THREE HUNDRED ADDITIONAL
CASES OF COMPLETE OVARIOTOMY
AND
TWENTY CASES OF EXPLORATORY OPERATION.

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ON January 11th, 1881, I had the honour to bring before the Royal Medical and Chirurgical Society¹ a record of 150 cases of complete ovariectomy, with twenty-two other cases of abdominal section. I had previously published thirty-eight complete ovariectomies, twenty-five of them having been presented to this Society in a paper read on May 8th, 1877.²

I now present a farther table of 300 cases of complete ovariectomy, with twenty miscellaneous cases.

In my previous tables I followed closely the plan of those of Sir Spencer Wells, but in the present series I have thought it well to introduce, in addition to the details in former tables, two columns showing the highest temperatures and quickest pulses recorded after operation, with a note of any special treatment required. In order to do this without making the tables too cumbersome, I have omitted the

¹ 'Med. Chir. Trans.,' vol. lxiv, p. 141.

² *Ib.*, vol. lx, p. 297.

column which contained the names of the private medical attendants of the patients. With such full details as are given in the present tables, anyone wishing to identify a case can have no difficulty in doing so, without his name being attached, and the temperatures, pulses, and special treatment are of great practical value, as showing not merely the result in each case, but the amount of disturbance following the operation, and the treatment by which it was met.

As the greater number of the cases required no special treatment, I will briefly describe the general method followed in the absence of special complications.

Each patient is nursed by a single nurse, who takes entire charge night and day. The patient is placed upon her back in bed with the head and shoulders well supported by an inclined plane of pillows, and the knees raised and supported by a firm pillow placed under them. This position is maintained for a fortnight, *i.e.* until the patient gets up on to the couch; after this she is allowed to lie on her side, or in any position which she prefers. The temperature is taken in the vagina for the first twenty-four hours at frequent intervals, afterwards at gradually lengthened intervals in the axilla; the pulse is also noted from time to time by the nurse, and by myself at the visits. As soon as the patient is sufficiently recovered from the chloroform to feel pain, twenty minims of laudanum, in an ounce of tepid water, are injected into the rectum. If two or three such doses are necessary they are given at short intervals. Clear beef-tea, made without salt, is injected into the rectum, three ounces every three hours, till sufficient nourishment can be taken by the mouth; and to every other of these injections twenty minims of laudanum are added for the first few days; quinine, wine, or other medicines being given in the same way if required. A little cracked ice, sips of warm water, or of plain soda-water, according to the fancy of the patient, are allowed during the first twenty-four hours, or until any sickness which may be present has ceased, and then milk and soda-

water, small quantities of bread and milk, or of clear beef-tea, at frequent intervals, till the patient can take more solid food, such as boiled sole, chicken, &c.

The abdominal wound, when the drainage-tube is not used, is first dressed at the end of the week, and the sutures removed; a small narrow dressing of dry carbolic gauze is then applied, and the abdomen, as immediately after the operation, is again well supported by adhesive straps. If drainage be necessary the glass tube is cleared under the spray every twelve hours, till it is removed, the india-rubber sheet and sponge dressing introduced by Keith being used under the gauze dressing.

In my last paper I gave tables and particulars of a number of other abdominal sections, and I give in the present paper a detailed table of twenty cases of exploratory operations in which the diagnosis was "probably ovarian tumour;" but the number of abdominal operations has so increased that it would only cause confusion if one attempted to deal in the same paper with all the different cases, and hysterectomy, oöphorectomy in its various applications, nephrectomy, hepato-fomy, splenectomy, &c., will form the subject of separate papers, to be brought before this or some of the sister societies.

The tables contain such a mass of facts that it will not be either necessary or possible to refer to all or most of them, but I shall follow, as nearly as I think advisable, the lines of my previous papers, and dwell especially upon the fatal cases, as we learn, or should learn, more from our failures than from our successes; and it is too much the fashion to make it appear that failures are so rare that they are not worth special record.

All these operations have been performed with full anti-septic precautions, and I am not prepared to alter my method; nor have I as yet seen any full and trustworthy evidence that I should benefit my patients by so doing. I cannot claim to have banished septic fatalities in the whole series, and probably no system will ever quite attain such perfection. How much care will do in this direction

is, however, shown by the fact that my work at the Samaritan Hospital has yielded one consecutive series of one hundred complete ovariectomies without a death from septicæmia, and with the more healthy surroundings of the new hospital, which we hope soon to build, such pleasant experience will doubtless recur.

There are twenty-one deaths in the 300 ovariectomies, or a mortality of 7 per cent., not quite what I had hoped to reach, but still a result of which I shall not pretend to be ashamed, especially when I remember that in a similar series of 300 ovariectomies published in the 'Transactions' of this Society by Sir Spencer Wells in 1877, the mortality was 25·66 per cent., and that in 1881, when the 'Transactions' contain tables of 512 ovariectomies performed by Sir Spencer Wells, Dr. Bantock and myself, the average mortality of the whole series is still 13·28 per cent., or nearly double that of my present series.

The most recent publication of any large number of cases is that of Mr. Lawson Tait.¹ He gives 405 ovariectomies with thirty-three deaths, a mortality of 8·15 per cent.

In my 150 cases published in 1881, and included in the 512 cases just alluded to, the mortality was 10 per cent.

In the first 150 of the present series, it is 7·33 per cent., and in the second 150 it is 6·66 per cent.

The decrease in the mortality becomes smaller with each 150 cases, and it must be so until the minimum is reached. I only trust that in each future 150 cases a fractional improvement may still be found.

In 106 of the 300 cases there were no adhesions, and in eighteen others the adhesions were only slight; but in the large proportion of 176 cases the adhesions were extensive, and in these all the mortality occurs.

Forty-two were operated upon in private houses, forty-eight in nursing homes, and the remaining 210 in the Samaritan Hospital.

In the former series, all the cases operated upon at their

¹ 'Medical Press and Circular,' vol. i, 1885, pp. 65, 89.

own homes, or in nursing homes, recovered, but in this series the mortality is relatively high in the cases operated upon at homes, for reasons which will become apparent when I deal with the details of the fatal cases. There are certain advantages and certain disadvantages in operating in private houses, and these, in a long series of cases, seem nearly to balance the more obvious disadvantages of operating in the hospital. In the whole of my practice the mortality is very nearly the same in private houses, private nursing homes, and hospitals.

A glance down the columns headed respectively "age" and "condition of the patient," will show that these have little or no influence on the mortality, but I retain them in the tables because of their other very obvious interest. An additional column, which I did not mention when speaking of the alterations, is that which contains the record of the side upon which the tumour grew. When both ovaries were removed the letter L. or R. in brackets denotes the side which appeared to be first diseased.

In my previous paper the removal of both ovaries seemed a far more fatal procedure than the removal of one, but here again we see how necessary it is to have large numbers of cases to deal with before attempting to settle questions of this kind, for the mortality in the present cases is nearly equal.

The weight of the tumour does not, in the majority of cases, influence the result, but with the very large tumours the mortality is high, chiefly, I believe, because they have been long carried by the patient; and as a consequence important organs, especially the kidneys, have suffered, and are less able to perform their functions after operation.

In examining the column which records the highest point of reactionary temperature it must be remembered that in nearly all the cases this is a mere single record, so that, if seen on a chart, it would represent the highest peak of the mountain range, the lines sloping away gradually on each side of it; not forming, as in some other diseases, a succession of peaks on succeeding evenings, all

of, or about, the same height. It must also be remembered that the temperatures on the evening of operation are taken in the vagina, and that at this time the vaginal temperature is nearly always, in these cases, a degree or more above the axillary temperature. This must be borne in mind, in comparing the highest temperatures reached on the operation evening with those on succeeding evenings. Allowing for this, I find that the highest point is reached on the evening of the day after operation in 129 cases, on the operation evening in 93 cases; on the evening of the second day in 35 cases; on the evening of the third day in 9 cases; on the evenings of the fourth and fifth days in 4 cases each, and in single cases it is not reached till the sixth, seventh, eighth, thirteenth, and fifteenth evenings. Thus, excluding two or three exceptional cases, all those that recover have established convalescence within the week, and considerably over two thirds within forty-eight hours of the operation. While pointing to these remarkable facts, I must add the caution, that it is unwise to let the patient or the nurse think that convalescence is established; liberties taken under such circumstances are the chief cause of the few exceptional delays named above.

Wunderlich, in his standard work on 'Medical Thermometry,' has given the following as the limits of the states of health, fever, hyperpyrexia, &c.

B. Normal or almost normal temperatures.

- a. Subnormal, 96.8° to 97.7° .
- b. Really normal, 97.88° to 99.12° .
- c. Sub-febrile, 99.5° to 100.4° .

One hundred and thirty-six of the two hundred and seventy-nine recoveries fall within these limits, and recover without fever.

C. Febrile temperatures.

- a. Slight febrile action, 100.4° to 101.12° .
- b. Moderate degree of fever, 101.12° to 103.1° .
- c. Considerable fever, 103.1° to 104° .
- d. High fever, up to 105° .

Forty-five cases then have slight febrile reaction; eighty-

three cases have a moderate degree of fever ; ten have considerable fever ; four have high fever ; and only one hyperpyrexia.

I have appended to the tables a careful abstract of the temperature columns, which shows at a glance the number of cases reaching their highest at each two tenths of a degree.

Passing now to the column for special treatment, and specially interesting features in the cases, we find that in about twenty-five cases some cooling method was adopted ; either pounded ice tied up in a piece of mackintosh and applied to the head, or the coil ice-water cap, which I had the honour to bring to the notice of the Society with the record of my first twenty ovariectomies ;¹ or a partial or complete cold pack. There is one case of abnormally low temperature with complete recovery ; and there are a few cases of abnormally rapid pulse, *i. e.* of a pulse altogether out of proportion to the temperature. There are also a few cases in which chest complications, such as bronchitis, broncho-pneumonia, &c., are responsible for unusual elevations of temperature.

By far the commonest causes of any rise above the sub-febrile temperatures are the on-coming of metrostaxis or menstruation, and the curious eruption of sudamina known as "the sweat rash ;" this is directly responsible for the only case of hyperpyrexia in the series, No. 196 in the Tables. Either condition will often give rise to decided elevation of temperature, and if they happen to be combined in the same patient the fever may run high, then the metrostaxis is checked, and more serious complications may arise.

I have used the drainage-tube very little, but am certain that in some cases it is valuable, and I am inclined to think, from recent experience, that had I used it a little oftener the temperatures would have been lower in some

¹ "Twenty-five Cases of Ovariectomy, with remarks on the Causes and Treatment of the Fever so frequently following the operation," 'Med. Chir. Trans.,' vol. lx, 1877.

of the severe cases. It is a most difficult matter to decide when to use it and when not to do so. I shall refer to this matter again in speaking of the fatal cases.

Passing now to the consideration of the column which deals with the after-history of the patients, one is at once struck with some very important facts.

Thus, all but two of the patients from whom I have removed sarcomatous ovarian tumours have died within or near the year, with recurrence, or are now in a hopeless condition. The two exceptions are both married women, have both borne children since, and have both survived the operation long enough to make me hope that they are not going to have any recurrence.

The saddest fact brought out in this column is the number of patients that sooner or later succumb to malignant disease, in one form or another, or with some mysterious undiagnosed ailment which makes one suspect malignant disease.

I believe that the vast majority of these recurrent growths are sarcomata. I have only seen one undoubted case of solid cancer of the ovary, No. 229. Some of the papillomata very closely resemble the epitheliomata and cylindrical cancers, but the recurrent tumours seem generally to be sarcomata. With the abundant material at hand there is a fine field open to the pathologist in the study of these ovarian tumours and the recurrent growths which follow their removal, especially if it be worked side by side with the development of the ovary and its contained follicles and ova. I have myself worked in it sufficiently, when I had more leisure, to make me quite sure that no one has as yet got upon the right track for thoroughly mastering the histology and pathology of the ovary.

Anyone looking down the columns of "subsequent history," will see how many cases have died of recurrent sarcoma, and how many in which the tumour removed has been to all appearance of the ordinary innocent type have died of peritoneal cancer. I have used this term because

it is the one in common use for describing these cases, but I do it under protest, and with the full belief that it means peritoneal sarcoma.

The question naturally arises, can nothing be done to lessen this terrible after mortality from malignant disease? I reply, much can be done when the profession is made thoroughly alive to the dangers of tapping ovarian and parovarian or broad ligament cysts. As long as this pernicious and unscientific practice receives encouragement from authority, and in high places, so long will the most brilliant successes of the ovariologist be clouded by this sad subsequent death-roll.

Tapping is directly responsible for most of the recurrences, and not infrequently the tapping puncture is one of the earliest seats of the new disease, while the ovariectomy scar remains healthy. The reason is not far to seek. It is impossible for anyone, however skilful, to tap without some escape of the small infective cells into the peritoneum, or among the tissues of the tapping puncture. On the other hand, an operator of average skill can, in the great majority of cases, remove an ovarian tumour without any fouling of peritoneum or wound, and if any small escape does take place it is at once sponged away, while after tapping it remains absolutely undisturbed.

Another fruitful cause of infection is the rupture of cysts into the peritoneum. This accident may arise in many different ways. Papilloma will grow through the cyst wall and cause an opening. Vessels may block from inflammation, and the starved part of the cyst wall will then give way; direct violence may cause a split in the cyst wall; twisting of the pedicle may cause extreme distension and rupture, &c.; but in whatever way the accident happens it is a serious disaster for the patient, for from that moment we cannot say, however successful may be a subsequent ovariectomy, that she will remain free from recurrent disease. The only way to render these accidents less common is to make early ovariectomy the rule.

I would sum up this matter by saying, never tap, and, given an ovarian tumour distinctly to be diagnosed, perform ovariectomy without delay.

After histories also give very important information, as to the effect of the removal of both ovaries on menstruation; but this is a subject too large to treat here, and will require a special paper to deal adequately with it.

I have given a very full table of the incomplete and exploratory operations, and explanatory remarks at the end of the table, so that it will not be necessary for me to refer to them separately; but I would call attention to the fact that all but one of the incomplete ovariectomies were rendered so by the infiltrations of malignant disease; that all the immediate deaths were in these malignant cases; that the subsequent deaths were due to the progressive advance of such disease; and that the non-malignant cases all did well.

I will now briefly allude to the causes of death in the fatal cases, not taking them quite in numerical order, but grouping them together under the following heads.

Septicæmia.

CASE 191.—The septic mischief was, I believe, derived from a dilated and cystic Fallopian tube, the symptoms came on early, as they generally do in well-marked cases of septicæmia (*i. e.* they are not well-doing cases from the first). She seemed, however, to have fought through it, and to be on the way to recovery, when suddenly her right parotid gland swelled and became very painful, her temperature rose again, and in twelve hours she was dead. This is one of the cases in which it is possible that drainage might have been useful, but I think it is very doubtful; my notion being that the ligatures were infected by passing through the cystic tube, and that the pedicle sloughed from the putridity spreading into the distal part.

CASE 471.—The last death in the series I will take next, because it has the common feature of suppuration of parotid glands. It was a case of ruptured, semi-solid tumour, with an immense quantity of ascitic fluid and chronic peritonitis. The patient had septicæmic symptoms before I operated, dark vomit having been troublesome, with a feeble-running pulse. She did badly from the first, and died with suppuration of both parotid glands, death coming rather suddenly at last, with rapid rise of temperature as in the previous case. I doubt if anything but earlier operation would have altered the result.

CASE 204 was another one due to rupture of a degenerating semi-solid tumour into the peritoneum, in a feeble elderly woman; and I think, from watching her condition, that the use of the drainage-tube might possibly have saved her.

CASE 428 was a clear case of septicæmia, and I am equally clear that I ought to have used the drainage-tube. There was a quantity of broken-down lymph and clot in the pelvis, and it was very fœtid. I did not put in a tube because everything seemed so dry and clean after sponging out. I am certain, however, that in every case in which fœtor is present, the wise course is to use the tube.

These septicæmic cases must be considered as among the preventible fatalities, and I will take next another group belonging to the same class.

Hæmorrhage.

CASE 304.—A simple ovariectomy, complicated by the removal of a small, unhealthy, adherent ovary from the opposite side. This had to be regularly scraped out, and there was free oozing at the time from a largish surface. I did not see the patient after the operation, but she died in twenty-nine hours with symptoms which would have led me to reopen the wound and look for hæmorrhage, had I been sent for.

CASE 396 died from exhaustion some days after a very severe hæmorrhage. I opened the abdomen and found that the inner loop of the transfixing ligatures had slipped (the only time I have ever seen this accident happen, it being always the outer loop which is the danger); the hæmorrhage was easily stopped, but she had lost an enormous quantity of blood and never rallied.

CASE 401 was also a new experience in the matter of hæmorrhage. It was a case in which a very difficult double enucleation was performed, and the oozing was very free and difficult to check at the time; but when I closed the abdomen I thought that all was safe. Symptoms of hæmorrhage, however, appeared, and I re-opened the wound, and then found it absolutely impossible to check the hæmorrhage that was going on from a very large surface.

Diarrhœa and exhaustion.

I think the only fatal case which I should consider really preventible, was one which died from the exhaustion of diarrhœa.

CASE 438 was practically convalescent, but had slight looseness of the bowels, which I did not consider sufficiently, and she was moved into the convalescent ward at the week's end as usual. In the night diarrhœa became very violent, and the nurse, a new hand, did not attempt to check it, or seek any help, and at the morning visit I found the patient blue, cold, and collapsed, and she died in a few hours.

Shock.

CASES 200 and 353 were both due to shock, both were ruptured dermoids, and both were, I think, hopeless under any conceivable management. The former was barely placed in bed alive, and the latter only lived a few hours.

Exhaustion from malignant disease.

CASES 229 and 283 were both due to cancer. The former, the only case of true cancer of the ovary I have ever seen, was really an incomplete operation, for I had regularly to carve the sigmoid flexure, and a coil of small intestine, out of the mass, and of course the disease was not completely removed. The patient, a child of fifteen, never rallied, though she lingered on for a few days. The latter was a simple enough ovariectomy, but the patient had also extensive cancer of both stomach and sigmoid flexure, and could not assimilate food either by the stomach or the rectum, and literally died of starvation.

Exhaustion.

CASES 427 and 455 also died of exhaustion, the latter after the enucleation of two malignant papillomatous cysts from the pelvis, one of which had been tapped and drained before I operated, and the patient had been long bedridden. The former was a feeble, unhealthy woman, with a ruptured cyst and chronic peritonitis, and she never showed any rallying powers.

Suppression of urine (Chronic Bright's disease).

CASE 217 had an enormous tumour weighing eighty-eight pounds, which had been slow in growing, and had contracted very extensive and firm adhesions. Suppression of urine followed quickly upon the operation, and the post-mortem revealed very advanced granular disease of both kidneys.

Tetanus.

CASE 231 had a ruptured cyst, and the peritoneum was tapped before I saw her. After this tapping she had a

slight threatening of tetanus. I went into the country several weeks later, and performed ovariectomy, and tetanus carried her off on the sixth day after operation. This is the only case of the disease I have ever had in my practice, and it is worthy of note that it occurred in cold, windy weather in the spring, when tetanus was apparently rife, for there were notices of several cases in the journals at the time. The paroxysms in my patient were first started by a violent gust of wind, and recurred every time the house was shaken by the wind.

Abscess in pedicle stump.

CASE 254 was that of a young woman with a solid sarcoma of the left ovary, the disease penetrated so deeply into the broad ligament, that I had to tie my ligatures in sarcomatous tissue. She did well at first, then got very high temperature, for which we could find no cause, and literally died of fever without any other bad symptoms. The post-mortem revealed a small slough and confined abscess in the pedicle. She was probably saved the worse fate of a lingering death from recurrent sarcoma.

Obstruction of intestines.

CASES 276 and 371 died of obstruction, the former acute from infective peritonitis, and the latter worn out by chronic obstruction, which never seemed bad enough to justify reopening the abdomen, till she was too exhausted to give one any chance of doing so with success. It is always a subject of wonder to me that more cases do not die of obstruction while carrying these great adherent tumours, and after their removal.

Peritonitis.

CASE 291 was one of acute torsion of the pedicle, with general effusion of blood into the tumour and broad ligament. At the time I was allowed to operate, acute peritonitis had set in, and she was very feeble from the hæmorrhage; the operation was a forlorn hope, and she never rallied.

Embolism.

CASE 370 was a case of sudden death from embolism. The patient was so well, and had been so well all through that I had allowed her husband to leave town; she woke in the night, chatted and laughed with the nurse, and fell back dead. No post-mortem was allowed, but it was a clear case of sudden movement of clot.

I am afraid that these brief notes of failure may seem tedious, but when read with the other details of the cases given in the tables, they are full of useful suggestions as to the possibility and impossibility of avoiding like misfortunes in the future. I can truly say, that I never go over my case-books without getting useful hints for practice, and food for thought. Frequently a direct reference to my tables, when in difficulty and doubt, helps the treatment or prognosis of a similar case.

All the tables have been compiled as my operations were done, and all have been very frequently revised, but it is possible that there may be some errors. If any of those who have sent me cases can find any errors I shall be grateful if they will point them out.

An analysis of the temperature columns gives the following results :

Temp.	1st 100.	2nd 100.	3rd 100.	Totals.	Cases.
98·6 ...	1 ...	0 ...	1 ...	2 }	99·0 or under 11.
99·0 ...	3 ...	2 ...	4 ...	9 }	
99·2 ..	4 ...	3 ...	7 ...	14 }	
99·4 ...	4 ...	6 ...	0 ...	10 }	
99·6 ...	4 ...	4 ...	9 ...	17 }	100·0 „ 81.
99·8 ...	5 ...	5 ...	6 ...	16 }	
100·0 ...	9 ...	4 ...	11 ...	24 }	
100·2 ...	7 ...	9 ...	6 ...	22 }	
100·4 ...	5 ...	14 ...	3 ...	22 }	101·0 or under 89.
100·6 ...	3 ...	8 ...	9 ...	20 }	
100·8 ...	4 ...	2 ...	1 ...	7 }	
101·0 ...	7 ...	5 ...	6 ...	18 }	
101·2 ...	1 ...	5 ...	5 ...	11 }	102·0 „ 52.
101·4 ...	4 ...	2 ...	4 ...	10 }	
101·6 ...	3 ...	5 ...	5 ...	13 }	
101·8 ...	4 ...	3 ...	3 ...	10 }	
102·0 ...	2 ...	4 ...	2 ...	8 }	103·0 „ 31.
102·2 ...	3 ...	2 ...	4 ...	9 }	
102·4 ...	4 ...	1 ...	3 ...	8 }	
102·6 ...	1 ...	4 ...	0 ...	5 }	
102·8 ...	2 ...	0 ...	2 ...	4 }	104·0 „ 10.
103·0 ...	2 ...	3 ...	0 ...	5 }	
103·2 ...	0 ...	0 ...	0 ...	0 }	
103·4 ...	1 ...	0 ...	1 ...	2 }	
103·6 ...	1 ...	1 ...	1 ...	3 }	105·0 „ 5.
103·8 ...	0 ...	1 ...	0 ...	1 }	
104·0 ...	4 ...	0 ...	0 ...	4 }	
104·2 ...	0 ...	1 ...	0 ...	1 }	
104·4 ...	1 ...	0 ...	0 ...	1 }	Exceptional.
104·6 ...	1 ...	0 ...	0 ...	1 }	
104·8 ...	0 ...	1 ...	0 ...	1 }	
105·0 ...	0 ...	0 ...	0 ...	0 }	
106·2 ...	1 ...	0 ...	0 ...	1 }	
Totals ...	91 ...	95 ...	93 ...	279	Recoveries.

Day after operation at which highest temperature is reached.

Operation evening	...	...	93 cases.
1st „ ...	...	...	129 „
2nd „ ...	...	...	35 „
3rd „ ...	...	...	9 „
4th and 5th evening, each	...	...	4 „
6th, 7th, and 8th „ „	...	...	1 „
13th and 15th „ „	...	...	1 „

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' New Series, vol. ii, p. 139.)

Three Hundred additional Complete Ovariectomies.

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in series.
189	Samar. Hosp.	1880 June	38 M.		Ins. 6	Parietal, omental, and vesical	Left	Ligatures	lbs. 42	102.0 o. z.	140	Pulse was 112 before operation and remained over 120 for some days. Digitalis	Recovered	Girl born May, 1893. Nat. labour	151
190	Ditto	June	37 M.		4	Extensive parietal, intestinal, and pelvic	Right	Enuclen. and lig.	8	104.0 z. 1	138	Ice in bladder on head for 3 days	Recovered	—	152
191	Ditto	June	50 M.		4	None.....	Both	Enuclen. cauterly and lig.	9	104.0 m. 4	130	Ice-water cap on till hydro-salpinx of left tube	Died 10th day—pysania	These were the broadest pedicles I ever saw, and I have no doubt the mischief arose from the ligatures passing through a cystic tube	153
192	Ditto	June	37 M.		3½	To opposite tube and uterus	Right	Ligatures	11	101.0 z. 2	100	None	Recovered	Continues well	154
193	Ditto	July	70 M.		3½	None.....	Right	Enuclen. and lig.	13	101.4 z. 1	94	None	Recovered	—	155
194	Ditto	July	35 S.		3½	None.....	Both	Ligatures	17	100.8 z. 1	108	None	Recovered	Continues well. Has not menstruated	156
195	Ditto	July	18 S.		3½	Intestinal.....	Left	Enuclen. and lig.	10	102.6 m. 1	134	Ice-water cap 4 days	Recovered	Continues well	157
196	Ditto	July	38 M.		4	Parietal and omental	Both (z.)	Ligatures	30	106.3 m. 3	120	Ice-pack arms and legs for 4 hours	Recovered	Hypertrexia was very sudden, and was relieved due to immense crop of sudamina coming out suddenly in very fat patient. Well	158
197	Nursing Home	July	40 S.		4	General from twisted pedicle	Left	Ligatures	7	100.2 z. 1	96	None	Recovered	Continues well	159
198	Private house	July	— M.		4	Omental	Left	Ligatures	15	100.0 o. z.	96	None	Recovered	Child born. Nat. labour	160

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickening pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
199	Samar. Hosp.	1880 July	28 M.	4	Ins.	Ruptured cyst, omental, chronic peritonitis	Left	Ligatures	lbs. 11	101.0 z. 1	104	None	Recovered	Boy born January 19th, 1882. Nat. labour	161
200	Private house	July	61 W.	6		Universal adhesions from twisted pedicle, general purulent peritonitis	Left dermoid	Ligatures	10	—	—	None	Died	Shock soon after being placed in bed	162
201	Samar. Hosp.	July	31 S.	4		None	Left dermoid	Ligatures	80	100.4 z. 1	80	None	Recovered	Just going to be married	163
202	Ditto	Oct.	63 M.	4		Extensive parietal and omental	Left	Ligatures	28	102.8 z. 5	104	None	Recovered	Rise of temperature due to sweat rash. Continues well	164
203	Ditto	Oct.	39 M.	3		None	Left	Ligatures	16	102.4 z. 3	120	None	Recovered	The temperature in this case also coincided with eruption of autumn skin and at once subsided. Has not menstruated since operation.	165
204	Ditto	Oct.	61 M.	6		Extensive parietal and omental	Left	Ligatures	33	103.6 z. 4	120	Quinine freely used	Died 5th day	Septicæmia. Cyst ruptured into peritoneum during removal	166
205	Nursing Home	Oct.	28 S.	3		None	Right	Ligatures	7	100.0 z. 1	100	None	Recovered	Continues well	167
206	Samar. Hosp.	Oct.	64 S.	3		Parietal	Right	Ligatures	14	103.4 z. 1	108	Had broncho-pneumonia for which Dr. Day treated her	Recovered	Continues well	168
207	Ditto	Oct.	31 M.	4		None	Right	Ligatures	18	100.2 z. 1	100	None	Recovered	Continues well	169
208	Ditto	Oct.	52 M.	6		None	Left	Ligatures	27	100.8 z. 1	108	None	Recovered	Continues well	170
209	Ditto	Oct.	35 M.	4		None; ruptured cyst with chronic peritonitis	Both	Ligatures	184	99.6 z. 1	98	None	Recovered	Continues well	171
210	Ditto	Nov.	27 S.	4		None	Both (L.)	Ligatures	29	100.6 z. 1	108	None	Recovered	Continues well and has not menstruated	172
211	Ditto	Nov.	39 M.	5		Vascular parietal	Right	Ligatures	28	104.0 z. 4	112	Partial cold pack	Recovered	Case read before Clinical Society. Remains in perfect health	173
212	Nursing Home	Nov.	24 S.	4		None	Left	Ligatures	11	100.4 z. 1	104	None	Recovered	Continues well	174
213	Samar. Hosp.	Nov.	35 S.	4		None	Left	Ligatures	52	101.4 z. 3	80	None	Recovered	Died of cancer in abdominal scar, Dec., 1881. Had been tapped before operation, fluid draining away for some time from puncture	175

214	Ditto	Nov.	32 M.	4	Parietal, omental, and pelvic	Left	Enucle. and lig.	32	102.3 o. z.	120	None	Recovered	Continues well	176	
215	Ditto	Nov.	20 M.	4	None	Left	Ligatures	17	100.8 m. l	120	None	Recovered	Boy Jan. 24, 1882, natural labour. Had no children before operation	177	
216	Nursing Home	Nov.	54 M.	5	Parietal, omental, and intestinal	Left	Ligatures	30	102.0 o. z.	96	None	Recovered	Continues well	178	
217	Samar. Hosp.	Nov.	35 S.	7	Parietal, intestinal, and omental	Left	Ligatures	88	106.6 z. l	132	Partial pack	Died 73 hours	Chronic Bright's disease. Complete suppression of urine	179	
218	Ditto	Dec.	19 S.	4	Parietal and omental	Right	Ligatures	19	102.0 z. z	113	None	Recovered	Continues well	180	
219	Ditto	Dec.	48 S.	4	Parietal	Left	Ligatures	70	104.0 m. z	130	Ice-water cap	Recovered	Continues well	181	
220	Ditto	1881	Jan.	55 M.	4	Opposite ovary and tube	Left	Ligatures	12	100.4 o. z.	84	None	Recovered	Continues well	182
221	Ditto	Jan.	49 M.	4	Extensive parietal	Right	Ligatures	19	104.0 z. l	136	Ice-water cap	Recovered	There was a nasty suppuration tapping puncture open into peritoneum at time of operation	183	
222	Ditto	Feb.	41 M.	5½	Ruptured cyst, intestinal, intense chronic peritonitis	Left	Ligatures	35	108.6 m. s	124	Ice-water cap	Recovered	Has a girl a year and a half old. Well	184	
223	Ditto	Feb.	49 M.	5½	Parietal, omental, and intestinal	Left	Ligatures	27	100.6 o. z.	96	None	Recovered	Continues well	185	
224	Ditto	Feb.	57 W.	4	Parietal and omental	Right	Ligatures	80	100.4 z. l	108	None	Recovered	Continues well	186	
225	Ditto	March	37 M.	7	Parietal, omental, intestinal, uterine, ovarian, and vesical	Right	Ligatures	50	102.8 z. z	104	Ice-water cap	Recovered	Has a tumour of other ovary	187	
226	Ditto	March	49 M.	3½	None	Both (L.)	Ligatures	12	99.8 z. l	104	None	Recovered	Continues well. Menopause at 46	188	
227	Ditto	March	48 W.	6	Parietal, omental, and mesenteric	Left	Ligatures	37	102.0 o. z.	112	None	Recovered	Continues well	189	
228	Ditto	Mar.	43 M.	3	None	Both (L.)	Ligatures	27	100.8 o. z.	116	None	Recovered	Continues well. Has not menstruated since operation	190	
229	Ditto	Mar.	15 S.	7	Universal cancerous adhesions	Both	Ligatures and cautery	7	106.8	168	Ice-water cap, quindying line, jacket poultices, &c.	Died 48 hours	Exhaustion. Choked with phlegm which she could not expectorate	191	
230	Ditto	Mar.	36 M.	3½	None	Left	Ligatures	20	100.2 o. z.	92	None	Recovered	Continues well	192	
231	Country House	Mar.	53 S.	6	Omental and intestinal, ruptured fundus, ruptured semi-solid tumour	Left	Ligatures	25	100.0 z. s	112	None	Died 6th day	Tetanus. There had been a slight threatening of it after tapping	193	
232	Samar. Hosp.	April	33 M.	4	Omental, transplanted tumour	Both	Ligatures	—	100.8 o. z.	98	None	Recovered	Continues well. Menstruated twice in first nine months, but not since	194	
233	Nursing Home	April	64 M.	4	Ruptured cyst	Left	Enucle. and lig.	19	101.4 z. z	100	None	Recovered	Continues well	195	

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history and general remarks on case.	No. in anti-septic series.
234	Samar. Hosp.	1881 April	26 S.	4	Ins.	Ruptured cyst with chronic peritonitis	Both (L.)	Ligatures	lbs. 17	100·6 o. r.	104	None	Recovered	Has not menstruated since. Married fifteen months	196
235	Private House	April	7 S.	6		Parietal, omental, and intestinal	Left dermoid	Ligatures	4½	102·4 x. 1	140	None	Recovered	Continues well	197
236	Sam. Hosp.	April	47 M.	5		Parietal, omental, intestinal, and pelvic	Left	Ligs., enucleation, and cautery	19	102·2 x. 1	114	None	Recovered	Cysto-sarcoma and sarcoma also removed from omentum and œcenum. Has now recurrence	198
237	Ditto	April	40 S.	4		None	Both (x.)	Enucleation and ligs.	27	100·2 o. r.	96	None	Recovered	Has not menstruated since. Is quite well	199
238	Ditto	May	51 M.	5		Extensive parietal	—	Ligatures	48	101·2 o. r.	98	None	Recovered	Continues well	200
239	Ditto	May	39 W.	4		Parietal and omental	Both (L.)	Ligatures	38	100·8 o. r.	92	None	Recovered	Has not menstruated since operation. Quite well	201
240	Nursing Home	May	64 S.	—		None	Right	Ligatures	15	102·4 x. 1	96	None	Recovered	Is now suffering from scirrhus of breast	202
241	Samar. Hosp.	May	51 M.	4		Ruptured colloid, omental	Right	Ligatures	22	104·6 x. 1	130	Ice-water cap some days	Recovered	Died in December, 1885. Obstruction from malignant disease in pelvis	203
242	Ditto	June	31 M.	3½		Twisted pedicle. None	Right dermoid	Ligatures	10	101·6 x. 1	124	None	Recovered	Continues well	204
243	Ditto	June	48 M.	4		None	Both (x.)	Ligatures	16	100·6 o. r.	92	None	Recovered	Continues well. Has not menstruated	205
244	Ditto	June	41 S.	4		None	Both (L.)	Ligatures	15	101·6 m. 1	82	None	Recovered	Continues well	206
245	Ditto	June	30 M.	3½		None	Left	Ligatures	7	100·6 x. 1	120	None	Recovered	Two children since operation; first was stillborn, second a girl	207
246	Nursing Home	June	27 S.	4		Ruptured colloid, parietal	Left	Ligatures	14	101·0 o. r.	108	None	Recovered	Continues well	208
247	Samar. Hosp.	June	39 M.	4		Omental and intestinal (malignant)	Left dermoid	Ligatures	12	100·0 m. 3	92	None	Recovered	Died of peritoneal cancer, May, 1883	209
248	Ditto	July	26 S.	4		None	Right	Ligatures	44	100·2 x. 1	100	None	Recovered	Married. Girl born February, 1886; natural labour. Continues well	210
249	Ditto	July	19 S.	7		Solid sarcoma	Right	Ligatures	8	103·4 o. r.	116	None	Recovered	Died with sarcoma all over body April 1889	211
250	Ditto	July	48 M.	5		None	Left	Ligatures	45	101·0 o. r.	96	None	Recovered	Died of jaundice (hepatic cancer), March, 1882	212
251	Ditto	July	40 M.	4		Rectal and uterine	Right	Ligs. and enucleation	14½	100·2 x. 1	100	None	Recovered	Continues well	213
252	Ditto	July	40 W.	3		None	Left	Ligatures	5	99·6 o. r.	96	None	Recovered	—	214

253	Ditto	Ang.	50 W.	4	Ruptured cyst; universal	Right	Ligatures	18	104.4 x .1	120	Ice-water cap 6 days	for Recovered	Escape of serum from peritoneum fourth and following days. Died July, 1885, of apoplexy	215
254	Ditto	Oct.	26 S.	7	Universal recent; solid sarcoma	Left	Ligatures	8	107.4 x .9	168	Ice-water cap and cold pack	Died 13th day	Abscess of pelvis	216
255	Ditto	Oct.	31 S.	5	Parietal, omental, intestinal, and pelvic	Right	Ligatures	24	100.2 x .1	120	None	Recovered	Died of cancer of cervix uteri, May, 1882	217
256	Ditto	Oct.	46 S.	5	Parietal and omental	Right	Ligatures	27	101.0 x .2	136	None	Recovered	—	218
257	Private Hosp.	Nov.	63 M.	4	Cecal	Right	Enuclen. and liga.	8	100.0 x .2	84	None	Recovered	Continues well	219
258	Samar. Hosp.	Nov.	43 S.	4	Parietal and pelvic	Both (a.)	Enuclen. and liga.	14	101.8 x .4	120	None	Recovered	Continues well. Menstruated regularly for twelve months	220
259	Ditto	Nov.	26 M.	3½	None	Left	Ligatures	6	100.4 x .6	110	None	Recovered	Continues well	221
260	Ditto	Nov.	43 M.	6	Ruptured colloid; none	Right	Ligatures	28	103.0 x .1	108	Poultices, &c., for bronchitis	Recovered	Continues well	222
261	Nursing Home	Nov.	53 M.	4	Parietal	Both (a.)	Ligatures	18	101.0 x .1	94	None	Recovered	Continues well	223
262	Ditto	Nov.	41 M.	4	None	Left	Ligatures	17	101.6 x .1	88	None	Recovered	Continues well	224
263	Ditto	Nov.	30 S.	4	None	Right	Ligatures	10	100.0 x .1	93	None	Recovered	Continues well	225
264	Samar. Hosp.	Nov.	28 S.	4	Extensive parietal and omental	Both (a.)	Ligatures	46	100.4 x .2	108	None	Recovered	Continues well and has not menstruated	226
265	Ditto	Nov.	40 M.	4	Left entirely twisted off and transplanted on to omentum	Both (l.)	Ligatures	5	101.0 x .1	104	None	Recovered	Continues well and does not menstruate	227
266	Nursing Home	Nov.	40 S.	3½	None	Right	Ligatures	14	103.0 x .2	112	Great crop of sudamina on evening of 2nd day	Recovered	Continues well	228
267	Samar. Hosp.	Dec.	21 S.	6	Parietal, omental, and intestinal	Right	Ligatures	5	100.6 x .1	96	None	Recovered	—	229
268	Ditto	Dec.	39 M.	5	Uterine	Right	Ligatures	12	101.4 x .2	96	Uterus covered with little sub-peritoneal outgrowths	Recovered	Address lost	230
269	Nursing Home	Dec.	26 S.	3½	Fungating melanotic sarcoma, adherent in pelvis, both ruptured	Both	Ligatures	16	101.2 x .2	184	None	Recovered	Died with sarcoma all over body, June, 1883	231
270	Samar. Hosp.	Dec.	46 M.	6	Bladder and right ovary. Solid sarcoma	Both (l.)	Ligatures	10	101.8 x .1	136	None	Recovered	Died with recurrence in pelvic glands, March, 1883	232
271	Ditto	Dec.	39 W.	6	Omental	Right	Enuclen. and liga.	34	100.4 x .2	106	None	Recovered	Recurrent growths in peritoneum, 1886	233
272	Private House	1883	65 W.	4	None	Both (a.)	Ligatures	14	101.8 x .2	88	None	Recovered	Continues well	234
273	Ditto	Jan.	34 S.	3½	None	Right	Ligatures	6	100.4 x .1	106	None	Recovered	Had chronic Bright's disease after scarlet fever at time of operation. Continues well	235

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
274	Samar. Hosp.	1882 Jan.	62 M.		Ina.	Parietal, omental, and pelvic	Both (L.)	Ligatures	lbs. 37	100.2 o. x.	92	Hydro-salpinx of right tube	Recovered	Continues well	236
275	Ditto	Jan.	49 S.		6	Extensive pelvic and omental. Sarcomata	Both	Ligatures	7	100.0 o. x.	100	None	Recovered	Died in King's College Hospital, Nov., 1882. Sarcoma of skull impli- cating brain	237
276	Ditto	Jan.	49 S.		6	Pelvic	Right	Ligatures	11½	102.0 ante mortem	132	—	Died 5th day	Obstruction of intestine due to infective peri- tonitis	238
277	Ditto	Jan.	51 M.		4	None	Right	Ligatures	25	100.2 o. x.	104	None	Recovered	Continues well	239
278	Ditto	Jan.	43 M.		7	Parietal, omental, and pelvic	Both (L.)	Ligatures	41	100.8 x. 3	96	Double hydro-sal- pinx	Recovered	Has not menstruated since operation. Is quite well	240
279	Ditto	Feb.	47 M.		4	Extensive pelvic	Both (L.)	Enucle- and ligs.	5	102.2 x. 1	96	Right hydro-salpinx	Recovered	Died in following August of obstruction	241
280	Ditto	Feb.	49 M.		4	Parietal	Left	Ligatures	20	103.0 x. 3	108	Ice-water cap 36 hours	Recovered	Continues well	242
281	Ditto	Feb.	34 M.		4	Parietal, omental, and infracostal	Right	Ligatures	20	100.0 o. x.	100	None	Recovered	Continues well	243
282	Samar. Hosp.	Feb.	30 M.		6	Parietal, omental, and hepatic	Left	Ligatures	13	101.8 x. 1	112	None	Recovered	—	244
283	Ditto	Feb.	53 M.		4	Malignant adhesions to omentum, intestine, &c.	Both (R.)	Ligatures	17	105.6 ante mortem	128	Cancer of stomach, liver, and rectum	Died in 34 hours	Could not feed either by mouth or rectum	245
284	Ditto	Mar.	38 M.		4	Omental and the two tumours to one another	Both (L.)	Ligatures	17	100.4 x. 1	110	Right hydro-salpinx	Recovered	Continues well and does not menstruate	246
285	Nursing Home	Mar.	32 S.		4	None	Both (R.)	Ligatures	4	102.2 x. 2	96	None	Recovered	Had been tapped many times by vagina and drained, yet there were no adhesions. Has since married and is well	247
286	Ditto	Mar.	44 M.		4	None	Right	Ligatures	5	101.0 x. 2	88	None	Recovered	Continues well	248
287	Samar. Hosp.	Mar.	44 M.		4	Universal from twisted pedicle	Both (L.)	Ligatures	17½	100.8 x. 1	108	None	Recovered	Continues well. Menstru- ation ceased four years before operation and has not returned	249
288	Ditto	Mar.	41 M.		4½	Ditto	Both (R.)	Ligatures	10	101.0 o. x.	120	None	Recovered	Has not menstruated since. Is quite well	250
289	Private House	Mar.	27 S.		4	Ditto	Right dermoid	Ligatures	12	100.4 o. x.	100	None	Recovered	Continues well	251
290	Samar. Hosp.	Mar.	33 M.		5	Ruptured cyst	Both (L.)	Ligatures	35	100.2 x.	112	None	Recovered	Continues well and does not menstruate	252

253	1921	Private House	April	33 S.	4	Acute peritonitis from gangrene of cyst, twisted pedicle	Left	Ligatures	6	102-0 o. z.	136	None	.....	Died in 41 hours	Never really rallied and peritonitis continued acute after operation	253
254	292	Samar. Hosp.	April	43 M.	6	Parietal and omental	Right	Ligatures	43	101-4 o. z.	120	None	.....	Recovered	Continues well	254
255	293	Ditto	April	38 W.	6	Parietal, omental, Both (L.)	Both (L.)	Ligatures	144	101-8 o. z.	88	None	.....	Recovered	Going to be married again	255
256	294	Country House	April	46 S.	4	Extensive papilloma, intestinal, rupture of cyst	Both	Ligatures	10	99-2 z. 1	—	Large omental tumor, removed at the same time	.....	Recovered	Died of peritoneal cancer, December, 1892	256
257	295	Nursing Home	April	31 S.	4	None.....	Both (L.)	Ligatures	3	100-4 z. 1	108	None	.....	Recovered	Continues well. Large fibroid uterus at time of operation, is now atrophic	257
258	296	Samar. Hosp.	April	34 M.	5	Parietal and omental	Left	Ligatures	20	100-8 o. z.	94	None	.....	Recovered	Continues well	258
259	297	Ditto	May	43 S.	5	Right dors. twisted off and transplanted	Both (R.)	Ligatures	5	100-4 z. 2	100	None	.....	Recovered	Died of phthisis some months after return home	259
260	298	Nursing Home	May	49 M.	6	Universal adhesions from rupture of cyst	Left	Ligatures	13	101-4 z. 1	116	None	.....	Recovered	Continues well	260
261	299	Samar. Hosp.	May	50 S.	4	Parietal and pelvic	Left	Ligatures	55	100-8 o. z.	120	None	.....	Recovered	Fibroid also removed from fundus uteri. Continues well	261
262	300	Ditto	May	54 M.	6	None.....	Right	Ligatures	14	99-4	88	None	.....	Recovered	I had previously removed the left ovary, see old tables, Case 68. Continues well	262
263	301	Private House	May	41 S.	4	None.....	Left	Ligatures	12	100-2 o. z.	88	None	.....	Recovered	Continues well	263
264	302	Samar. Hosp.	May	51 S.	4	Large omental hernia dissected out and removed	Left	Ligatures	20	100-2 o. z.	92	None	.....	Recovered	Continues well. Had tumor of right ovary removed by Sir Spencer Wells some years before	264
265	303	Ditto	June	35 M.	4	None.....	Left	Enucleat. and ligs.	7	99-4 z. 1	92	None	.....	Recovered	Continues well	265
266	304	Private House	June	— M.	5	Extensive pelvic (right)	Both (L.)	Ligatures	80	103-2	142	None	.....	Died in 29 hours	I did not see the patient after the operation, but believe there was some internal hemorrhage	266
267	305	Samar. Hosp.	June	66 W.	4	Parietal	Left	Ligatures	14	101-0 o. z.	96	None	.....	Recovered	Continues well	267
268	306	Nursing Home	June	49 M.	4	None.....	Both (L.)	Ligatures	9	101-2 z. 1	88	None	.....	Recovered	Continues well	268
269	307	Samar. Hosp.	June	47 M.	4	None.....	Left	Ligatures	14	100-4 o. z.	84	None	.....	Recovered	Continues well	269
270	308	Ditto	June	52 S.	4	Pelvic	Both (R.)	Ligatures	6	100-2	92	None	.....	Recovered	Continues well	270
271	309	Private House	June	29 M.	3½	None.....	Right	Ligatures	7	99-6	—	None	.....	Recovered	Has had a girl since, natural labour	271
272	310	Samar. Hosp.	June	68 W.	6	Extensive parietal and omental	Right	Ligatures	43½	108-0 z. 3	104	Ice-water cap 3 days	.....	Recovered	Continues well	272

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
311	Samar. Hosp.	1882 July	43 M.	Ins.	3½	Omental ..	Double dermoid (x.)	Ligatures	lbs. 6	100-2 x. 1	96	None	Recovered	Once after birth of child cyst discharged through vagina for some weeks. Continues well and does not menstruate	273
312	Ditto	July	30 M.	3	None	None	Left	Ligatures	lbs. 16	100-4 x. 1	100	None	Recovered	Continues well. Son in July, 1883, natural labour; son, Sept., 1885.	274
313	Ditto	July	31 S.	3	None	None	Right	Ligatures	lbs. 10	99-8 x. 1	100	None	Recovered	Continues well.	275
314	Ditto	July	29 S.	4	None	None	Both (x.)	Ligatures	lbs. 9	101-6 o. x.	88	None	Recovered	Continues well. Has married and does not menstruate	276
315	Ditto	July	37 S.	4	Omental	Omental	Both (L.)	Ligatures	lbs. 30	101-3 o. x.	96	None	Recovered	Continues well and does menstruate	277
316	Ditto	July	49 W.	4	None	None	Left	Ligatures	lbs. 67	100-9 o. x.	100	None	Recovered	Continues well	278
317	Nursing Home	Aug. 41 M.	41 M.	4	Parietal.	Parietal.	Both (L.)	Ligatures	lbs. 21	100-4 x. 1	112	Right hydro-salpinx	Recovered	Continues well. Has not menstruated	279
318	Ditto	Aug. 42 W.	42 W.	4	Omental	Omental	Left	Ligatures	lbs. 22	100-6 x. 1	100	None	Recovered	Continues well	280
319	Ditto	Aug. 41 S.	41 S.	4	Omental	Omental	Both (x.)	Ligatures	lbs. 8	101-0 o. x.	96	None	Recovered	Left ovary removed also because there was a large fibroid of uterus which has quite disappeared. Continues well	281
320	Samar. Hosp.	Oct. 27 S.	37 S.	3½	None.	Intestinal and pelvic	Left	Ligatures	lbs. 12	100-2 x. 2	108	None	Recovered	Continues well. Married	282
321	Ditto	Oct. 33 W.	33 W.	5	vic	vic	Left	Ligatures	lbs. 10	101-2 o. x.	108	None	Recovered	I had previously (Case 52) removed a ruptured cyst of right ovary. Continues well. Has not menstruated since 2nd operation	283
322	Ditto	Oct. 17 S.	17 S.	4	Parietal	Parietal	Left	Ligatures	lbs. 17	100-2 x. 1	116	None	Recovered	Continues well	284
323	Ditto	Nov. 38 M.	38 M.	4	None	None	Both (L.)	Ligatures	lbs. 8	100-4 x. 1	100	None	Recovered	Cannot get an answer as to menstruation; is quite well	285
324	Ditto	Nov. 45 M.	45 M.	5	Universal	from rupture of cyst	Both (L.)	Enucleated and lige.	lbs. 20	100-4 x. 1	92	Right hydro-salpinx	Recovered	Continues well. Menstruates freely	286
325	Ditto	Nov. 39 M.	39 M.	4	Pelvic	Pelvic	Left dermoid	Ligatures	lbs. 33	100-4 x. 2	100	None	Recovered	—	287
326	Ditto	Nov. 48 M.	48 M.	5	Parietal and omental	Parietal and omental	Right	Ligatures	lbs. 20	100-4 x. 1	92	None	Recovered	Continues well	288
327	Ditto	Nov. 35 S.	35 S.	3½	None	None	Right	Ligatures	lbs. 6	101-2 x. 1	120	None	Recovered.	Continues well	289

338	Ditto	Nov.	43 S.	3½	Parietal	Right	Ligatures	154	100-4 o. z.	92	None	Recovered	Continues well	390
339	Country House	Dec.	50 M.	4	None	Left	Ligatures	12	100-0 o. z.	96	None	Recovered	Continues well	391
330	Samar. Hosp.	Jan.	56 M.	5	Ruptured cyst, none	Left	Enculen. and lig.	17	101-2 z. 1	84	None	Recovered	Had also cancer of left breast and axillary glands. I removed these also a few weeks after ovariectomy. Died of cancer, Jan., 1884	392
331	Private House	Jan.	40 S.	4½	Ruptured colloid. None	Both (x.)	Ligatures	5½	101-0 o. z.	96	None	Recovered	Continues well and does not menstruate	393
332	Samar. Hosp.	Jan.	13 S.	6	Twisted pedicle, omental	Right	Ligatures	11	101-4 o. z.	124	None	Recovered	I had operated upon her father's sister for ovarian tumour and Baker Brown on another. I had also operated upon her second cousin on father's side	394
333	Private House	Jan.	28 M.	3½	None	Left	Ligatures	8½	103-6 z. 1	120	Severe feverish cold on at the time of operation	Recovered	Continues well. Has had two children	395
334	Samar. Hosp.	Jan.	34 W.	3½	None	Left	Ligatures	18	101-2 z. 2	108	None	Recovered	Continues well	396
335	Ditto	Feb.	42 M.	4	Universal	Left	Ligatures	42	102-6 z. 1	138	I cut the left ureter and afterwards performed ne-phrectomy	Recovered	Continues well	397
336	Ditto	Feb.	38 M.	4	Parietal	Both (x.)	Ligatures	40	100-6 z. 1	96	None	Recovered	Has not menstruated since operation. Is well	398
337	Ditto	Feb.	50 S.	3½	Small fibroid also removed from uterus	Left	Ligatures	6	101-6 z. 1	96	None	Recovered	Continues well	399
338	Ditto	Mar.	20 S.	7	Parietal and omental	Left	Ligatures	34	101-0 z. 1	112	Right hemiplegia from birth	Recovered	Continues well	300
339	Ditto	Mar.	62 M.	7	Extensive parietal	Right	Ligatures	38½	102-6 z. 2	96	Ice to head	Recovered	Continues well	301
340	Ditto	Mar.	24 M.	4	None	Both (x.)	Ligatures	22	102-0 z. 1	104	None	Recovered	Has not menstruated since operation	302
341	Ditto	April	56 M.	5	Ruptured cyst, extensive omental	Left	Ligatures	21½	99-4 z. 1	92	None	Recovered	Continues well	303
342	Ditto	April	33 M.	8	Twisted pedicle, extensive adhesions	Right	Ligatures	18½	102-2 z. 3	112	None	Recovered	Continues well	304
343	Ditto	April	24 M.	6	Twisted pedicle, universal adhesions	Right	Ligatures	5	101-8 z. 1	160	Pregnant and dangerously ill at time of operation. Girl born 36 hours after and lived 24 hours	Recovered	Is pregnant again	305
344	Nursing Home	April	44 M.	4	None	Right	Ligatures	9	100-6 z. 2	22	None	Recovered	Continues well	306
345	Samar. Hosp.	April	44 M.	4	Transplanted dermoid of left ovary from twisted pedicle	Both (x.)	Ligatures	—	100-4 z. 2	88	Also right hydro-salpinx	Recovered	Died 13 months after re-turn home, probably of malignant disease	307

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
346	Samar. Hosp.	1883 May	27 M.	44	Ina.	Twisted pedicle, pregnant 4 months	Left	Ligatures	8 lbs.	101-0 F. 1	104	—	Recovered	Had a natural labour after-wards at full time	308
347	Ditto	May	43 M.	8		Twisted pedicle, extensive adhesions	Right	Ligatures	9	101-6 F. 1	140	When apparently well had sudden upset with head symptoms from mental worry, and was very ill for some weeks	Recovered	Continues well	309
348	Ditto	May	32 S.	4		Universal	Both (L.)	Ligatures	3	100-8 F. 2	132	—	Recovered	Menstruates regularly with much pain	310
349	Ditto	May	57 S.	6		Parietal, omental, intestinal and hepatic	Right	Ligatures	48	102-6 F. 2	120	Ice-water cap 4 days	Recovered	Continues well	311
350	Ditto	May	48 W.	7		Ruptured cyst	Left	Ligatures	34	101-0 F. 1	96	None	Recovered	Well when last seen	312
351	Ditto	May	29 S.	5		Chronic peritonitis from escape of ovarian fluid after tapping	Both (L.)	Enucleat. and ligs.	8	103-0 F. 5	116	Ice-water cap 48 hours. Right hy-dro-salpinx	Recovered	Menstruates without pain regularly. Is well	313
352	Nursing Home	June	43 M.	5		None	Left	Ligatures	10	102-0 F. 3	106	Suppuration of pe-roid gland	Recovered	Continues well	314
353	France	June	35 S.	8		Ruptured dermoid, universal adhesions	Left	Ligatures	58	103-4 ante mortem	144	—	Died in 24 hours	An utterly hopeless case, sank from exhaustion. Dermoid had ruptured into peritoneum some years previously	315
354	Samar. Hosp.	June	50 W.	5		Parietal, omental, intestinal and to gall-bladder	Right	Ligatures	28	101-8 F. 2	112	None	Recovered	—	316
355	Ditto	June	31 S.	34		None	Right	Ligatures	284	99-8	84	None	Recovered	—	317
356	Ditto	June	29 S.	4		Ruptured cyst, uni-versal adhesions	Right	Ligatures	4	102-6 F. 5	108	None	Recovered	Continues well	318
357	Private House	June	60 W.	4		None	—	Ligatures	21	100-4	100	None	Recovered	Continues well	319
358	Samar. Hosp.	June	35 W.	4		Omental and to other ovary	Both (x.)	Enucleat. and ligs.	94	102-4 F. 4	100	None	Recovered	Has not menstruated since operation. Is well	320
359	Private House	July	53 W.	5		Universal from twisted pedicle	Right	Ligatures	—	103-0 F. 1	120	None	Recovered	Continues well	321
360	Samar. Hosp.	July	28 S.	34		Pelvic	Double dermoid (L.)	Enucleat. and ligs.	11	100-6 O. F. 1	112	None	Recovered	Has not menstruated since operation. Is well	322
361	Ditto	July	23 S.	3		None	Left	Ligatures	20	100-4 F. 1	88	None	Recovered	Continues well	323
362	Nursing Home	July	39 M.	5		None	Right	Enucleat. and ligs.	—	—	—	None	Recovered	Continues well	324

363	Country	July	43 M.	4	Twisted right pelvic; none	Both (x.)	Ligatures	3	99.4 x. 1.	80	Unusually low temp. for some time during convalescence	Recovered	Has not menstruated since. Is well	385
364	Private house	July	44 M.	4	Intestinal and pelvic	Right	Ligatures	5	101.0 x. 1.	88	None	Recovered	Continues well	386
365	Samar. Hosp.	July	37 S.	3	None	Right	Ligatures	14	104.8 x. 2	104	Ice-water cap 44 hours	Recovered	Had septic abscess in abdominal parietes. Patient in opposite ward died of acute septicemia	387
366	Nursing Home	Aug.	34 M.	5	Pelvic	Both (x.)	Enucleated and lig.	8	103.0 x. 7	110	Trouble with first action of bowels.	Recovered	Continues well. Menstruated every 3 weeks at first after operation, freely, now every month scanty	388
367	Samar. Hosp.	Oct.	32 S.	5	None	Both (x.)	Ligatures	26	104.2 x. 15	100	Temp. had been normal for some days, but ran up directly she began to walk	Recovered	Continues well and does not menstruate	389
368	Ditto	Oct.	32 S.	3	None	Left dermoid	Ligatures	13	101.6 x. 1	120	None	Recovered	—	390
369	Ditto	Oct.	34 M.	6	Extensive parietal	Right	Ligatures	69	101.6 x. 1	108	None	Recovered	Continues well	391
370	Nursing Home	Oct.	23 M.	4	None	Both	Ligatures	11	103.0 x. 1	100	Two tumours about equal in size with broad bases	Died 11th day	Had been going on perfectly well and died suddenly while talking to her nurse. No P.M.	392
371	Private house	Oct.	35 M.	6	Universal with old pelvic inflammation	Right	Ligatures	5	100.6	96	Tried everything except reopening abdomen	Died 14th day	Chronic obstruction of intestine. Never complete, but wore her out. No P.M.	393
372	Samar. Hosp.	Oct.	45 S.	4	None	Left	Ligatures	14	100.2 x. 3	84	None	Recovered	Continues well	394
373	Private house	Oct.	34 v.	3	None	Right	Ligatures	6	100.6 x. 1	100	None	Recovered	Continues well	395
374	Samar. Hosp.	Oct.	38 M.	5	Omental, intestinal, and pelvic	Both (x.)	Ligatures	9	101.4 x. 1	120	Tumour had ruptured 5 or 6 times into peritoneum	Recovered	Has menstruated once. Is quite well	396
375	Nursing Home	Nov.	28 S.	3	None	Left	Ligatures	11	101.8 x. 1	104	None	Recovered	Continues well	397
376	Samar. Hosp.	Nov.	33 S.	5	None	Both	Ligatures	2	101.2 x. 1	100	Double hydro-salpinx	Recovered	Menstruates	398
377	Samar. Hosp.	Nov.	62 S.	4	None	Double der. (x.)	Ligatures	6	101.6	96	None	Recovered	—	399
378	Ditto	Nov.	44 M.	4	Universal adhesions, probably malignant.	Left	Ligatures	5	100.8 x. 1	132	None	Recovered	Continues well, March, 1886	340
379	Ditto	Dec.	56 M.	4	Omental	Left	Ligatures	20	100.6 o. x.	88	None	Recovered	Continues well	341
380	Nursing Home	Dec.	33 S.	3	None	Both (x.)	Ligatures	9	103.0 x. 3	108	Was insane for a time after return home.	Recovered	Continues well and has not menstruated	342
381	Private house	Dec.	63 M.	4	Omental, intestinal, and uterine	Left	Ligatures	30	101.0	92	None	Recovered	Continues well	343
382	Samar. Hosp.	Dec.	26 M.	8	Cysto-sarcoma, chiefly solid. Omental	Right	Ligatures	21	105.2 x. 5	124	Ice-water cap 3 days	Recovered	Continues well	344

No.	Place of operation.	Date of operation.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
383	Nursing Home	1883 Dec.	Ins.	6	Parietal, omental, and intestinal ...	Right	Ligatures	39 lbs.	100-4 E. 1	92	None	Recovered	Continues well	345
384	Samar. Hosp.	1884 Jan.	36 W.	5	Universal from twisted pedicle	Left	Enucleat. and liga.	7	103-8 E. 1	140	A very sharp attack of bronchitis; ice-water cap 80 hours	Recovered	Continues well	346
385	Ditto	Jan.	39 M.	3½	Twisted pedicle, none	Left	Ligatures	3	101-0 E. 1	96	None	Recovered	Continues well	347
386	Ditto	Jan.	42 S.	3	Pelvic	Both (a.)	Ligatures	15½	100-6 O. E.	120	None	Recovered	Continues well	348
387	Ditto	Jan.	30 M.	3½	Omental and pelvic	Right	Ligatures	7	100-6 M. 1.	96	None	Recovered	Continues well	349
388	Ditto	Feb.	57 S.	6	Pelvic	Both (a.)	Ligatures	17	100-2 M. 1.	88	None	Recovered	Continues well	350
389	Nursing Home	Feb.	58 S.	4	Parietal and omental	Right	Ligatures	28	100-6 E. 1	108	Large fibroid uterus	Recovered	Continues well	351
390	Samar. Hosp.	Feb.	44 M.	2½	Parietal and omental	Right	Ligatures	37	99-8	84	None	Recovered	Continues well	352
391	Nursing Home	Feb.	53 M.	4	Extensive parietal, right pedicle	Both	Ligatures	18½	101-4 E. 1	104	Patient was insane for 3 weeks after operation	Recovered	Continues well	353
392	Private House	Feb.	27 S.	4	Ruptured cyst from twist of pedicle	Right	Ligatures	12	100-2 O. E.	80	None	Recovered	Continues well	354
393	Nursing Home	Feb.	—	6	Twisted pedicle, omental, intestinal, &c.	Right	Ligatures	10	101-0 O. E.	100	None	Recovered	Had narrow escape from obstruction of intestines some months after operation. Second and fatal attack Nov., 1885	355
394	Samar. Hosp.	Mar.	47 M.	4	Twisted pedicle, parietal, omental, &c.	Right	Ligatures	7	100-6 E. 1	108	—	Recovered	Continues well	356
395	Ditto	Mar.	47 M.	4	Uterine, caecal, &c.	Right	Ligatures	28	102-4 13th day	104	Rise of temp. due to trouble with action of bowels	Recovered	Continues well	357
396	Ditto	Mar.	46 M.	5	Extensive parietal	Right	Ligatures	12	103-2	144	Temp. and pulse after reopening wound	Died 5th day	Inner loop of ligatures slipped. Wound re-opened	358
397	Private House	Mar.	58 M.	6	Omental and intestinal	Right	Enucleat. and liga.	31-	101-0 O. E.	96	—	Recovered	Continues well	359
398	Samar. Hosp.	Mar.	46 W.	3½	None	Right	Ligatures	9	102-0 O. E.	76	—	Recovered	Continues well	360
399	Ditto	April	53 M.	6	Parietal, intestinal, and pelvic	Right	Ligatures	26	100-0 M. 1	92	Uterus enlarged and soft	Recovered	Continues well	361

400	Ditto	April	31 M.	3½	Parietal and omental	Left	Ligatures	27	101-2 x. 2	96	Intestine pricked during transition of pedicle, closed by fine silk peritoneal suture. The only time this accident has ever happened to me	Recovered	Stillborn boy at term. September 17th, 1885. Is well	362
401	Samar. Hosp.	April	35 M.	4	Omental, intestinal, and pelvic	Both	Enucleated and lig.	—	103-8 ante mortem	—	Could not stop genital oozing in pelvis	Died 10½ hours	Opened abdomen 6 hours after operation, but entirely failed to stop the oozing	363
402	Ditto	April	30 S.	3½	None	Left	Ligatures	12½	100-6 o. x. 120	None	None	Recovered	Continues well	364
403	Ditto	April	35 M.	3	Parietal and pelvic	Left	Ligatures	11	100-6 o. x. 100	None	None	Recovered	Continues well	365
404	Nursing Home	May	71 S.	6	General papillomatous	Both	Enucleated and lig.	10	100-2 x. 1	80	Nodule in abdominal wall and pyloric loma of peritoneum	Recovered	Grew out well, but died 1½ months afterwards of pleurisy (?) malignant	366
405	Private House	May	44 M.	—	Ruptured cyst.	Both	Ligatures	11	100-6 x. 2	112	None	Recovered	—	367
406	Samar. Hosp.	May	35 M.	4	Parietal, omental, and pelvic	Both (L.)	Enucleated and lig.	12½	101-4 x. 1	116	Subacute peritonitis, Papilloma growing through cyst wall	Recovered	A large irregular fibroid uterus	368
407	Private House	June	57 S.	4	Ruptured papillomatous cysts with extensive adhesions	Both	Enucleated and lig.	11	100-6 o. x.	88	—	Recovered	Died after 3 days' illness within the year	369
408	Samar. Hosp.	June	38 M.	4	None	?	Ligatures	14	100-6 x. 2	112	Operated upon during menstruation	Recovered	Has not menstruated. Is quite well	370
409	Ditto	June	23 S.	3½	None	Right	Ligatures	14	101-8 x. 1	108	—	Recovered	Continues well	371
410	Samar. Hosp.	June	46 M.	5	Parietal, omental, and intestinal from twisted pedicle	Left	Ligatures	9	102-2 x. 2	96	—	Recovered	—	372
411	Nursing Home	June	43 S.	4	None	Both (L.)	Ligatures	12	101-2 o. x.	100	None	Recovered	Well and does not menstruate	373
412	Private House	June	57 S.	4	Extensive pelvic	Left	Enucleated and lig.	—	99-6 x. 2	140	Abnormal pulse all through	Recovered	Continues well	374
413	Ditto	June	31 S.	3½	None	Right	Ligatures	15	101-0 x. 2	84	—	Recovered	Continues well	375
414	Samar. Hosp.	June	46 M.	3½	None	Both (x.)	Ligatures	17	101-6 x. 2	119	—	Recovered	A large fibroid uterus	376
415	Nursing Home	June	53 S.	6	Parietal, omental, mesenteric, intestinal, and pelvic	Both (L.)	Ligatures	25	99-6 o. x.	100	Peritoneum full of ovarian fluid from tapping	Recovered	Continues well	377
416	Samar. Hosp.	July	17 S.	4	Omental	Left	Ligatures	16	102-0 o. x.	120	The cyst was lined with malignant papilloma	Recovered	Died in a few months with spindle-cell sarcoma in brain, pleura, lungs, &c.	378
417	Nursing Home	July	38 S.	3½	Omental, mesenteric, and pelvic	Left	Ligatures	8	102-8 x. 1	136	—	Recovered	The tumour was a soft, brain-like sarcoma	379
418	Samar. Hosp.	July	63 S.	3½	None	Left	Ligatures	15	100-2 o. x.	88	None	Recovered	Continues well	380
419	Ditto	July	30 M.	9	None	Left	Ligatures	12½	101-½ x. 1	100	—	Recovered	A solid tumour. Continues well	381

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
420	Samar. Hosp.	1884 July	58 M.	44	Ins.	Omental and intestinal	Right	Ligatures	7½ lbs.	101.0 x. 1	96	Large fibroid uterus	Recovered	A solid tumour with much free fluid. Continues well	392
421	Nursing Home	July	65 W.	3	4½	.....	Left	Ligatures	17½	101.0 x. 2	80	Parietal	Recovered	Continues well	393
422	Private House	July	26 M.	8	8	Parietal and omental	Both	Ligatures	7½	102.2 x. 1	130	Ice to head for 6 days	Recovered	Solid sarcoma of both ovaries. Died in 9 months with recurrence	394
423	Samar. Hosp.	Oct.	40 S.	4	4	Ruptured cyst with chronic peritonitis. Parietal and omental	Both	Ligatures	7½	101.2 x. 1	104	None	Recovered	Has not menstruated, but has married	395
424	Ditto	Oct.	40 M.	4	4	Ruptured cyst with acute peritonitis.	Left	Ligatures	13	102.8 x. 1	144	Ice to head for a week	Recovered	Died in 10 months with cancer of liver	396
425	Ditto	Oct.	43 S.	4½	4½	Omental	Both	Ligatures	19	101.6 x. 1	106	—	Recovered	Died in 10 months with extensive disease of peritoneum, &c.	397
426	Ditto	Oct.	53 S.	3½	3½	Pelvic	Right	Ligatures	16	100.2 x. 1	90	None	Recovered	Continues well	398
427	Ditto	Oct.	50 S.	5	5	Ruptured cyst with subacute peritonitis. Universal adhesions	Right	Ligatures	21	99.6 x. 1	104	Temp. and pulse both quiet up to time of death	Died 22 hours	Exhaustion	399
428	Ditto	Oct.	49 S.	5	5	Chronic peritonitis; universal adhesions	Right	Ligatures	10½	105.8 ante mortem	—	Fetid stuff in pelvis when I operated	Died 4th day	Septic peritonitis. I certainly ought to have drained when I found the fetid fluid in the pelvis	390
429	Private house	Nov.	47 M.	5	5	No pedicle; tumour attached to omentum and other parts	Left	Ligatures	26	100.0 x. 1	96	The right ovary had been previously removed by Dr. Tyler Smith	Recovered	I also removed left ovary with a small dermoid cyst in it. Continues well	391
430	Samar. Hosp.	Nov.	50 M.	5	5	Universal; dermoid	Right	Ligatures	8	102.0 x. 2	100	Could not find any left ovary	Recovered	Drained with glass tube for 48 hours	392
431	Ditto	Nov.	39 M.	5	5	Parietal, omental, cecal and pelvic	Left	Ligatures	9	101.6 x. 1	116	—	Recovered	Continues well	393
432	Nursing Home	Nov.	46 M.	5	5	Extensive parietal, omental, mesenteric and pelvic	Both	Ligatures	10	101.6 x. 1	116	Malignant tumours of both ovaries	Recovered	I extirpated her sister's uterus successfully for cancer. This one is now dying of recurrence.	394
433	Samar. Hosp.	Nov.	31 S.	3½	3½	None	Left	Ligatures	13	101.0 x. 1	100	—	Recovered	Sister remains well	395
434	Ditto	Dec.	52 W.	3½	3½	None	Left	Ligatures	4½	100.2 x. 1	90	Uterus covered with small pediculate fibro-myomata	Recovered	Continues well	396

435	Ditto	Dec.	21 S.	4	None.....	Both (a.)	Ligatures	11	100-0 x. 1	96	—	Recovered	Has not menstruated.	397
436	Ditto	Dec.	36 M.	3½	None.....	Both (a.)	Ligatures	4	109-0 x. 1	108	—	Recovered	Has pithitis	398
437	Ditto	Dec.	35 M.	3	None.....	Right	Ligatures	8	99-2 x. 1	88	Had been refused operation at one of large hospitals because she was pithitic.	Recovered	Continues well	399
438	Ditto	1885 Jan.	51 M.	6	Extensive perietal and omental	Right	Ligatures	36	101-6 o. x.	90	Uterus as large as a cocoa nut	Died 7th day	The bowels were a little relaxed on the 4th, 5th, and 6th days, but pulse and temp. were quiet, and she was moved into the convalescent. Violent diarrhoea set in after the move and carried her off	400
439	Private House	Jan.	20 S.	3½	Omental and pelvic	Left	Ligatures	6	101-2 x. 1	112	—	Recovered	Continues well	401
440	Samar. Hosp.	Jan.	32 M.	4	None.....	Left	Ligatures	4½	100-0 x. 1	104	Probably malignant. Suspicious disease of cervix	Recovered	—	402
441	Ditto	Feb.	22 M.	3½	None.....	Both	Ligatures	6	100-0 o. x.	92	Patient was pregnant three months	Recovered	Boy born June 23rd. Quick easy labour. See Report of Case, Obstet. Soc. Trans., 1886	403
442	Ditto	Feb.	34 S.	3½	None.....	Both	Ligatures	9	100-8 o. x.	104	—	Recovered	Continues well	404
443	Ditto	Feb.	61 W.	4	None.....	Right	Ligatures	9	99-8 x. 1	76	—	Recovered	Continues well	405
444	Ditto	Feb.	49 S.	4	None.....	Right	Ligatures	15	99-8 x. 1	74	—	Recovered	Continues well	406
445	Nursing Home	Feb.	23 S.	5	Extensive pelvic.....	Right	Enucleated and ligs.	—	108-2 o. x.	108	Whole wound gaped down to peritoneum on removal of sutures and healed very slowly	Recovered	Drained with glass tube for 60 hours. Died of recurrent sarcoma, neck, &c., March 7th, 1886	407
446	Samar. Hosp.	March	46 M.	4	None.....	Right	Ligatures	20½	108-4 x. 1	108	Urine of very low sp. gr., but not albuminous to ordinary tests	Recovered	Died of Bright's disease soon after her return home	408
447	Nursing Home	March	43 S.	5	Omental and pelvic	Right	Enucleated and ligs.	3	—	—	Also removed fibroid from uterus	Recovered	—	409
448	Private House	March	55 S.	4	Omental	Left	Ligatures	10½	99-8 o. x.	78	—	Recovered	Continues well	410
449	Samar. Hosp.	March	40 M.	3½	None.....	Right	Ligatures	23	100-2 x. 2	94	A large fibroid uterus	Recovered	Continues well	411
450	Nursing Home	March	64 W.	5	Ruptured colloid, chronic peritonitis	Left	Ligatures	16	101-0 o. x.	96	—	Recovered	Continues well	412
451	Samar. Hosp.	March	39 S.	6	Ruptured colloid, omentum and caecal	Right	Ligatures	10½	100-2 o. x.	76	I had removed a ruptured colloid of left ovary in May, 1879	Recovered	Continues well	413

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
452	Nursing Home	1885 May	34 S.	Ins.	4	Parietal, 4 Ruptured cyst with extensive recent adhesions	Right	Ligatures	196 lbs.	101.6 F.	196	—	Recovered	Continues well	414
453	Samar. Hosp.	May	59 M.	4	6	Universal, Both tumours malignant and grown together	Both (a.)	Ligatures	333	100.6 O. K.	100	Anterior and posterior cul-de-sac covered with new growths	Recovered	Continues well	415
454	Nursing Home	May	43 M.	—	—	Ruptured cyst, parietal, omental, intestinal, and pelvic	Both (L.)	Ligatures	23	101.2 F.	124	Uterus as large as a cocoa nut	Recovered	Continues well	416
455	Private House	May	41 M.	6	6	Universal, Both tumours malignant and grown together	Both	Ligatures	84	103.8 ante mortem	—	Glass drainage-tube till end	Died in 36 hours	An attempt had been made to drain one tumour after tapping, and it was suppurating	417
456	Samar. Hosp.	May	34 S.	6	6	Omental, intestinal, and pelvic	Both	Ligatures	11	100.6 F.	140	Sarcomata of both ovaries. Glass drainage-tube 132 hours	Recovered	Continues well	418
457	Ditto	May	53 S.	6	6	Omental, mesenteric, and intestinal	Left	Ligatures	26	100.6 M.	104	—	Recovered	Continues well	419
458	Ditto	May	37 M.	6	6	Omental, intestinal, and pelvic	Both (L.)	Ligatures	203	101.6 F.	146	Temporary right hemiplegia with permanent aphasia followed the operation (day after)	Recovered	Glass drainage-tube in 42 hours. Well	420
459	Ditto	June	28 S.	5	5	Parietal, omental, and intestinal	Both (L.)	Ligatures	18	101.6 O. K.	120	Ruptured cyst	Recovered	Continues well	421
460	Ditto	June	30 M.	6	6	Parietal, omental	Both (a.)	Ligatures	194	102.2 F.	124	Large irregularly broid uterus. Ice-bag head 88 hours	Recovered	Continues well	422
461	Ditto	June	32 S.	5	5	None	Right	Ligatures	73	103.6 M.	130	High temp. and pulse caused by trouble with bowels which were not properly attended to	Recovered	Continues well	423
462	Ditto	June	16 S.	10	10	None	Both (L.)	Ligatures	94	100.0 O. K.	100	Malignant dermoid removed without tapping	Recovered	Continues well	424
463	Ditto	July	27 M.	6	6	Omental and pelvic	Right	Ligatures	6	99.8 O. K.	99	Removed tumour without tapping, as it appeared to be malignant	Recovered	Continues well	425

464	Private Hosp.	July	67 M.	4	None	Right	Ligatures	13	100.4 x. 2	80	—	Recovered	Continues well	426
465	Samar. Hosp.	July	33 M.	4	Capsule so adherent that I enucleated tumour without opening peritoneum	Right	Enucleated and ligs.	5	101.4 x. 1	124	Glass drainage-tube 9 days. Septicæmia caught from neighbouring case. Sloughing of sac and fecal fistula also removed	Recovered	Fistula quite closed in a month. Well	427
466	Ditto	July	31 S.	4	Omental	Right	Enucleated and ligs.	5	100.0 x. 2	96	Left tube cystic and blood infiltrated with	Recovered	—	428
467	Private Hosp.	July	22 S.	4	None	Right	Ligatures	14	100.4 x. 2	112	—	Recovered	Continues well	429
468	Samar. Hosp.	July	28 M.	4	Universal. Recent from twist of pedicle	Right	Ligatures	6	101.0 x. 2	112	Whole tumour black and infiltrated with blood	Recovered	Continues well	430
469	Private Hosp.	Aug.	36 M.	6	Universal. Recent from twist of pedicle	Right	Ligatures	11	101.4 x. 2	106	Subacute peritonitis	Recovered	Continues well	431
470	Nursing Home	Aug.	40 S.	3	None. Twisted pedicle	Left	Ligatures	3	100.8 x. 2	92	—	Recovered	Continues well	432
471	Private Hosp.	Oct.	37 M.	6	Ruptured cyst. Extensive omental	Right	Ligatures	44	108.8 x. 4	136	Low septic condition with dark vomit for some time before operation	Died 9th day	Septicæmia. Both parotids suppurated	433
472	Samar. Hosp.	Oct.	59 W.	4	Extensive intestinal and pelvic from twisted pedicle	Both (L.)	Ligatures	13	100.8 x. 2	116	—	Recovered	Continues well	434
473	Nursing Home	Oct.	43 S.	5	Peristal, omental and intestinal from twisted pedicle	Both (L.)	Ligatures	2	108.4 x. 3	104	Surgical scarlatina	Recovered	Continues well	435
474	Private Hosp.	Oct.	21 S.	4	—	Both (L.)	Ligatures	9	101.0 x. 1	100	No metrorrhaxis followed	Recovered	Continues well	436
475	Nursing Home	Oct.	58 M.	6	None. Twisted pedicle	Left	Ligatures	5	101.2 x. 2	88	—	Recovered	Continues well	437
476	Samar. Hosp.	Oct.	26 M.	4	None	Left	Ligatures	20	100.6 x. 1	100	—	Recovered	Continues well	438
477	Private Hosp.	Nov.	39 S.	4	Ruptured cyst from twisted pedicle. Subacute peritonitis	Both (L.)	Ligatures	8	100.2 x. 2	106	Glass tube for 24 hours. Malignant papilloma in cyst	Recovered	Continues well	439
478	Nursing Home	Nov.	25 S.	5	None	Both (L.)	Ligatures	12	109.4 x. 1	130	Rise of temp. and pulse for a few hours only with coming on of men-struation	Recovered	Continues well and has not menstruated	440
479	Ditto	Nov.	39 M.	6	Universal adhesions to left cyst from twisted pedicle. Right. None.	Right dermoid Both	Ligatures	6	100.0 x. 2	86	Glass drainage-tube 54 hours	Recovered	Continues well	441
480	Samar. Hosp.	Nov.	54 M.	5	Peristal, omental, and intestinal	Left	Ligatures	19	99.2 x. 1	106	Glass drainage-tube 60 hours	Recovered	Continues well	442

No.	Place of operation.	Date of operation.	Age.	Condition.	Length of incision.	Adhesions.	Ovary removed.	Treatment of pedicle.	Weight of tumour.	Highest temperature.	Quickest pulse.	Special treatment, or special features of case.	Immediate result.	Subsequent history, and general remarks on case.	No. in anti-septic series.
481	Samar. Hosp.	1885 Dec.	52 M.	Ins.	Ins.	None.	Left	Ligatures	lbs.	101.0 o. z.	108	—	Recovered	Continues well	443
482	Ditto	Dec.	58 S.	3½	3½	Omental	—	Ligatures	11	100.2 o. z.	96	—	Recovered	Continues well	444
483	Ditto	Dec.	31 S.	4	4	None.	Both (L.)	Ligatures	20	101.2 z. 1	92	—	Recovered	Continues well	445
484	Ditto	Dec.	56 S.	5	5	Intestinal and pelvic	Left	Enucleation and ligs.	11½	100.6 z. 1	100	Base of tumour sarcomatous and bedded in pelvis	Recovered	Continues well	446
486	Ditto	1886 Jan.	55 M.	4	4	None.	Left	Ligatures	32	100.6 z. 1	88	—	Recovered	Is quite well	447
486	Nursing Home.	Jan.	26 S.	3½	3½	Omental	Right	Ligatures	19	100.6 z. 1	100	—	Recovered	Is quite well	448
487	Samar. Hosp.	Jan.	24 S.	5	5	Ruptured cyst from twisted pedicle. Chronic peritonitis	Left	Ligatures	21	101.8 z. 2	132	3½ pints of serum removed from right pleura 12 days before. Glass drainage-tube 53 hours	Recovered	Is quite well	449
488	Private house	Jan.	65 W.	3½	3½	Much enucleation in pelvis	Right	Enucleation and ligs.	20	100.4 z. 1	92	—	Recovered	Is quite strong and well	450

In the column headed "Condition," S, M., and W. signify respectively single, married, and widow. In that headed "Ovary removed," the capital letters R. and L. in brackets following the word "both," denote that so far as could be seen the Right or Left ovary was first affected. In the temperature column, the letters and figures after the Fahr. temperature denote the time of day, evening or morning, and the number of days after operation at which the highest temperature was recorded. It has not been found necessary to give these time references for the pulses, as they nearly always correspond with the highest temperatures.

The word "Enucleation" is the printer's abbreviation of Enucleation.

Incomplete Ovariectomies.

Case	Place.	Date.	Age.	Condition.	State of parts found after the abdominal cavity had been opened.	Nature of operative procedure.	Immediate result.	Ultimate result.
8	Nursing Home	Jan., 1881	29	M.	Suppurating dermoid cyst opening into bladder	Portions of cyst removed, remainder sutured to parietes and drained	Recovered	Cancerous infiltration of surrounding parts and death in two months
9	Ditto	April, 1882	70	W.	Cancer of both ovaries, of peritoneum, and of lumbar glands	After removing the main part of the left ovary, I found its base incorporated with tumour of the right ovary, which could not be got out	Died in 40 hours	Suppression of urine
10	Samar. Hosp.	May, 1882	27	S.	Ruptured papillomatous cysts of both ovaries with general infection of peritoneum	Prolonged attempt to dissect them out and parts removed	Died in 4 hours	Exhaustion
11	Private house	August, 1882	28	S.	Cysto-sarcoma involving both ovaries and uterus	Cysts broken up and cleared out. Removal impossible	Recovered	Only lived a month
12	Nursing Home	Nov., 1882	45	M.	Papillomatous cysts of both ovaries, universally adherent	Cysts cleared out and masses of papilloma removed	Recovered	—
13	Samar. Hosp.	March, 1883	34	M.	Thin-walled multilocular cysts on both sides, probably ovarian	Universally adherent, parts peeled away, remainder sponged out and drained	Recovered	Remains well
14	Nursing Home	Oct., 1883	4	S.	Suppurating dermoid cyst cleared out, sutured to parietes and drained	Firmly bedded among adherent intestines	Recovered	Remains well
15	Private house	Nov., 1883	42	S.	Multilocular ovarian cyst, which had ruptured many times during ten years into peritoneum	Density of adhesions rendered removal impossible. Parts removed, cysts cleared out, and incision closed	Recovered	—
16	Samar. Hosp.	June, 1884	27	M.	Similar case to No. 13	Broken up and partly removed, remains allowed to fall back into the pelvis. No drainage	Recovered	Remains well
17	Ditto	Dec., 1884	24	M.	Thin-walled multilocular tumour of right ovary	Ditto	Recovered	Remains well
18	Private house	Jan., 1885	50	S.	Ruptured papillomatous cyst of right ovary, left ovary and tube papillomatous on surface and peritoneum generally so	Portions of papilloma and left ovary and tube removed	Recovered	—
19	Samar. Hosp.	May, 1885	50	M.	Cancerous mass involving both ovaries, uterus, and bladder	Large portion removed and then the anterior wall of the bladder found to be extensively involved	Died in a few hours	Exhaustion
20	Ditto	July, 1885	33	M.	Thin walled, possibly broad ligament cyst, universally adherent	Opened, anterior part removed, remainder sponged out with tincture of iodine, sewn to parietes and drained	Recovered	Remains well.
21	Nursing Home	Oct., 1885	56	S.	Cysto-sarcoma of left ovary and body of the uterus	After removing greater part found that the base involved the uterus	Died in 12 hours	Exhaustion.

Simple Exploratory Incisions.

Case.	Place.	Date.	Age.	Condition.	State of parts found after the abdominal cavity had been opened.	Nature of operative procedure.	Immediate result.	Ultimate result.
7	Samar. Hosp.	July, 1880	42	M.	Large cystic tumours of both ovaries, mass of cancer in omentum and nodules over peritoneum generally	Fluid sponged out and several cysts tapped so as to allow of closure of incision	Recovered	Died at home in 8 months
8	Ditto	April, 1882	35	M.	General papilloma of peritoneum and exterior of ovaries; it had apparently commenced from the right ovary	Fluid merely pressed out. No sponging. Incision closed. No drain	Recovered	Is now in perfect health.
9	Ditto	Oct., 1882	41	M.	Peritoneum covered with papilloma; large false cyst formed by adhesion of papillomatous omentum, intestines, ovaries, and uterus	Fluid sponged out and incision closed. No drain	Recovered	Was tapped again in 2 years, and is now very ill.
10	Ditto	June, 1884	49	S.	Malignant tumour involving both ovaries and uterus; peritoneum infiltrated and full of dark fluid	Fluid sponged out, causing hemorrhage. Incision closed. No drain	Died 7th day	Bronchitis.
11	Nursing Home	Jan., 1886	39	M.	Multilocular ovarian tumour with intestinal and pelvic adhesions which could not be separated	Sacs cleaned out with iodine, some portions removed. Drained	Recovered	Remains well.
1	Samar. Hosp.	June, 1885	30	M.	A very vascular single cyst full of blood-clot	Enucleated cyst without opening general peritoneum. Drained capsule	Recovered	Remains well.

Enucleation of Peritoneal Cyst.

The classification of these incomplete and exploratory cases is very difficult, and possibly it would have been more correct to place No. 20 of the incomplete cases among the mere exploratory incisions, and No. 11 of the latter among the incomplete ovariectomies. No 8 of the exploratory incisions is a most remarkable case. The whole parietal peritoneum was thickened and covered with a fleshy papilloma, similar growth was scattered in nodules over the omentum, intestines, uterus, and ovaries, that about the right ovary appearing so much more fully developed than the rest, that I thought this was probably the starting-point of the disease. The growth was so vascular that I did not venture to sponge out the fluid, but merely pressed it out and closed the incision. In a few weeks she was filling rapidly and in great distress at finding that she was not cured; then I heard that she was getting smaller again, and in November of last year heard from Mr. Mallam, of Oxford, that she was quite well, had been for the last six months menstruating regularly, and often walking ten miles in the day. I have met with one similar case, No. 29 in my Ovariectomy Tables, of which a full report will be found in the 28th vol. of the 'Pathological Transactions.' In that case I removed the papillomatous ovarian tumours, leaving the peritoneum covered with growths. When I had an opportunity of examining the patient some years later she was in perfect health, and all trace of the peritoneal growths had disappeared. These growths seem to be like external warts.

The numbers given with these cases are continuous with numbers of the same class of cases, published with previous Ovariectomy Tables.