Sutton (R. S.)

Last One Hundred Abdominal Sections for Removal of Ovarian Tumors and Diseased Uterine Appendages.

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Last One Hundred Abdominal Sections for Removal of Ovarian Tumors and Diseased Uterine Appendages.

By R. Stansbury Sutton, M. D., Pittsburgh, Pa.
Reported by Dr. J. P. Hunter, Late Resident Physician to Allegheny General Hospital.

In these 100 cases which I have the pleasure to report, there were 72 abdominal sections for the removal of diseased appendages, with two deaths. The first of these deaths was due to intestinal obstruction. The diseased appendages were submitted to Dr. Matson for microscopical examination, and he reported the existence of round-celled sarcoma in the specimen. The second death occurred after the woman had recovered from her operation, from some intercurrent disease, the prominent symptoms of which indicated acute meningitis.

Twenty-eight of the abdominal sections were for the removal of ovarian tumors, and there were 4 deaths. The first patient that died was really *in extremis* before operation. She had a large multilocular cyst, with complete procidentia uteri, extensive ulceration and foul odor. She was perfectly neurasthenic, and died from exhaustion.

The second death was that of a woman, who prior to operation, weighed 226¼ pounds, and after operation weighed 99¼ pounds. Her tumor and its contents weighed 127 pounds, the cysts alone weighing 13 pounds. In the operation, universal and very extensive adhesions were encountered. A fatal prognosis was given her friends prior to operation.

The third case to die was a woman from whom Dr. Sutton removed a large multilocular cyst in 1890. She returned for operation, and was operated on August 19, 1893. Much free fluid was found in the abdominal cavity, the omentum was found to be infected with cancer; the ovarian cyst was malignant, and there was cancer of the liver and peritoneum.

The fourth death was that of a woman aged 61 years, she had a large multilocular malignant cyst adherent in the pelvis, to rectum, to sigmoid flexure, to small intestines and transverse colon. Four inches of the ileum were resected. Died of shock.

It will, therefore, be observed that in the six deaths, there were three malignant cases, one of sarcoma and two of cancer. It will also be observed, that two of the remaining three deaths occurred in patients whose cases had been permitted to go unoperated until they were practically in a hopeless condition, and yet entitled, through operation, to whatever miserable chance was left to them.

The preparatory treatment of patients has usually been limited to forty-eight hours of rest in bed after their arrival in the hospital. The ordinary careful preparation for operation has always been observed. Rarely have any sponges been used in the operation. No chemicals have been introduced into the abdominal cavity.

The after-treatment has been of the simplest character. During the first twenty-four hours, the patients got nothing except an occasional sip of hot water. If she suffered much from thirst, occasionally four ounces of hot water were thrown into the rectum. At the end of twenty-four hours a Seidlitz powder or a couple of drachms of Rochelle salts were given, and sometimes repeated at the thirtieth hour. Occasionally a two grain pellet of calomel took the place of the first dose of Rochelle salts or Seidlitz powder. After the thirtieth hour, the nurse was instructed to introduce into the rectum a short rubber syringe-nozzle to ascertain if flatus was being influenced by peristaltic action. If no gas was passed through the tube, the patient was gently turned, if possible, upon her left side for from thirty to sixty minutes. Passing the tube again at the end of thirty-six hours has usually been followed by the escape of gas. This having occurred, liquid nourishment at short intervals was begun. No opium, or any of its preparations, were given after the operation was ended.

Suppuration at the abdominal wound did not occur to any great extent in more than two in the 100 cases, and in very few of the cases was even a small quantity of suppura-

tion found ; healing by first intention being the rule. One peculiarity in regard to the after-treatment of these cases was that all the stitches were removed at the end of the sixth day. The operator claims that the early removal of stitches conduces to the successful healing of the wound, without pus, and that abdominal wounds that heal by first intention are rarely, if ever, the future site of hernia.

Drainage was practiced in very few of these cases, and then never longer than 24 hours. In one of the ovariotomies at the Allegheny General Hospital, the patient had a hemorrhagic diathesis. She was very anæmic at the time of operation, and during her convalescence had several nose-bleedings requiring packing at the posterior nares. In the operation, extensive pelvic adhesions were encountered. She was in Trendelenburg's posture. Dr. Sutton packed her pelvis full of iodoform gauze, closed the abdominal wound rapidly, put a compress on the abdomen, secured by a scultetus bandage, and put the patient to bed. About 25 hours afterwards, he ordered her a little chloroform, re-opened the wound and took out the packing. The wound was again closed and the patient recovered, healing without the formation of pus.

In another case, that of a woman who was very obstreperous, and from whom a large ovarian cyst had been removed, the house physician removed the stitches at the end of the sixth day. When the last stitch was taken out, the patient gave a yell, and burst the wound clear open, a double handful of intestines protruding. About an hour later Dr. Sutton re-stitched the wound, first scraping the edges with a bistoury, and wiping them with iodoform gauze. The wound healed without difficulty and the patient recovered.

The time occupied in the operations has varied from 7½ minutes to 1 hour, but in these 100 cases the time did not exceed 30 minutes in half a dozen of them. The last 4 ovariotomies were done in respectively 18 minutes, 11 minutes, 23 minutes, and 16½ minutes, one nurse being specially detailed to keep the time of operation from beginning to end. These facts are mentioned in order to show the constant practice of these operations leads to shortening of the time required to perform them.

The average time for these patients in the hospital has been about 23 days.

Malignancy is a very frequent characteristic of abdominal tumors. Mr. Lawson Tait has made the statement that about 10 per cent. of his ovariotomies that have recovered, have subsequently died of malignant disease. No doubt some of these tumors are malignant *ab initio*, but there is no doubt on the other hand that some of them degenerate when they grow old. For this reason, as well as for many others that might be mentioned, the early removal of ovarian cysts is of the greatest importance.

In Dr. Beatty's case, there is no doubt that the woman was pregnant at the time of the removal of the appendages, which was complete. After the birth of her twin children, she admitted sexual intercourse with a lover 42 days previous to operation. In answer to some of the questions prior to operation, and bearing upon the propriety of it, she had made false statements.

In regard to the case of Dr. McCarter, of Beaver Falls, Pa., as stated in the column she was operated on October 20, 1892. The tumors on both sides were large. The pedicle on the right side was burnt through with the Pacquelin cautery close to the horn of the uterus. On the left side, the pedicle was divided by scissors, the Pacquelin refusing to work, and the ligature lay close to the horn of the uterus. The uterus itself was stitched to the lower angle of the abdominal wound. On June 10, 1894, about 20 months after the operation, this woman gave birth to a healthy male child, weighing 10½ pounds. She was attended by Dr. McCarter, who, with others, was present at her operation.

A report of the 100 abdominal sections for the removal of ovarian tumors and diseased uterine appendages, preceding this 100 which I now report, was written by Dr. Sutton himself and published in the *Journal*

of the American Medical Association for July 30, 1892.

Let me call the attention of the reader to the ages of 7 of the ovariotomy cases. They were respectively 58, 60, 60, 61, 65, 65 and 70 years.

Medical Attendant.	Patient	Age.	Operation.	Single.	Double	Descriptive Remarks.	Date.	Place of Operation.	Result.
Dr. Sutton.	Mrs. S.	32	Salpingo-oophorectomy.	.....	"	Both ovaries prolapsed; disorganized. and filled with chocolate-colored grumous blood; chronic inflammation.	1892. May 24.	Private Hospital.	Recovered.
Dr. Rodgers.	Miss H.	22	"	.....	"	Chronic salpingitis and ovaritis, with adhesions.	28	Allegheny General Hospital.	"
A. G. H.	Miss R.	23	"	.....	"	Menstrual epilepsy; chronic salpingitis and ovaritis, with adhesions.	June 1.	"	"
Dr. Orr.	Miss M.	32	"	"	.....	Second operation; large tubercular abscess of left ovary, communicating with rectum, followed by fistula, which healed.	3	P. H.	"
Dr. Emmerling.	Mrs. B.	43	Ovariotomy.	"	.....	Patient in extremis. Large multilocular cyst. Procidentia uteri, extensive ulceration, odor foul. Very feeble; should have been operated 6 months earlier.	5	At Home.	Died.
Dr. Fife.	Mrs. B	40	Salpingo-oophorectomy.	.....	"	Enormous pus tubes with extensive adhesions Patient continues to be an invalid, probably because the infected uterus was not removed.	11	A. G. H.	Recovered.
Dr. Sutton.	Miss S.	32	Ovariotomy.	.....	"	Dermoid cyst of right ovary, with adhesions.	16	"	"
Dr. Thorne.	Mrs. N.	22	Salpingo-oophorectomy.	.....	"	Chronic ovaritis and salpingitis, with adhesions. Right ovary cirrhotic; left, cystic.	16	"	"
A. G. H.	Miss H.	33	Ovariotomy.	.....	"	Impacted multilocular cyst of right ovary, with bad adhesions. Left ovary diseased.	17	"	"
A. G. H.	Mrs. S.	34	Salpingo-oophorectomy.	.....	"	Pus tubes with adhesions.	18	"	"
A. G. H.	Miss P.	29	Ovariotomy.	"	.....	Intra-ligamentous cyst, right side. Left ovary normal; difficult case.	27	"	"
A. G. H.	Mrs. L.	42	Salpingo-oophorectomy.	.....	"	Salpingitis and ovaritis; ventral fixation of uterus.	28	"	"
A. G. H.	Miss C.	19	"	.....	"	Chronic salpingitis and ovaritis; ovaries prolapsed and adherent.	29	"	"
Dr. Bell.	Miss L.	29	"	.....	"	Ovaries large as turkey eggs, filled with bloody fluid.	Sept. 1	P. H.	"
Dr. McCready.	Miss B.	35	"	.....	"	Chronic salpingitis and ovaritis. Old pelvic peritonitis; uterus and appendages en masse. Prolapsed and adherent. Drainage for 24 hours.	3	A. G. H.	"
Dr. Sutton.	Miss H.	26	"	.....	"	Chronic ovaritis and salpingitis, Tissue disintegrated. Probably tuberculous.	6	P. H.	"
Dr. Kirkpatrick	Mrs. K.	29	"	.....	"	Chronic ovaritis and salpingitis. Pus discharged per rectum. Chronic invalid.	7	"	"
Dr. Thorne.	Mrs. R.	20	"	. ...	"	Both ovaries and tubes adherent and hypertrophied. Excessive dyspareunia.	14	A. G. H.	"
Dr. Sutton.	Mrs. T.	32	"	.....	"	One ovary atrophied and cirrhotic; the other large and cystic. Chronic salpingitis. Mental disturbance; increased after operation.	17	P. H.	"
A. G. H.	Miss K.	19	"	. ....	"	Pus tubes, bad adhesions, bloody operation. Pus escaped into peritoneal cavity. Drainage.	24	A. G. H.	"
Dr. Rahauser	Mrs. N.	35	"	.....	"	Chronic ovaritis and salpingitis. Neurasthenia. Severe menstrual headaches.	29	At Home.	"
A G. H.	Mrs. J.	35	"	.....	"	Chronic invalid; ovaries and tubes hypertrophied by chronic inflammation; adhesions.	Oct. 5.	A. G. H.	"

OVARIAN TUMORS AND DISEASED UTERINE APPENDAGES.—Continued.

Medical Attendant.	Patient.	Age.	Operation.	Single.	Double	Descriptive Remarks.	Date.	Place of Operation.	Result.
Dr. Bell.	Mrs. H.	35	Salpingo-oophorectomy.	.....	"	Firm, adherent masses to right and left of retroverted uterus. Much bleeding; drainage; examination by Prof. Matson gave round-celled sarcoma.	Oct. 6.	P. H.	Died.
A. G. H.	Mrs. B.	36	"	.....	"	Ovaries and tubes and uterus and vermiform appendix adherent en masse, and bound down by firm adhesions. Appendages and vermiform removed.	15	A. G. H.	Recovered.
Dr. Sutton.	Miss S.	30	"	.....	"	Chronic ovaritis and salpingitis.	18	P. H	"
A. G. H.	Mrs. S.	37	"	.....	"	Chronic ovaritis and salpingitis. Ovaries prolapsed and adherent.	19	A. G. H.	"
Dr. McCarter Beaver Falls, Pa.	Mrs. P.	28	Ovariotomy.	.....	"	Multilocular tumors on both sides; right side 25 pounds, left side 6 pounds. Cysts filled with colloid. Mirabile dictu, on June 10, 1894, was confined at full term; male child of 10 pounds	20	P. H.	"
Dr. Sutton.	Mrs. L.	28	Salpingo-oophorectomy.	.....	"	Chronic ovaritis and salpingitis. Made ventro-fixation of uterus.	28	"	"
A. G. H.	Miss B.	.....	"	.....	"	Pus tubes with adhesions.	Nov. 2.	A. G. H.	"
Dr. Sutton.	Mrs. P.	30	"	...	"	Chronic ovaritis and salpingitis. Slightly insane. Feb. 8, 1893, reported entirely cured.	3	P. H.	"
Dr. Sutton.	Mrs. L.	70	Ovariotomy.	"	..	Two gallons of ascitic fluid in peritoneal cavity, and 1½ gallons in multilocular tumor of right ovary.	5	"	"
Dr. Wallace.	Miss S.	52	Salpingo-oophorectomy.	.....	"	Ovaries large and papilloid; much free fluid in the belly. Died 6 months later of cancer of the peritoneum.	19	"	"
A. G. H.	Mrs. R.	35	"	...	"	Chronic ovaritis and salpingitis.	19	A G. H.	"
Dr. Ross.	Miss W.	24	"	....	"	Chronic ovaritis and salpingitis, with adhesions.	Dec. 8.	P. H.	"
A. G. H.	Mrs. B.	27	"	.....	"	Pus tubes; dense adhesions.	14	A. G. H.	"
Dr. Ross.	Mrs. S.	65	Ovariotomy.	"	.....	Large parovarian cyst, 35 pounds.	18	P. H.	"
Dr. Leyda.	Mrs. M.	25	Salpingo-oophorectomy.	.....	"	Pyo-salpinx; dense adhesions.	31	A. G. H.	"
A. G. H.	Miss H.	.....	"	.....	"	Chronic ovaritis and salpingitis.	1893. Jan. 23.	"	"
Dr. Dodson.	Mrs. B.	39	Ovariotomy.	"	.....	Fibro-cystic tumor of left ovary; weight 20 pounds.	28	"	"
Dr. King.	Mrs. C.	30	Salpingo-oophorectomy.	.....	"	Chronic salpingitis and ovaritis.	Feb. 1.	P. H.	"
Dr. Taylor.	Miss K.	29	"	.....	"	Chronic ovaritis and salpingitis; chronic invalid.	2	"	"
Dr. Sutton.	Miss M.	24	Ovariotomy.	.....	"	Hemorrhagic diathesis; extensive pelvic adhesions. Pelvis packed with iodoform gauze; removed after 24 hours under chloroform.	6	A. G. H.	"
Dr. Sutton.	Miss H.	29	Salpingo-oophorectomy.	.....	"	Pyo-salpinx, with adhesions.	9	P. H.	"
Dr. Sutton.	Miss M.	38	"	.....	"	Chronic ovaritis and salpingitis.	14	"	"
Dr. Beatty, Fremont St., Allegheny, Pa.	Mrs. D.	34	"	.....	"	Widow 11 years. Says she menstruated last 4 weeks ago; severe pain in both groins; unable to work; stricture in upper third of vagina. Examination per rectum. Cervix lacerated; uterus slightly larger than normal; pain to right and left of uterus. Nine months less 40 days, after operation she was confined and gave birth to twins; was pregnant at the time of operation.	18	A. G. H.	"
A. G. H.	Mrs. B.	39	Ovariotomy.	"	.....	A multilocular cyst, with its contents, weighed 127 pounds; cyst alone, 13 pounds. A fatal result was prognosticated to her friends before operation. Universal pelvic adhesions.	26	A. G. H.	Died.

Ovarian Tumors and Diseased Uterine Appendages.—Continued.

Medical Attendant.	Patient.	Age.	Operation.	Single.	Double	Descriptive Remarks	Date.	Place of Operation.	Result.
A. G. H.	Mrs. B.	39	Salpingo-oophorectomy.	.....	"	Ovaries and tubes full of pus; adhesions to small intestine.	31	A. G. H.	Recovered.
Dr. Van Dyke	Mrs S.	32	"	.....	"	Chronic ovaritis and salpingitis. Patient improved, but uterus continues to be a focus of evil.	April 7.	P. H.	"
Dr. Sutton.	Mrs. Q.	47	Ovariotomy.	"	.....	Multilocular cyst, adherent. Pedicle treated by Baker Brown's method.	16	A. G. H.	"
Dr. McCready.	Mrs. P.	27	Salpingo-oophorectomy.	....	"	Chronic ovaritis and salpingitis.	24	P. H.	"
Dr. Sutton.	Mrs. W.	28	"	.....	"	Chronic ovaritis and salpingitis, gonorrhœal origin. Mental disturbance prior to operation continues, because the infected uterus was left in the patient.	29	A. G. H.	"
Dr. Welch.	Mrs. W.	37	"	.....	"	Chronic ovaritis and salpingitis.	May 4.	P. H.	"
Dr. Reimer.	Mrs. R.	60	Ovariotomy.	"	.....	Large multilocular cyst.	13	"	"
Dr. Sutton.	Mrs. D.	27	Salpingo-oophorectomy.	.....	"	Recurrent pelvic peritonitis; septic salpingitis and ovaritis.	24	"	"
Dr. Hockenberry.	Mrs. G.	29	Ovariotomy.	"	.....	Parovarian cyst.	25	"	"
Dr Puring-ton.	Mrs. D.	38	"	.....	"	Multilocular ovarian cyst.	26	"	"
Dr. Sharpneck.	Mrs. K.	36	"	"	.....	Large multilocular parovarian cyst.	June 1.	"	"
Dr. Martin.	Miss P.	29	"	"	.....	Rapidly developed multilocular cyst. Pedicle twisted.	2	A. G. H.	"
Dr. Mitchell.	Mrs. K.	36	Salpingo-oophorectomy.	.....	"	Prolapsed ovaries; chronic ovaritis and salpingitis; chronic invalid; slow convalescence.	8	P H.	"
Dr. Sutton.	Miss F.	23	"	.....	"	Chronic salpingitis and ovaritis; recurrent pelvic peritonitis; adhesions.	12	A. G. H.	"
Dr. Sutton.	Mrs. T.	26	"	.....	"	Chronic cough, anæmic; had been sent to Colorado for consumption. Chronic ovaritis and salpingitis. Cough disappeared at once and permanently after operation.	15	P. H.	"
Dr. Huselton	Mrs. K.	35	Salpingo-oophorectomy and ventral hernia.	.....	"	A hernia existed above and below the umbilicus, the latter forming a bridge. Ovaries and tubes adherent and badly diseased. Wound closed with step, and buried sutures. Hernia cured.	Aug. 14	A. G. H	"
Dr. Sutton.	Mrs. P.	54	Ovariotomy.	.....	.....	Operated by me for large ovarian tumor in 1890. Returns with another. It proved to be malignant and complicated with cancer of peritoneum and liver.	19	"	Died.
Dr. O'Brien.	Mrs. O.	29	Salpingo-oophorectomy.	.....	"	Chronic ovaritis and salpingitis. Patient very feeble; wound suppurated; tedious convalescence.	Sept. 4.	P. H.	Recovered.
Dr. Van Kirk	Miss D.	43	"	.....	"	Fibroid tumor of the uterus.	11	"	"
A. G. H.	Mrs. H.	26	"	.....	"	Salpingitis and ovaritis. Recovered from the operation, and afterwards died at the Hospital of acute meningitis.	12	A. G. H.	Died.
Dr. Sutton.	Mrs R.	23	"	....	"	Salpingitis and ovaritis; recurrent pelvic peritonitis.	15	P. H.	Recovered.
Dr. Jamison.	Mrs. A.	38	"	"	.....	Chronic invalid; ovaritis and salpingitis. Could not find the second ovary. Patient better but not cured.	18	"	"
Dr. Gladden.	Mrs S.	23	"	.....	"	Salpingitis and ovaritis; abscess in right ovary.	24	"	"
Dr. Sowash.	Mrs A.	36	Ovariotomy.	....	"	Multilocular cysts, both sides; much free fluid in peritoneal cavity.	Oct. 9.	"	"
Dr. Ross.	Mrs. M.	33	Salpingo-oophorectomy.	.....	"	Chronic salpingitis and ovaritis; anterior fixation of uterus.	10	"	"

Ovarian Tumors and Diseased Uterine Appendages.—Continued.

Medical Attendant.	Patient.	Age.	Operation.	Single.	Double	Descriptive Remarks.	Date.	Place of Operation.	Result.
Dr. McClymons.	Mrs. G.	36	Salpingo-oophorectomy.	.....	"	Double pyo-salpinx.	Oct. 17.	P. H.	Recovered.
Dr. Bush.	Mrs. M.	58	Ovariotomy.	"	...	Large cyst; bad looking thing. Filled with pus and broken down blood and ovarian fluids. Extensive adhesions. Drained.	31	At Home.	"
Dr. Sutton.	Mrs. S.	33	Salpingo-oophorectomy.	.....	"	Chronic salpingitis and ovaritis.	Nov. 4.	A. G. H.	"
Dr. Ansley.	Mrs. A.	27	"	.....	"	Salpingitis and ovaritis; pelvic peritonitis.	11	P. H.	"
Dr. McClymons.	Mrs. P.	42	"	.....	"	Chronic salpingitis and ovaritis. The uterus was curetted, cervix sewed up, perineum repaired, and sphincter ani divulsed, and the laparotomy completed all in thirty-six minutes.	20	"	"
Dr. Kirkpatrick.	Mrs. M.	3	"	....	"	Chronic salpingitis and ovaritis, puerperal peritonitis at last confinement.	22	A. G. H.	"
Dr. Clarke.	Mrs. L.	47	Ovariotomy.	"	.....	Multilocular intra-ligamentous cyst. Very large and universally adherent.	24	At Home.	"
A. G. H.	Mrs. H.	20	Salpingo-oophorectomy.	.....	"	Double pyo-salpinx.	Dec. 11.	A. G. H.	"
A. G. H.	Mrs. F.	36	"	.....	"	Ovaries prolapsed; chronic ovaritis and salpingitis; small fibroid in the uterus.	2	"	"
Dr Sutton.	Mrs. D	48	"	.....	"	Small uterine fibroid; chronic ovaritis and salpingitis.	23	"	"
Dr. Sutton.	Mrs. W.	22	"	.....	"	Menstrual epilepsy, uterus infantile. Right ovary cystic; left ovary contained a large blood clot. Patient reported cured of her epilepsy.	1894 Jan. 17	"	"
Dr. Sutton.	Mrs. L.	61	Ovariotomy.	"	.....	Large multilocular malignant cyst, adherent in the pelvis, to rectum and sigmoid flexure; to small intestines and transverse colon. Four inches of ileum resected.	20	P. H	Died.
Dr. Shupe.	Miss D.	55	"	"	.....	Six years ago had ovaritomy performed by Dr. Richmond of St. Joseph, Mo., has now ventral hernia, much free fluid in the belly, cancer of right ovary, omentum and peritoneum. Removed ovarian cyst and omentum.	25	"	Recovered.
Dr. Sutton.	Mrs. H.	27	Salpingo-oophorectomy.	.....	"	Chronic salpingitis and ovaritis.	Feb. 13.	"	"
Dr. Davidson	Miss E.	44	Ovariotomy.	.....	"	Cystic tumors of both ovaries. Cataleptic convulsions which ceased after operation.	March 24	"	"
Dr. Pillow.	Mrs. R.	39	Salpingo-oophorectomy.	"	.....	Right ovary and tube removed in 1886; health continued bad, local symptoms still exist. Left ovary and tube removed.	April 10	"	"
Dr. Sutton.	Mrs. B.	26	"	"	.....	Right ovary and tube found diseased, and removed; left ovary and tube apparently healthy. Made anterior fixation of the uterus.	26	"	"
Dr. Sutton.	Mrs. G.	29	"	.....	"	Chronic salpingitis and ovaritis. Also made anterior fixation of uterus.	May 3.	A. G. H.	"
Dr. Sutton.	Miss M.	26	"	....	"	Chronic salpingitis and ovaritis.	8	P. H.	"
Dr. Sutton.	Mrs. H.	23	Ovariotomy.	.....	"	Dermoid cyst on left side; pus tube on right side.	9	A. G. H	"
Dr. De Wolfe	Mrs. E.	27	Salpingo-oophorectomy.	.....	"	Chronic salpingitis and ovaritis; prolapsed and adherent ovaries.	10	P. H.	"
A. G. H.	Miss H.	24	"	.....	"	Recurrent pelvic peritonitis; hydro-salpinx, and chronic ovaritis. Made ventral fixation of the uterus.	June 2.	A. G. H.	"
Dr. Sykes.	Miss M.	26	"	.....	"	Chronic salpingitis and ovaritis.	6	P. H.	"

Ovarian Tumors and Diseased Uterine Appendages—Continued.

Medical Attendant.	Patient.	Age.	Operation.	Single.	Double	Descriptive Remarks.	Date.	Place of Operation.	Result.
A. G. H.	Mrs. P.	34	Salpingo-oophorectomy.	.....	"	Infantile uterus; ovaries enlarged and cystic; chronic salpingitis.	June 16	A. G. H.	Recovered.
Dr. Davis.	Miss B.	26	"	..	"	Chronic salpingitis and ovaritis, gonorrhœal.	23	"	"
Dr. Johnston	Mrs. C.	60	Ovariotomy,	"	.....	Multilocular ovarian cyst, 16 lbs. Operation done from start to finish in 18 minutes.	Sept. 19	"	"
Dr. Bell.	Mrs R.	55	"	"	.....	Multilocular ovarian cyst, 17 lbs. Operation done from start to finish in 11 minutes.	22	P. H.	"
Dr. Sutton.	Mrs. C.	42	"	"	.....	Parovarian cyst; 20 lbs. fluid. Patient fat; operation done from start to finish in 23 minutes.	29	"	"
Dr. Knox.	Mrs. M.	65	"	"	.....	Multilocular cyst of left ovary. Operation done from start to finish in 16½ minutes.	Oct. 8.	"	"