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A YEAR'S WORK IN ABDOMINAL SURGERY

80
WITH A REPORT OF ~~SEVENTY-NINE~~
LAPAROTOMIES DONE IN 1887

BY
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NEW YORK

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A YEAR'S WORK IN ABDOMINAL SURGERY,
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At the last annual meeting of this Society I reported one hundred and twenty-five laparotomies, fifty-five of which had been done in the year 1886. I wish to put on record all of my cases of abdominal section, with an accurate account of the results, and to show that since we have learned the importance of cleanliness, and how to attain it, very great progress has been made; and although opening the peritoneum should always be considered a serious undertaking, yet when carefully done it is not a very dangerous operation, and its field of usefulness can be greatly extended and many lives saved when all other means are of no avail.

I have now to report seventy-nine laparotomies done during the past year under the following heads.

SUPRAPUBIC HYSTERECTOMIES. ~~Eight~~ cases, all for uterine fibromata. ~~6~~ ~~Seven~~ recovered and one died. This one was complicated by syphilitic pyosalpinx.

OVARIOTOMIES. ~~Sixteen~~ were for large ovarian tumors. ~~Fourteen~~ recovered and one died. Death was due to an acute interstitial nephritis, starting up on a chronic diffuse nephritis, the former being caused by the ether.

¹ Read before the New York State Medical Society, February 7, 1888.



LAPAROTOMIES FOR REMOVAL OF THE UTERINE APPENDAGES.—Forty-one laparotomies were done. Forty recovered and one died. The autopsy showed chronic and beginning of acute interstitial nephritis. 16

MISCELLANEOUS LAPAROTOMIES.—Fifteen were done. Nine recovered and six died. In many of these the operation was done as a last resort, and with little chance of success. Of the six that died, the first was for a large septic pelvic abscess, with the patient very weak from prolonged septic peritonitis. Two efforts had been made to reach the pus by the vagina, with very imperfect results. Patient died of shock.

The second was a case of abdominal pregnancy, done out of town, on a patient too weak from prolonged sepsis to be moved. She died of shock.

The third was an extreme case of ascites, complicated by a large umbilical hernia, which was on the point of suppurating. There was a cirrhused liver and diseased kidneys. She died of exhaustion on the seventh day.

The fourth was a case of strangulated hernia in a very fat woman. There was stercoraceous vomiting, but her general condition was good. The mistake was made in giving ether. During the operation she vomited once, but the strangulated gut was relieved without difficulty, and the operation completed. She came out from ether, talked, and seemed in fair condition, but again vomited, choked, and died in a few minutes.

The fifth was the saddest of all. A fine, healthy woman had an abortion; on the third day puerperal sepsis developed. On the fourth day of the disease I was called in consultation. Intra-uterine douches had not been tried; they were given every hour through the night; her temperature fell from $104\frac{1}{2}^{\circ}$ to normal the next morning.

The family physician hardly thought another consultation necessary, but in eight hours her temperature was 104° . I saw her and advised laparotomy, but it was deferred until her condition was hopeless; pulse, 150; tempera-

ture, $105\frac{1}{2}^{\circ}$. She was literally soaked with sepsis. The abdomen was opened, and more than a pint of pus was emptied at once. She rallied well, but it was too late.

In puerperal sepsis which threatens life, if washing out the uterus every hour with solution 1 to 60 carbolic acid does not control the temperature, and if no lymphangitis or phlebitis or septic abscess can be found in the broad ligaments to be opened and washed out, then laparotomy should be done at once.

The sixth was another case of a splendid woman lost by delay. The case had been seen by Dr. A. Jacobi and Dr. E. L. Keyes, and diagnosed as pyelonephritis, and operation advised. When I saw her she was in a very feeble state, due to septic perinephritic abscess. This I opened freely and drained. More than a pint of pus was evacuated, and the index finger came in contact with a distended kidney; this was punctured, and a large amount of pus escaped. A calculus could be felt, but the patient was too feeble to warrant any attempt at removal. She rallied well, and for a week improved, but soon began to fail. Nephrectomy was then done, but she died from exhaustion on the sixth day. An attempt was made to remove the stones through the old opening, but it could not be done.

This was my third case of nephrectomy; the other two are alive, and in good health. Except in a certain number of cases, such as septic perinephritic abscesses, I would always elect to remove the kidney by abdominal section. When diseased and requiring operation, it is nearly always enlarged, and when enlarged, is pushed forward. In my two first cases, one reported in my paper referred to, and the other—the fourth—in the table of miscellaneous, there was no shock, and the operation was no more difficult than the removal of any deep-seated abdominal tumor.

THE RESULTS OF OPERATIONS FOR REMOVAL OF THE UTERINE APPENDAGES FOR DISEASE.—Taking all the cases that I have operated upon for removal of the ap-

pendages, up to January 1, 1888, there are 115 in number with 6 deaths: In the first 25 there were 3 deaths; in the second 25 there were 2 deaths; in the third 25 there were no deaths; in the fourth 25 there were no deaths. And I had a run of 61 consecutive operations without a death.

It seems to me that we have proved that it is not a very dangerous operation, so far as loss of life is concerned. Now as to the results on the health and life of the patient afterward.

In pyosalpinx there is no reasonable doubt but that it is the only way that any real relief can be had in the great majority of cases, and that it actually saves lives. The number of women who have died from the extension of local peritonitis due to pyosalpinx is very much greater than is generally known.

In hydrosalpinx the operation is not so imperatively needed, but often nothing short of removal relieves the pain of hydrosalpinx. It is nearly always bilateral, and as one tube only usually lies low enough to be tapped by the vagina, this operation can and should be excluded.

In catarrhal inflammation, where the tubes are occluded by adhesions it is only a question of time for disturbance to functions and fixation of the uterus by adhesions in the broad ligament to necessitate removal of the appendages to effect a cure. Where there is no occlusion of the tubes, except in rare cases of hydatids of the tubes they should not be removed unless disease of the ovaries or uterus makes it necessary to remove them.

Hæmatosalpinx, if uncomplicated by disease of the tubes or ovaries, may not require removal; but, as a rule, the hemorrhage is the result of disease, which necessitates operation.

In tubal pregnancy, if diagnosed, or if rupture takes place, removal is the best treatment. If tubal pregnancy is complicated by disease, hemorrhage, or inflammation, laparotomy is frequently the only means of saving life, and if uncomplicated, then the operation for removal is at-

tended with very little danger, and makes it certain that no further complication will arise.

As to the removal of the appendages for the purposes of stopping the menstrual function. It is justifiable in many cases of fibromata of the uterus, for it will nearly always stop the further development of the fibromata. Not infrequently the severe pains supposed to be due to the fibroids will be found to be caused by associated pyosalpinx. Submucous fibromata are not always cured by removing the appendages, if these are diseased or adherent, and now and then a case of this kind will bleed and increase in size, although the ovaries and tubes have been carefully removed. I make it a rule to curette the lining membrane of the uterus in all such cases before resorting to the removal of the appendages.

I know of no other uterine disease than fibromata that justifies removal of the appendages when *normal*, except perhaps some case of endometritis that cannot be helped by any other known treatment. Uterine hemorrhage, when due to disease of the uterus, can be stopped by curetting, if properly done, with a good steel instrument, although the little copper instrument so highly recommended will often fail to remove the tissues necessary to stop hemorrhages.

Dysmenorrhœa is undoubtedly due to uterine disease, and in almost all cases can be readily cured by either dilatation or divulsion, etc.; and removal of the appendages, when healthy, should never be done for uncomplicated dysmenorrhœa.

Where there is atrophy and degeneration of the uterus, with perversion of all the functions, and where menstruation prostrates and makes life miserable, removal of the appendages may be justifiable when all other means have failed to give relief; but it is still doubtful whether the characteristic cystic ovaries nearly always found in such cases can be called *normal*. Many of these cases taken early can, by dilatation and other stimulating local treatment, and by proper attention to the general condition, be

developed into strong and relatively healthy women; but when over thirty years of age, and bedridden, the operation for removal can do little harm, and certainly in some cases gives the only relief; but it rarely ever makes strong and vigorous women of them.

In epilepsy, or so-called hystero-epilepsy, the operation for the removal of the appendages may seem for a time to do good, but rarely effects a cure, and, in my experience, in three out of four cases it did no permanent good. In such cases, unless I can definitely make out objective signs of local disease of either the ovaries or tubes, I will not operate.

I can say the same for all mental diseases that seem to be connected with functional disturbance of the tubes and ovaries, that is, I will not operate unless I can diagnose by the touch actual disease of the tubes or the ovaries, indicated by adhesions, marked enlargement, or fixation. There can be no doubt but that in a certain number of cases the operation is followed by marked mental depression for a time, which condition would be pretty certain to intensify mental disease. Subinvolution of the uterus, after labor and abortion, is not infrequently associated with serious mental symptoms that can be relieved by treatment which restores the uterus to a normal state. But the fact of the generative functions being disturbed or being abnormal in mental disease, does not necessarily imply disease of these organs, or that the generative organs have caused the mental disease.

I have found, as the number of cases operated upon increases, that about three per cent. continue to menstruate after removal of the appendages, and I know of two cases where, after operation, menstruation ceased for a year, and then started up and has been regular ever since. A close investigation of these cases that continue to menstruate after complete removal of both ovaries and tubes has led me to conclude that this occurs in those where the adhesions are great, especially where the inflammation contracts and shortens the ovarian ligament, and makes it

very difficult to remove the ovary and not leave more or less of it in the stump, or where the adhesions make it necessary to tear the ovary into pieces to get it out, usually a small part being left on the floor of the pelvis or on the broad ligament. I do not know of a case where the ovaries and tubes, being entirely free from adhesions, have been removed close to the uterus in which menstruation returned and remained regular.

I suppose if the tubes and ovaries were removed before puberty, that the effect would be great in changing the character and nature of the woman; but when removed after full development they do not appear to have any marked effect on her appearance, character, or temperament in any manner whatever.

The use of large saline enemata during the operation, to make up for loss of blood and prevent shock.—In my report last year I advocated the use of hot water, at 115° F., poured freely into the peritoneal cavity during operation to prevent shock. During the past year I had two cases of profuse bleeding during operation. In one, a case of hysterectomy for a large vascular fibromata, several large venous sinuses were torn in lifting out the tumor, and as it had a double source of blood supply—one from the uterus, the other from enormously distended vessels passing into the tumor from the omentum—at least three pints of blood were lost before both pedicles could be secured. Immediately an eight-ounce salt solution of beef peptones was injected into the rectum while I was operating, and the injections were repeated every twenty minutes till four were given. They were all retained. Although there was at first marked symptoms of shock, the patient quickly rallied, and three hours later all signs of shock had disappeared. The enemata were repeated at longer intervals, and she made a good recovery.

The object of the hot saline injections was not merely to stimulate reaction or to nourish the patient, but have the hot saline solution absorbed and take the place in the circulation of the volume of blood lost. It is surprising how

much the rectum will absorb under such conditions. I have had the opportunity to test this treatment in two formidable cases, and *I now propose to give large eight- to ten-ounce hot saline enemata during and immediately after laparotomy or surgical operations, to prevent shock and take the place of transfusion whenever loss of blood indicates their use.*

SUMMARY OF STATISTICS.—Of the 204 laparotomies 110 were private cases with 12 deaths, but 6 of the 12 were in extreme cases under the head of miscellaneous. Taking ovariectomies, removal of appendages for disease, and hysterectomies, there were six deaths—five in the first 50, and only one in the second 50 cases.

In the 94 cases done in Bellevue Hospital there were nine deaths—seven in the first 44, and only two in the last 50 cases, and both of these had chronic Bright's disease, rendered active by the ether or operation. As no cases have been refused operation where there was the least chance of saving life, either in or out of the hospital, it is plain that our methods of operating have greatly improved.

TABLE I.—Removal of the Uterine Appendages.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tappings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
		1887.	Years.									
1	Hospital..	Jan. 24...	36	W.	2	...	...	Salpingitis and ovaritis.	Complete removal of appendages.	No.	Recovery.....	Has had severe pain in back and left iliac region for four years, making her totally unfit for work; cystic ovaries and catarrhal salpingitis.
2	Hospital..	Jan. 31...	45	M.	1	1	...	Salpingitis, ovaritis..	Complete removal of appendages.	Yes.	Recovery.....	History of peritonitis after miscarriage. Intestines very adherent to uterus and its appendages. Tubes occluded and much thickened, ovaries both very adherent.
3	Private...	Feb. 19...	35	M.	...	...	...	Salpingitis and ovaritis.	Complete removal of appendages.	No.	Recovered without bad symptom.	Had symptoms of repeated attacks of local peritonitis, and bed-ridden for three years.
4	Private...	Feb. 23...	26	M.	1	1	...	Cystic ovaries, salpingitis?	Complete removal of appendages.	No.	Recovered without bad symptom.	Both ovaries enlarged and prolapsed. Has always had dysmenorrhœa, which became worse after the birth of her child, so that she spends much time in bed.
5	Hospital..	Feb. 24...	35	W.	...	...	...	Uterine fibroids, pyosalpingitis.	Complete removal of appendages.	Yes.	Recovery.....	Small fibroids on left side, posterior and anterior walls. Right tube contained pus. Both ovaries and left tube inflamed.
6	Hospital..	Feb. 28...	24	M.	1	..	No.	Ovaritis and salpingitis.	Removal of appendages on left.	No.	Recovery ...	Left ovary cystic, size small orange; tube also enlarged and inflamed; right side normal.
7	Hospital..	March 5..	24	M.	...	...	...	Pyosalpingitis and ovaritis.	Complete removal of appendages.	Yes.	Recovered without trouble.	Both tubes enlarged, firmly adherent. Ovaries cystic, and rolled up in broad ligaments.
8	Hospital..	March 5..	29	M.	...	...	...	Salpingitis or disease of ovaries.	Complete removal of appendages.	No.	Recovered without bad symptom.	Small fibroid on uterus, and left ovary enlarged and very hard, having undergone fibroid degeneration. Intense local pain since miscarriage. Could not stand local treatment.
9	Hospital..	March 7..	32	W.	1	..	No.	Uterine fibroid.....	Complete removal of appendages.	No.	Recovery.....	For several years suffered greatly with pains in pelvis and thighs, and profuse and irregular hemorrhage. Fibroid in posterior wall.
10	Private...	March 30.	23	M.	..	?	...	Pyosalpingitis and ovaritis.	Complete removal of appendages.	Yes.	Recovered....	Tubes occluded and strongly adherent with the ovaries and broad ligaments. Ovaries undergoing suppurative inflammation.
11	Hospital..	April 2...	20	M.	1	..	No.	Ovaritis and salpingitis.	Removal of left tube and ovary.	No.	Recovery.....	Severe pain in left iliac region, especially during menstruation. Left ovary bound to mesentery and had a small hæmatoma attached.
12	Private...	April 9...	37	M.	..	...	...	Fibroids.....	Complete removal of appendages.	No.	Recovered; no trouble.	For three years has been very feeble on account of severe uterine hemorrhage. Curetting was tried.
13	Private...	April 13..	30	M.	2	?	...	Ovaritis.....	Complete removal of appendages.	No.	Recovered; no trouble.	For past four years been in bed with symptoms of repeated attacks of local peritonitis. Under constant treatment. Uterus retroverted. Ovaries prolapsed, adherent, and enlarged.
14	Hospital..	April 16..	22	M.	4	..	No.	Ovaritis and salpingitis.	Complete removal of appendages.	Yes.	Recovery.....	After using vaginal injection, ten months ago, had symptoms of local peritonitis. Uterus bound down by adherent appendages. Left ovary cystic, tubes occluded.
15	Private...	April 30..	32	M.	...	...	...	Fibroid tumor of the uterus complicated by salpingitis and ovaritis.	Complete removal of appendages.	No.	Recovered; no trouble.	Fibroid size of orange in posterior wall of uterus. Uterus, tubes, and ovaries matted together in bottom of pelvis. Tubes distended with muco-pus. Ovaries cystic. Five years practically in bed and under constant treatment for pain. Severe hemorrhages for several months. Very feeble condition.
16	Private...	May 5...	..	M.	...	...	...	Pyosalpingitis and cystic degenerated ovaries.	Complete removal of appendages.	No.	Recovered; no trouble.	Tubes contain muco-pus, adherent and occluded; ovaries adherent, and had cystic degeneration. Had worn pessaries for retroversion, but without much relief. Several attacks of local peritonitis lately.
17	Hospital..	May 28...	30	M.	...	..	No.	Uterine fibromata and cystic ovary.	Complete removal of appendages.	No.	Recovery.....	Has had constant pain in left inguinal region for sixteen months; severer during menstruation. Has been in insane asylum for five months. Fibroids in anterior wall; right tube dilated, and ovary cystic.
18	Private...	May 30...	..	M.	2	?	...	Cystic ovaries.....	Complete removal of appendages.	No.	Recovered; no trouble.	Five years bed-ridden. Several months in a hospital; had cervix sewed up; had become an opium eater.
19	Private...	May 30...	19	S.	...	...	...	Hystero-epilepsy; small ovarian tumor.	Complete removal of appendages.	No.	Recovery.....	Ovarian tumor, size of orange, filled with dark, bloody fluid on right side. Left ovary much atrophied and hardened. Clear history of epileptiform convulsions monthly.
20	Private...	June 11...	40	M.	3	...	...	Uterine fibromata...	Complete removal of appendages.	No.	Recovery.....	Left tube much enlarged; ovary, size of egg; four small fibromata on fundus.
21	Hospital..	June 11...	26	M.	...	...	...	Ovaritis, salpingitis, and fibroid.	Complete removal of appendages.	Yes.	Recovery.....	Patient more or less unfit for work on account of pain in pelvis for eight years. Uterus seemed to be about three times normal size from fibroid. Appendages bound down by adhesions on both sides.
22	Private...	June 20...	29	M.	...	...	...	Enlarged sensitive ovaries.	Complete removal of appendages.	No.	Recovered; no trouble.	Elongated fibroid-degenerated ovaries. Severe dysmenorrhœa.
23	Private...	June 20...	30	M.	...	...	...	Salpingitis and ovaritis.	Complete removal of appendages.	No.	Recovered...	Occluded adherent tubes and cystic ovaries.
24	Private...	June 25...	29	S.	...	...	...	Fibroid of uterus and ovarian neuralgia.	Complete removal of appendages.	No.	Recovered....	Uterus studded with small fibroids. Constant pain for years. Small fibroids on ovaries also.
25	Private...	June 30...	36	M.	2	2	...	Fibromata.....	Complete removal of appendages.	Yes.	Recovered....	Fibroid size of three and a half months' pregnancy. Enormous enlargement of veins of broad ligament. Violent hemorrhages, not controlled by curetting.
26	Hospital..	July 26...	26	S.	...	...	...	Ovaritis and salpingitis.	Complete removal of appendages.	No.	Recovery...	Suffered for past twelve years with pains in right iliac region, which have been getting worse and unbearable, with menstruation. Both ovaries and tubes inflamed and bound down, especially on right side.
27	Private...	July 30...	28	M.	1	...	...	Peritoneal adhesions fixing uterus backward, obstructing rectum; ovaritis.	Laparotomy; separation of adhesions.	No.	Recovered....	Except for adhesions, appendages apparently normal. Partial intestinal obstruction; constant backache.
28	Private...	Sept. 14..	29	M.	1	...	...	Old peritoneal adhesions fixing uterus backward and obstructing rectum.	Separation of adhesions, of appendages, and uterus.	Yes.	Recovered....	Appendages apparently about normal, except from adhesions.
29	Hospital..	Sept. 15..	23	M.	1	...	...	Ovaritis and pyosalpingitis.	Complete removal of appendages.	Yes.	Recovery.....	Has had hemorrhage for a year; two months ago had severe pain in left iliac region, and a few days later noticed a lump. Left tube and ovary contained about five ounces of pus. Sac of abscess was very adherent, especially to rectum. Right appendages also very adherent; abdomen washed out with water; temperature, 100°.
30	Private..	Sept. 18..	27	M.	2	...	...	Fibromata.....	Complete removal of appendages; curetting.	No.	Recovered....	Ovaries twice normal size and fibroid-degenerated, having several small fibroids dependent from them. Fibroma in left cornu of uterus, of size of orange, and several smaller ones in posterior wall.

TABLE I.—Continued.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tapings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
		1887.	Years.									
31	Hospital..	Oct. 1....	26	S.	...	...	...	Ovarian neuralgia...	Removal of left of appendages.	No.	Recovery....	Ever since puberty has had more or less pain in left iliac region, which has become worse and worse, especially during menstruation. Pain incapacitates her for work. Left ovary much atrophied.
32	Hospital..	Oct. 8....	34	W.	3	...	...	Uterine fibroids....	Complete removal of appendages.	No.	Recovery....	Painful fibromata with uterine displacement, and hemorrhagia.
33	Hospital..	Oct. 8....	21	M.	1	...	...	Cystic ovaries.....	Complete removal of appendages.	No.	Recovery....	Constant pain. Both ovaries atrophied and cystic.
34	Private...	Oct. 12...	29	M.	2	1	...	Salpingitis and enlarged cystic ovary right side.	Complete removal of right tube and ovary.	Yes.	Recovery....	Left tube and ovary removed previously. Large tube occluded; cystic ovary size of orange, containing coffee-colored fluid.
35	Hospital..	Oct. 15...	39	M.	...	...	No.	Uterine fibroid; multiple.	Complete removal of appendages.	No.	Died.....	Multiple, irregular, and painful fibromata seven in number. Autopsy showed no signs of sepsis or peritonitis. Kidneys in state of chronic interstitial nephritis. With six other cases was poisoned by sewer-gas after operation.
36	Private...	Oct. 23...	38	M.	3	6	...	Pyosalpingitis both sides.	Complete removal of appendages.	Yes.	Recovery....	Both tubes much enlarged, one containing about two ounces of pus; ovaries much inflamed and cystic; many adhesions.
37	Private...	Nov. 1....	36	M.	...	...	...	Double pyosalpinx and ovaritis.	Complete removal with abscess.	Yes.	Recovery....	Bed-ridden for several years. Seven attacks of peritonitis in two years. Abscess held fifteen ounces.
38	Private...	Nov. 23..	38	S.	...	...	...	Ovaritis. Left side hæmatocele.	Removal of left ovary and tube.	Yes.	Recovery....	Constant pain left side. Unable to walk without increase of pain. Ovary size of a duck's egg.
39	Hospital..	Nov. 12..	32	W.	1	...	...	Cystic ovaritis.....	Complete removal of appendages.	No.	Recovered...	Constant pain.
40	Private...	Dec. 1....	25	M.	1	1	...	Double pyosalpinx; ovaritis; tubercular?	Complete removal of appendages.	Yes.	Recovered...	Tumor size of a large orange in the right broad ligament, and one the size of a lemon in the left. Large abscess, tubes large and cheesy.
41	Hospital..	Dec. 12...	46	M.	2	4	...	Atrophied and adherent ovary; uterine fibroma.	Complete removal of appendages.	Yes.	Recovered...	Repeated attacks of local peritonitis—constant pain.

TABLE II.—Ovariectomies.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tapings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
		1887.	Years.									
1	Hospital..	Jan. 22...	30	M.	...	1	...	Intra-ligamentous cyst?	Ovariectomy.	Yes.	Died on fourth day from suppression of urine.	Cyst size of cocoanut imbedded in broad ligament of right side. Autopsy revealed chronic and acute diffused nephritis and cirrhotic liver.
2	Private...	Jan. 26...	52	M.	1	...	...	Parovarian cyst.	Ovariectomy.	No.	Recovered; no temperature.	Parovarian cyst size of cocoanut was buried in right broad ligament.
3	Private...	Feb. 23...	26	M.	...	...	...	Ovarian tumor?	Removal of papillomatous fluid and material by laparotomy.	Yes.	Recovered; relieved and improved by drainage.	Greatly distended fluid from ascites due to bursting of papillomatous ovarian tumor. Omentum, intestines, etc., all covered with papilloma. Drained for six weeks.
4	Private...	March 17..	31	M.	...	...	...	Ovarian tumor; ascites.	Ovariectomy; removal of several gallons of fluid and myxomatous material.	Yes.	Recovered; much improved by permanent drainage.	Omentum, intestines greatly enlarged by hundreds of jelly-like masses. Myxomatous material.
5	Private...	March 21..	27	M.	...	...	...	Ovarian tumor size of full-term pregnancy.	Ovariectomy; both ovaries.	Yes.	Recovered; hemorrhage.	Tumor was removed without difficulty. Drainage-tube showed hemorrhage three hours after operation. Patient collapsed and pulseless. Abdomen opened and quarts of clots turned out. Pedicle needle had split a vessel; re-tied. Patient made good recovery.
6	Private...	April 27..	21	M.	1	...	...	Ovaritis?	Ovariectomy; typical parovarian tumor.	No.	Recovered; no temperature.	Local peritonitis around a parovarian cyst size of duck's egg; had to remove tube and ovary with it.
7	Hospital..	May 10...	27	S.	...	...	...	Osteo-sarcoma attached to sacrum size of large child's head fixed in pelvis.	Ovariectomy; solid tumor; sarcoma?	Yes.	Recovered; no temperature.	Diagnosed by several as osteo-sarcoma and incurable. Pelvis filled by fixed <i>very hard</i> solid tumor. With abdomen open, very difficult to dislodge; the pedicle not larger than thumb. No adhesion, only wedged in the pelvis. Ten months after operation no signs of return.
8	Private...	May 21...	21	S.	...	...	...	Two elastic tumors—one on either side of pelvis.	Ovariectomy, complicated by pregnancy, fourth month.	No.	Recovered; without temperature; pregnancy not disturbed.	Ovarian tumor size of child's head. Uterus distended by pregnancy, fourth month.
9	Private...	May 30...	19	S.	...	...	...	Small ovarian tumor, complicated by hystero-epilepsy.	Ovariectomy, both sides.	No.	Recovered; without temperature.	Clear history of epileptiform convulsions monthly. Ovarian tumor size of orange made out.
10	Private...	July 20...	48	M.	3	...	...	Multilocular ovarian tumor.	Ovariectomy, both sides.	No.	Recovered; no temperature.	Simple multilocular cyst, twenty-five pounds; some omental adhesions.
11	Private...	Sept. 21..	33	M.	1	...	...	Ovarian tumor.	Ovariectomy; papillomatous sac had bursted; both ovaries removed.	Yes.	Recovered.	Papillomatous growth had burst the sac and caused peritonitis and very extensive adhesions.
12	Private...	Sept. 22..	57	M.	2	...	...	Ovarian tumor.	Ovariectomy, right side.	No.	Recovered; without temperature.	Simple multilocular cyst, twenty pounds. Some omental adhesions.

TABLE II.—Continued.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tappings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
13	Hospital..	1887. Oct. 1...	43	S.	...	...	...	Ovarian cyst.	Ovariectomy, both ovaries.	Yes.	Recovered; temperature, 104°.	Simple ovarian tumor, ten pounds. Both ovaries cystic. High temperature due to sewer-gas poisoning. Several others affected by it.
14	Private...	Oct. 17...	28	M.	...	...	...	Fibroma? Dermoid cyst?	Ovariectomy, both sides.	No.	Recovered; no temperature.	Case long standing. Much local pain. Dermoid both sides— one size of coconut. Hair, bones, etc.
15	Private...	Oct. 27...	40	M.	...	...	...	Dermoid cyst? Fibroma?	Ovariectomy, both sides.	Yes.	Recovered; slight temperature.	Twelve years' standing. Diagnosed as fibroma. Dermoid both sides—one fifteen pounds. Hair, bones, etc. Pyosalpinx both sides.
16	Hospital..	Nov. 28...	30	S.	...	...	...	Dermoid cyst; ascites.	Ovariectomy.	Yes.	Recovered; highest temperature, 101½°.	Leg oedematous. Several quarts of ascitic fluid removed. Dermoid cyst size of an orange, hard and rough; long pedicle. Hair, bone, etc.
17	Private...	Dec. 29...	23	S.	...	...	...	Parovarian cyst.	Ovariectomy, both sides.	No.	Recovered.	Bedridden for several years. Intense local pain. Cyst size of a large orange.

TABLE III.—Suprapubic Hysterectomies.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tappings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
1	Hospital..	1887. Jan. 12...	38	M.	...	...	...	Painful uterine fibroma.	Hysterectomy; suprapubic; pedicle extra peritoneal.	No.	Recovered; highest temperature, 101°.	Local pain and hemorrhage. Solid tumor filling pelvis and abdomen above umbilicus. Large fibroma, involving uterus, twenty pounds.
2	Hospital.	March 19.	28	M.	1	...	...	Uterine fibromata.	Suprapubic myomotomy; hysterectomy; pedicle extra peritoneal.	No.	Recovered; highest temperature, 100.5°.	Abdomen distended by a large vascular fibroma, twenty-three pounds. Severe hemorrhage and local pain. Immense veins attach the tumor to omentum. Pedicle involves right cornua of uterus. Ligated with silk and sewed in abdominal wound.
3	Private...	May 26...	28	S.	...	...	...	Multiple fibromata.	Suprapubic hysterectomy; enucleation of fibroma; pedicle extra peritoneal.	No.	Recovered; no temperature.	Two tumors size of man's head, and third size of fist below vaginal junction. Broad ligaments and large tumors cut away. Small tumor enucleated. Patient size of full-term pregnancy before operation.
4	Private...	June 6...	35	M.	1	...	...	Fibroma size of a child's head. Old salpingitis syphilitic.	Suprapubic hysterectomy; pedicle extra peritoneal.	No.	Died fourth day of sepsis.	Fibroid size of head of six-year-old child. Tubes and ovaries imbedded in side of tumor. Pyosalpinx. Dense adhesions. Pedicle through the tubes. Patient feeble. Died fourth day, with high temperature. No distention or sign of peritonitis.
5	Hospital..	June 6...	37	M.	...	...	...	Uterine fibroma; rapid growth.	Suprapubic hysterectomy; pedicle secured extra peritoneal.	No.	Recovered; highest temperature, 101°.	In six months tumor grew as large as eight months' pregnancy. Dragging pains. Fifteen vascular fibroma were removed without difficulty.
6	Private...	Oct. 13...	54	S.	...	...	...	Uterine fibromata. Cystic degeneration.	Suprapubic hysterectomy; pedicle secured extra peritoneal.	No.	Recovered; no temperature.	Tumor for several years. Since menopause, two years ago, it has rapidly increased in size. Fibroma twenty pounds, involving whole uterus. Removed in centre was a cyst of a pint of clear straw-colored fluid.
7	Hospital..	Oct. 15...	34	S.	...	...	...	Uterine fibroma.	Suprapubic hysterectomy; pedicle secured extra peritoneal.	Yes.	Recovered; highest temperature, 101.2°.	Abdomen as large as eight months' pregnancy. Severe uterine hemorrhage. Much local pain. Large, very vascular, lobulated fibroma; eighteen pounds. Extensive adhesion. Large sinus. Great loss of blood. Hot saline rectal enemata during and after operation every twenty minutes. Twenty ounces or more absorbed and shock prevented.

TABLE IV.—Laparotomies—Miscellaneous.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tappings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
1	Private...	1887. Jan. 6.....	44	M.	1	...	...	Small ventral hernia one year after simple ovariectomy.	Laparotomy for cure of ventral hernia.	No.	Recovered. Without temperature.	No drainage-tube. Patient very fat, and had a severe cough soon after the ovariectomy.
2	Private...	Jan. 16.....	37	M.	...	...	...	Large septic pelvic abscess filled left side of pelvis.	Laparotomy; emptying and draining abscess.	Yes.	Died in twenty-six hours of shock and sepsis.	Abscess in left side of pelvis, involving the tube, ovary, rectum, and side of uterus. Patient had septic peritonitis at the time of operation.
3	Private...	Feb. 10.....	32	M.	1	...	...	Abdominal pregnancy; child had been killed by hypodermics of morphia at seven and a half months; septic for several weeks.	Laparotomy; fetus, placenta, and several quarts of decomposing fluid removed.	Yes.	Died in thirty-six hours of shock and sepsis.	Patient weak from sepsis of several weeks' duration. Greatly distended. No loss of blood during the operation. Sponges left in cavity by mistake.

TABLE IV.—Continued.

No. of case.	Where operation performed.	Date.	Age.	Married or single.	No. of children.	No. of abortions.	No. of tappings.	Diagnosis.	Operation.	Drainage.	Results.	Remarks.
4	Private...	1887. March 10...	35	?	...	...	...	Enlarged and displaced kidney; pyelo-nephritis; septic attacks; renal calculus.	Nephrectomy..	Yes.	Recovered; no shock; highest temperature, 101°.	Imbedded in the calicis was an irregular, mixed, hard stone, 100 grains. Chronic diffuse and acute nephritis; pyelitis. Patient, one year after, perfectly well.
5	Private...	March 17...	..	M.	...	...	...	Ascites from myxoma; peritonitis.	Laparotomy and permanent drainage for several weeks.	Yes.	Recovered; no temperature.	Several months before ovariectomy had been done. One cyst had burst, and myxomatous matter escaped in abdomen.
6	Private...	March 21...	..	M.	...	...	...	Collapse from hemorrhage three and a half hours after ovariectomy.	Laparotomy for hemorrhage from stump after ovariectomy.	Yes.	Recovered....	Not less than two quarts of clots and serum were turned out of the abdomen. The pedicle-needle had split a vein in the stump; when held up it did not bleed. Retied. Hot saline douches were used to prevent death from shock.
7	Private...	March 28...	..	M.	...	...	...	Strangulated umbilical hernia.	Herniotomy for strangulated umbilical hernia.	No.	Died one hour after operation; vomited matter in trachea.	Very fat woman. Operation completed. Patient revived from ether and choked to death on stercoraceous matter.
8	Private...	April 30....	..	M.	1	3	...	Suppurative peritoneal peritonitis; sepsis.	Laparotomy; emptying more than a pint of pus, and washing and draining peritoneum.	Yes.	Died of shock and sepsis in twenty hours.	Septic peritonitis of several days. Temperature, 105½° at the time of operation. Inter-uterine injections failed. Laparotomy deferred. Sepsis extreme.
9	Hospital..	May 12....	51	M.	..	1	..	Chronic pelvic peritonitis; partial intestinal obstruction.	Laparotomy; breaking up adhesions.	No.	Recovered....	Pelvic pains and intestinal obstruction relieved.
10	Hospital..	May 19....	50	M.	14	..	..	Carcinoma of liver?..	Exploratory laparotomy.	No.	Recovered; no bad results from operation.	Cancer of liver and gall bladder.
11	Private...	May 21....	34	M.	..	..	..	Abdominal dropsy and large ventral hernia; Bright's disease.	Laparotomy; removal of fluid; closing hernia; drainage.	Yes.	Died in fifth day; uræmia; suppression.	Contracted liver—size of hand. Ether caused acute congestion of kidneys.
12	Private...	July 1.....	..	M.	..	..	..	Ascites; myxoma; peritonitis.	Laparotomy; permanent drainage.	Yes.	Recovered; relieved by drainage.	Second time the abdomen filled with fluid. Every organ has myxoma growing on it. Omentum a large solid mass.
13	Private...	Sept. 4.....	50	M.	1	2	..	Sarcoma?	Exploratory incision.	No.	Recovered; no bad effects from operation.	Sarcoma involved uterus and broad ligaments and intestines. Wound closed.
14	Private...	Dec. 17....	28	M.	2	? 1	..	Renal calculi; pyelo-nephritis; perinephritic abscess; septicæmia.	Laparotomy; nephrectomy.	Yes.	Died in five days of sepsis and exhaustion.	Three weeks before had opened a large septic perinephritic abscess. Kidney enlarged; calicis filled with three large stones, 125 grains. Patient very weak from sepsis.
15	Private...	Dec. 21....	23	M.	1	..	..	Necrosis of pelvic bones.	Exploratory incision.	No.	Recovered; no bad effects from operation.	No pelvic abscess found. Deformed pelvic bones and old peritonitis. Wound closed.
16	Private...	Dec. 31....	37	M. ¹	..	..	..	Perityphlitic abscess.	Incision and drainage; pint of fetid pus.	Yes.	Recovered without bad symptoms.	Local peritonitis and partial intestinal obstruction for six days. At the time of operation no temperature, good pulse; bowels moved naturally. Under ether the tumor was felt. Nucleus came away the second week. Recovery complete.

¹ Male.

