881.
824	Professor Humphry, Cam- bridge	Feb.	20	Single	None	Clamp	14	4	Recovered	Well in 1881.
825	Hospital	Feb.	41	Married	Parietal, intestinal and omental	Ligature	7	7	Recovered	One child since operation. Well in 1881.
826	Dr. Leslie, Alton	Feb.	37	Married	Pelvic	Ligature	16	5	Died, 5th day	Septic peritonitis.
827	Dr. Parl	Feb.	65	Single	None	Clamp	27	5	Recovered	Well in 1881.
828	Hospital	Feb.	34	Married	Omental	Clamp and ligature, both ovaries	27	5	Recovered	Well in 1881.
829	Hospital	March	39	Married	Parietal and omental	Ligature	22	7	Recovered	Well in 1881.
830	Dr. Brodie Sewell	March	55	Married	Parietal and omental	Ligature	33	5	Recovered	Died in 1880.
831	Hospital	March	47	Married	Parietal	Ligature	19	6	Recovered	Disease of liver. Died of cancer.
832	Hospital	March	33	Widow	Intestinal and omen- tal	Ligature	9	5	Recovered	No date. Died in 1880.
833	Dr. Godson	March	33	Married	None	Clamp	15	4	Died, 5th day	Cancer. Septicæmia.
834	Mr. Carruthers, Runcorn	March	22	Single	None	Ligatures, both ovaries	...	5	Recovered	Acting as school- mistress. Well in 1881.
835	Hospital	March	50	Single	Parietal	Ligature	7	5	Recovered	Died in 1878. Bronchitis

No.	Medical attendant.	Date of operation.	Age.	Condition.	Adhesions.	Treatment of Pelvic.	Weight of tumour.	Length of incision.	Result.	Subsequent history or cause of death.
							Pounds.	Inches.		
836	Dr. Myrtle, Harrogate ...	1877 March	49	Single	Parietal and intestinal	Ligature, both ovaries	9	5	Died, 5th day	Septicæmia.
837	Dr. March, Wandsworth	March	42	Married	None	Ligature	7	5	Recovered	Died 5 months after of cardiac disease.
838	Hospital	April	47	Widow	None	Clamp	19	5	Recovered	No return.
839	Hospital	April	32	Married	Pelvic	Ligature, both ovaries	28	6	Died, 5th day	Septicæmia.
840	Dr. Nebel, Heidelberg ...	April	36	Married	Parietal and omental	Ligature, both ovaries	32	5	Recovered	Well in 1881.
841	Dr. Clark, Dunster.....	April	42	Single	Parietal, omental and vesical	Ligature, three ovaries ?	21	5	Died, 10 hrs.	Hæmorrhage.
842	Hospital	April	25	Single	Parietal and omental	Clamp and ligature, both ovaries	17	5	Recovered	Well in 1881.
843		April	26	Single	None	Clamp	9	5	Recovered	Well in 1881.
844	Hospital	May	28	Married	Parietal and intestinal	Clamp	15	5	Recovered	Well in 1881.
845	Hospital	May	23	Single	None	Clamp	16	5	Recovered	Married in 1879. One child in 1880. Well in 1881.
846	Hospital	May	40	Married	None	Clamp	27	5	Recovered	Well in 1881.
847	Dr. Drake, Exeter	May	33	Married	Vesical	Clamp	10	5	Recovered	Died. Cancer.
848	Dr. Manson, Chesterfield	June	54	Single	None	Ligature	29	4	Recovered	Recovered
849	Mr. Greaves, Bishop's Waltham	June	28	Single	Parietal and omental	Ligature, both ovaries	15	4	Died, 36 hrs.	Hæmorrhage
850	Dr. Stewart, Glanlough...	June	46	Married	Parietal, intestinal and pelvic	Forceps and ligature	10	5	Died, 63 hrs.	Septicæmia.
851	Hospital	June	27	Single	Parietal	Clamp	7	4	Recovered	Well in 1881.

852	Dr. Beddoe, Clifton	June	49	Married	Parietal and omenta	Clamp	19	5	Recovered	Well in 1881.
853	June	45	Married	None	Ligature	17	5	Recovered	Well in 1880.	
854	Mr. Coryn, Brixton	June	43	Single	None	Clamp	28	4	Recovered	
855	Hospital	June	36	Single	Omental	Ligature	10	5	Recovered	Well in 1881.
856	Dr. Latham, Cambridge	June	40	Single	None	Clamp	13	5	Recovered	Well in 1881.
857	Dr. Drage, Hatfield	July	59	Married	None	Ligature	13	6	Recovered	Well in 1880.
858	Hospital	July	37	Single	Omental	Clamp	12	5	Died, 5th day	
859	Dr. Kinnear, Malmesbury	July	64	Widow	None	Clamp	17	5	Recovered	Well in 1881.
860	Hospital	July	28	Married	Parietal	Clamp	21	5	Recovered	One child since.
861	Hospital	July	32	Married	Parietal and omental	Clamp	8	6	Recovered	Well in 1881.
862	Dr. Hermann, South Africa	July	36	Married	None	Clamp	...	5	Recovered	Two children since operation. Well in 1881.
863	Dr. Lennard, Clifton	July	52	Married	Parietal, omental and intestinal	Clamp	11	5	Recovered	Well when last heard of.
864	Mr. Shaw, Sheffield	July	44	Widow	Parietal, omental and hepatic	Clamp	...	5	Died, 56 hrs.	Peritonitis.
865	Hospital	July	27	Married	Omental	Ligature	13	9	Recovered	No return.
866	Hospital	July	23	Single	Mesenteric	Ligature, both tubes	6	6	Recovered	Married in 1878.
867	Dr. Craig, Montreal, Canada	July	29	Married	Omental and parietal	Clamp	...	5	Recovered	Well in 1881.
868	Hospital	Aug.	39	Married	None	Clamp	35	6	Recovered	Child after return to Canada. Well.
869	Mr. Winter, Brighton	Aug.	44	Married	Parietal	Clamp	...	5	Recovered	Child born 1880.
870	Dr. Aveling, Clapton	Sept.	31	Married	None	Clamp	15	5	Recovered	Well in 1880.
871	Dr. Tilley, Brigg	Sept.	49	Married	Omental	Ligature	7	5	Recovered	Well in 1881.
872	Dr. Grant	Sept.	59	Married	Intestinal	Ligature, both ovaries	20	5	Died, 3rd day	
873	Hospital	Oct.	54	Widow	None	Clamp	33	5	Recovered	Well in 1881.
874	Mr. Pratt, Wivelscombe	Oct.	53	Single	Parietal	Clamp	78	5	Died, 3rd day	Septicæmia.
875	Hospital	Oct.	31	Married	Omental	Clamp	18	5	Died, 5th day	
876	Hospital	Oct.	18	Single	Parietal and omental	Clamp	29	5	Recovered	Well in 1881.
877	Dr. Hadden, Manchester	Nov.	26	Single	None	Clamp	...	5	Died, 8th day	
878	Hospital	Nov.	21	Single	None	Clamp	23	5	Recovered	Well in 1881.

No.	Medical attendant.	Date of operation.	Age.	Condition.	Adhesions.	Treatment of Pedicle.	Weight of tumour.	Length of incision.	Result.	Subsequent history or cause of death.
879	Mr. Stirling	1877 Nov.	28	Married	None. Pregnant ...	Clamp	Pounds. 10	Inches. 4	Recovered	Three children born since. Well in 1881.
880	Hospital	Nov.	63	Married	Pelvic	Ligature	26	5	Recovered	Well in 1881.
881	Dr. Zanobini, Genoa	Nov.	26	Married	None	Clamp	19	5	Recovered	Well in 1880.
882	Mr. J. Murray, Brighton	Nov.	57	Widow	Omental	Ligature	21	5	Died, 14th day	
883	Dr. Cooper Key	Dec.	50	Married	Parietal	Clamp	17	5	Recovered	Well in 1880.
884	Hospital	Dec.	31	Single	None	Clamp	13	5	Recovered	Well in 1881.
885	Hospital	Dec.	34	Married	Omental and parietal	Clamp	15	5	Recovered	
886	Hospital	Dec.	27	Married	Omental and parietal	Clamp	12	5	Recovered	
887	Dr. M. Duncan	Dec.	59	Single	Intestinal	Ligature	...	5	Died, 9th day	Septicæmia.
888	Dr. Frank, Cannes	1878 Jan.	49	Married	None	Ligature, both ovaries (Batter)	...	3	Recovered	Well in 1881.
889	Mr. Gilbert, Hackney	Feb.	60	Widow	None	Ligature	23	5	Recovered	Died in 1879.
890	Dr. Mallett, Bolton	Feb.	29	Married	Omental. Burst cyst	Clamp	...	6	Recovered	Died of malignant disease 4 months after operation.
891	Dr. Carpenter, Croydon	Feb.	41	Single	Parietal and omental	Ligature	...	6	Recovered	Well in 1881.
892	Mr. Clover	Feb.	44	Widow	None. Burst cyst...	Ligature	...	5	Recovered	Died of phthisis in 1879.
893	Mr. Morgan	March	63	Single	None	Ligature	22	5	Recovered	Well in 1880.
894	Dr. Cohn, Hamburg	April	21	Married	None	Ligature, both ovaries	...	5	Recovered	Well in 1881.
895	Dr. Way	April	52	Single	None	Ligature	15	5	Recovered	Well in 1880.
896	Mr. Robinson, Huddersfield	May	56	Widow	Omental. Burst cyst	Ligature	9	4	Recovered	Well in 1881.
897	Dr. Edith Pechey, Leeds	May	22	Single	Parietal	Ligature	23	5	Recovered	Well in 1881.
898	Dr. Brown, Rochester	June	22	Married	Omental	Ligatures	8	4	Died, 7th day	Tetanus.
899	Mr. Johnston, Leicester	June	24	Married	None	Ligatures	8	4	Recovered	Well in 1881.

900	Dr. Risdon Bennett	June	57	Married	None	Ligatures	18	5	Recovered	Well in 1881.
901	June	31	Single	Pelvic	Ligatures	10	5	Recovered	Well in 1881.	
902	Dr. F. Farre	June	63	Single	None	Ligatures	18	5	Died, 4th day	Septicæmia.
903	Mr. Treves, Margate	June	68	Married	None	Ligatures, both ovaries	...	5	Recovered	Died in 1879.
904	Mr. Marshall, Birmingham	July	68	Single	Intestinal	Ligature	...	5	Recovered	Died in 1880.
905	Mr. Hayes, Tittensor	July	33	Single	Cæcal	Ligature	33	4	Recovered	Cancer.
906	Mr. C. Hawkins, Cheltenham	July	42	Married	None	Clamp	...	5	Recovered	Child in 1880.
907	Mr. Hanks, Snaith	July	42	Single	None	Ligatures	18	5	Recovered	Well in 1881.
908	Mr. Carver, Fulham	Aug.	40	Married	None	Ligatures	7	5	Recovered	Two children since.
909	Dr. Walters, Reigate	Aug.	—	Married	Parietal and omental	Ligature	12	6	Recovered	Well in 1881.
910	Dr. Cronin	Aug.	61	Widow	Parietal. Suppurating cyst	Clamp	31	6	Recovered	Well in 1880.
911	Dr. Jack, Hampton Court	Aug.	63	Single	Parietal	Ligature, both ovaries	31	5	Died, 7th day	Septicæmia.
912	Dr. Cumming, Belfast	Sept.	38	Married	Omental & intestinal	Ligature	22	6	Recovered	Well in 1880.
913	Mr. Manley Sims	Oct.	27	Married	Parietal and intestinal.	Ligature	...	6	Recovered	Well in 1881.
914	Mr. Cheyne	Oct.	50	Single	None	Ligature, both ovaries	...	4	Recovered	Well in 1881.
915	Mr. Evershed, Hampstead	Oct.	58	Widow	None	Ligature	22	6	Recovered	Well in 1881.
916	Mr. Collambell	Oct.	46	Married	Intestinal	Ligature	...	5	Recovered	Well in 1881.
917	Dr. Sanderson	Nov.	40	Single	Omental, parietal and pelvic	Ligature	15	5	Recovered	Died after removal of foreign body from bladder.
918	Dr. C. Pearce, Brixton	Nov.	59	Widow	Parietal and mesenteric	Ligatures	63	6	Died, 4th day	Bronchitis.
919	Dr. Bell, Preston	Nov.	46	Married	Parietal and intestinal	Ligature	...	5	Recovered	Well in 1881.
920	Dr. Rooke, Cheltenham	Nov.	—	Married	Parietal	Ligatures, both ovaries	11	5	Recovered	Well in 1881.

No.	Medical attendant.	Date of operation.	Age.	Condition.	Adhesions.	Treatment of Pedicle.	Weight of tumour.	Length of incision.	Result.	Subsequent history or cause of death.
921	Dr. Priestley	1878 Dec.	61	Married	Parietal and intestinal	Ligature	Pounds. 21	Lucas. 5	Recovered	Well in 1881.
922	Dr. Duke, Norwood	Dec.	51	Married	Parietal and intestinal	Ligature	16	5	Recovered	Well in 1881.
923	Mr. T. Smith	1879 Jan.	32	Married	None	Ligatures	..	5	Recovered	Well in 1881.
924	Dr. Holman, Reigate	Jan.	19	Single	None	Ligature	16	4	Recovered	Well in 1881.
925	Mr. Knaggs, Huddersfield	Feb.	46	Married	Parietal and omental	Ligatures, both ovaries	..	5	Died, 7th day	Obstructed intestine.
926	Mr. Riddle, Leamington	Feb.	59	Married	None	Ligatures	16	5	Recovered	Well in 1881.
927	Mr. Covey, Alresford	Feb.	60	Single	None	Ligature	16	5	Recovered	Well in 1881.
928	Dr. Lee, Hull	Feb.	42	Single	None	Ligature, both ovaries	..	5	Recovered	Well in 1881.
929	Dr. Marion Sims	Feb.	45	Married	Cæcal	Ligature	7	5	Recovered	Well in 1881.
930	Dr. F. Weber	March	51	Single	None. Burst colloid	Ligature	..	5	Recovered	Well in 1880.
931	Dr. McDonnell, Dublin	March	36	Single	None	Ligature	..	4	Recovered	Well in 1881.
932	Dr. Greenidge, Barbadoes	March	19	Single	Parietal and omental	Ligature	14	5	Recovered	Well in 1881.
933	Mr. Bell, New Brighton	March	39	Single	Omental and intestinal	Ligature, both ovaries	11	5	Died, 4th day	Septicæmia.
934	Mr. Parsons, Frome	March	59	Widow	None	Ligature	9	5	Recovered	Well in 1881.
935	Mr. Bishop, Tonbridge	March	19	Single	Omental	Ligature	16	5	Recovered	Well in 1881.
936	Dr. Waller, Sydenham	April	32	Married	Parietal	Ligature	18	5	Recovered	Well in 1881.
937	Dr. Jackson, Southsea	April	68	Single	None	Ligature	15 lb. roma, 26 ascites	10	Recovered	Well in 1881.
938	Mr. Bickersteth, Liverpool	April	52	Single	None. Fallopian p. pilloma, ascites	Ligature	..	4	Recovered	Well in 1881.
939	Dr. Matheson	May	41	Married	Parietal and intestinal	Ligature	..	5	Recovered	Well in 1881.
940	Dr. Paget, Cambridge	May	54	Married	None	Ligature	..	5	Recovered	Well in 1880.

941	Mr. Whiting, Croydon...	May	47	Married	Pelvic	.....	Ligature	...	5	Recovered	Well in 1880.
942	Dr. Kidd, Dublin	May	34	Single	None	.....	Ligature	25	5	Recovered	Well in 1880.
943	Dr. O'Connor	May	60	Married	Parietal, omental and pelvic	.....	Ligature, both ovaries	47	5	Recovered	Died, 4 months after operation, of bronchitis.
944	Dr. Higginbotham, St. Petersburg	May	28	Single	None	.....	Ligature	16	4	Recovered	Well in 1881.
945	Dr. Glover	May	36	Married	Parietal	.....	Ligature	...	5	Recovered	Well in 1880.
946	Dr. —, Moscow	May	61	Married	Omental	.....	Ligature, both ovaries	20	5	Recovered	Well in 1881.
947	Dr. —, Grimsby	May	24	Married	Parietal and intestinal	.....	Ligature, both ovaries	10	6	Recovered	Well in 1880.
948	Mr. Keetley, Grimsby	May	20	Single	Pelvic. Burst cysts	.....	Ligature, both ovaries	...	5	Recovered	Well in 1881.
949	Dr. Hunter, Matlock	June	32	Single	None	.....	Ligature	19	5	Recovered	Well in 1881.
950	Mr. Chapman, Tooting	June	62	Single	None	.....	Ligature	13	5	Recovered	Well in 1881.
951	Mr. Furner, Brighton	June	33	Single	None	.....	Ligature	14	4	Recovered	Well in 1881.
952	Mr. Newstead, Clifton	June	51	Single	None	.....	Ligature	...	4	Recovered	Well in 1881.
953	Mr. Hewetson, York	June	38	Married	Pelvic	.....	Ligature, both ovaries	10	5	Recovered	Well in 1881.
954	Mr. Johnson, Bedford	July	28	Single	None	.....	Ligature	10	5	Recovered	Well in 1880.
955	Dr. H. Weber	July	50	Married	None	.....	Ligature	28	5	Recovered	Well in 1880.
956	Dr. Muller, Norwood	July	13	Single	None	.....	Ligature	8	5	Recovered	Well in 1881.
957	Dr. Stokes, Highbury	Aug.	—	Married	None	.....	Ligature, both ovaries	13	5	Recovered	Died 1880. Phthisis.
958	Dr. Aitken, Netley	Aug.	26	Single	None	.....	Ligature	15	5	Recovered	Well in 1881.
959	Mr. Pocklington, Wimbledon	Sept.	44	Widow	Omental	.....	Ligature	32	5	Recovered	Well in 1880.
960	Dr. Liddon, Taunton	Sept.	44	Widow	Parietal, omental and intestinal	.....	Ligature	7	5	Recovered	Well in 1881.
961	Dr. —, Barbadoes	Sept.	36	Married	None	.....	Ligature	18	5	Recovered	Well in 1881.
962	Dr. Macconchy, Downpatrick	Sept.	48	Single	Intestinal	.....	Ligature, both ovaries	19	5	Recovered	Well in 1880.
963	Dr. Bezley Thorne	Oct.	63	Widow	Omental	.....	Ligature	7	8	Recovered	Well in 1881.
964	Dr. Weil, Basle	Oct.	55	Married	None	.....	Ligature	10	5	Recovered	Well in 1880.
965	Dr. Blaxall	Oct.	59	Married	None	.....	Ligature	13	5	Recovered	Well in 1881.
966	Dr. Parson, San Francisco	Oct.	39	Single	None. Dermoid	...	Ligature	...	...	Recovered	Well in 1881.

No.	Medical attendant.	Date of operation.	Age.	Condition.	Adhesions.	Treatment of Pedicle.	Weight of tumour.	Length of incision.	Result.	Subsequent history or cause of death.
							Pounds.	Inches.		
967	Mr. James, Uxbridge	1879								
968	Dr. G. Anderson	Oct.	25	Single	None	Ligature	...	5	Recovered	Well in 1881.
969	Dr. Wilberforce Smith	Nov.	50	Single	None. Burst cyst...	Ligature	...	5	Recovered	Well in 1881.
970	Mr. Square, Plymouth	Nov.	16	Single	None	Ligature	...	4	Recovered	Well in 1881.
971	Mr. Douglas, Hounslow	Nov.	34	Single	None	Ligature	...	4	Recovered	Well in 1881.
972	Mr. Archibald, Brixton	Nov.	19	Single	Parietal, omental and pelvic	Ligature	25	6	Recovered	Well in 1881.
973	Mr. Archibald, Brixton	Dec.	—	Widow	Omental	Ligature	9	4	Recovered	Well in 1881.
974	Dr. Sheely	Dec.	50	Married	None	Ligature	15	5	Recovered	Well in 1881.
975	Mr. Lund, Manchester	Dec.	34	Married	None	Ligature	10	4	Recovered	Well in 1881.
976	Mr. T. Murray, Brighton	Dec.	65	Married	None	Ligature	17	5	Died, 5th day	Septicæmia.
977	Mr. Babb, Cheltenham	1880								
978	Mr. Babb, Cheltenham	Jan.	68	Single	Parietal and omental	Ligature	22	5	Recovered	Well in 1881.
979	Dr. Broxholm	Jan.	54	Married	Suppurating cyst	Ligature, both ovaries	...	5	Recovered	Died Aug., 1880.
980	Dr. W. Roberts Manchester	Jan.	68	Single	None	Ligature	24	5	Died, 5th day	Cancer of uterus.
981	Dr. Risdon Bennett	Jan.	30	Single	None	Ligature	7 ovarian; 2 uterine	5	Recovered	Well in 1881.
982	Mr. Haffenden	Feb.	49	Married	None. Burst colloid	Ligature	broma			
983	Mr. Dodd, Slough	Feb.	58	Single	Parietal and intestinal	Ligature	50	5	Recovered	Remains well.
984	Mr. Robey, Wandsworth	Feb.	55	Married	Parietal and omental	Ligature	16	5	Recovered	Remains well in 1881.
985	Dr. Reed, Manchester	March	37	Married	Intestinal. Burst cyst	Ligature	22	5	Recovered	Well in 1881.
986	Dr. Priestley	March	32	Married	None	Ligature	11	5	Recovered	Remains well.
987	Dr. Priestley	March	30	Married	None. Burst cyst...	Ligature	6	5	Recovered	Remains well.
988	Dr. Priestley	March	30	Married	None. Burst cyst...	Ligature	14	4	Recovered	Child June, 1881. Remains well.

986	Dr. England, Winchester	March	58	Married	Intestinal and mesenteric. Cancer	Ligature	7	5	Died, 21 hrs.	Embolism.
987	Dr. Priestley	March	53	Married	Pelvic	Ligature	5	5	Died, 24 hrs.	Embolism.
988	Dr. Péan, Paris	March	45	Married	Parietal and omental	No pedicle	19	5	Recovered	Remains well in 1881.
989	Dr. MacSwiney, Dublin	April	35	Married	Parietal and omental	Ligature	21	5	Recovered	Remains well in 1881. Thrombosis of carriages since operation; now pregnant. Remains well in 1881.
990	Mr. Harper, Holbeach	April	49	Married	None	Ligature	31	5	Recovered	Remains well in 1881.
991	Mr. Townshend	April	—	Single	Parietal and intestinal. Burst cyst	Ligature, both ovaries	...	5	Died, 3rd day	Septicæmia.
992	Mr. Pocklington, Wimbledon	May	61	Married	Parietal and omental	Ligature	40	5	Recovered	Remains well.
993	Dr. Garrett Anderson	May	63	Single	Omental	Ligature	17	5	Recovered	Remains well in 1881.
994	Mr. Frost, Williton	May	49	Married	Omental and intestinal	Ligature	15	5	Died, 19th day	Intestinal obstruction.
995	Mr. W. Adams	May	62	Widow	None	Ligature	20	5	Recovered	Remains well in 1881.
996	Mr. Bubb, Cheltenham	May	29	Single	Omental, intestinal and pelvic	Ligature, both ovaries	...	5	Recovered	Remains well in 1881.
997	Dr. Stephens, Brighton	May	52	Married	Omental and intestinal	Ligature	20	5	Recovered	Remains well in 1881.
998	Mr. Clifton	May	35	Married	Parietal and omental	Ligature	17	5	Recovered	Remains well in 1881.
999	Dr. Whitehead, Manchester	June	46	Widow	Omental and pelvic	Ligature	12	5	Recovered	Remains well.
1000	Dr. Priestley	June	42	Married	Omental and caecal	Ligature	12	5	Recovered	Remains well in 1881.

This table is corrected up to the 16th of September, 1881.