



Atlee (W. L.)

A TABLE

OF ALL THE KNOWN

OPERATIONS OF OVARIOTOMY,

From 1701 to 1851,

COMPRISING

TWO HUNDRED AND TWENTY-TWO CASES:

INCLUDING

THEIR SYNOPTICAL HISTORY,

AND

ANALYSIS.

BY

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1851.

Whee (W.S.)

A TABLE

OF THE

OPERATIONS OF OVARIOTOMY

From 1701 to 1851

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TWO HUNDRED AND TWENTY-TWO CASES

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1851

ANALYSIS

BY

WASHINGTON D. ALLEN, M.D.

OF THE

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OF THE

PHILADELPHIA

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comprising 222 cases, and giving a synoptical history of each case.
M. D., Philadelphia, 1851.

Cause of death.	REMARKS.	REFERENCES.
	By incision, the use of tents, and subsequent extirpation of the mortified cyst. Opened the tumour, tore up the cells, fixed it by ligature to the wound, and obtained a perfect cure. Cyst opened, dirty gelatinous fluid withdrawn, and sac removed; wound 3 inches to the left of rectus muscle. Both ovaries affected, cyst opened, bloody and gelatinous matter escaped, adhesions to bladder and uterus, incision in the same place. Incision in linea alba.	Hist. de Société Roy. de Médecine, 1783, p. 296, and Edin. Med. Surg. Journ. vol. xviii. p. 532.
	Profuse hemorrhage.	Ibid. and Jeaffreson's Essay, Lond. Med. Gaz. 1844-5, p. 81.
Peritonitis	Incision on the left side.	Amer. Journ. of Med. Sciences, from Eclectic Repertory, p. 261.
		Ibid.
		Ibid.
		Ibid.
Gangrene of intestines	Extensive adhesions to colon, stomach, and peritoneum; one gallon of yellowish-green serum in abdominal cavity. Afterwards became pregnant.	Monthly Journ. of For. Med. vol. iii. p. 440: Philad. 1829.
		Ibid.
		Ibid.
Peritonit. and gangrene	Diseased and deformed from infancy; tumour varicose; pedicle 4 inches thick; ascites.	Ibid.
	Emptied the cyst and removed it. The uterus was the most voluminous part of tumour. Sac emptied, but too adherent to be removed; slight peritonitis; sac and abdomen again filled. Emptied the cyst and removed it.	Amer. Med. Recor. vol. v. p. 124. Med. and Surg. Memoirs, by N. Smith; edited by N. R. Smith, p. 231. Ibid.
		N. Amer. Med. Journ. Jan. 1826. New York Journ. of Med. Sept. 1843, p. 169.

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.			Died.		Operat'n unfinished.	No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Unknown.	Minor.	Major.						
19		Dr. A. G. Smith				1					1						
20		do & McDowal			1					1			1 42d d.				Conglomer. intestine
21	1823	Mr. Lizars	27	1		1						1					
22	1825	do	36	1		1									None		Ovarian tumour
23	1825	do	25	1						1			2d or 3d day		Adhes.		Ovarian tumour
24		do	34	1		1					1						Solid and vascular
25		Dr. Quittenbaum			1		1										
26	1826	Dr. Granville			1		1				1				Adhes.		Cyst
27	1827	do	30	1						1			3 days				
28	1826	Dr. Martini	40	1						1	1		36 hrs.		Adhes.		Cartilagin's
29	1828	Dr. Diffenbaugh	40	1		1				1	1				Adhes.		Highly vascular
30	1829	Dr. D. L. Rogers	20	1		1									Adhes.		Cyst
31		Anonymous	48	1						1	1		6th d.		Adhes.		Cyst
32		Dr. Ritter	31	1		1									None		Cyst
33	1830	Dr. J. C. Warren	40	1						1			On table		None		Scirrhus
34	1833	Mr. Jeaffreson	40	1		1						1			None		Cyst
35	1834	Mr. King	40	1		1									None		Cyst
36	1836	do	37	1		1									None		Cyst
37		do	1			1					1						Omental tumour
38	1836	Mr. Dolhoff	23	1						1			2 days		None		Cyst
39		do	27	1						1	1		8 hrs.		Adhes.		Solid
40		do	23	1		1						1					
41	1836	Mr. West	45	1		1									None		Cyst
42		do	23	1		1											Cyst
43		do	24	1						1							Cyst
44		do	40	1		1					1			Shattered constitution			
45		Mr. Hargraves	40	1		1					1				Adhes.		Cyst
46	1840	Mr. B. Phillips	21	1						1			6th d.	Inflam. of muc. coat of the bowels	None		Multilocular cyst
47	1841	Dr. Stilling	22	1													
48	1842	Dr. C. Clay	46	1		1				1					None		
49	1842	do	57	1		1									Adhes.		Solid and fluid Cysts

Cause of death.	REMARKS.	REFERENCES.
Secondary hemorrhage	The animal ligature used gave way prematurely. The patient tapped herself 90 times.	New York Journ. of Med. Sept. 1843, p. 169. Ibid.
Gangrene of peritoneum	Deceived by great obesity and distended fulness of bowels. Some hemorrhage; ascites; other ovary diseased, but too adherent to be removed. Omental tumour; blood escaped.*	Amer. Med. Recor. vol. viii. p. 23. Churchill's Essay and Jeaffreson's Essay, in Lon. Med. Gaz. 1844-5, p. 81. Ibid. Ibid. and Phillips' Table in Med.-Chirurg. Trans. vol. xxvii. p. 472. Ibid. Velpeau's Oper. Surg. p. 528.
Hemorrhage	Very adherent, incised largely, and carefully emptied. Death attributed to venesection, under the false alarm of peritonitis. Inseparably connected with brim of pelvis; removed a sacculated portion of it. Startled at the size of the base of tumour and flow of blood on puncturing it, and operation abandoned on account of adhesions. Cyst unintentionally opened, emptied, relieved of very extensive adhesions, and removed. Had been tapped 5 times in six months; had a broad base, and not removable from os innominatum. First tapped, and 2 weeks after removed ovary. Ligature slipped.	Churchill's Essay, from Med. Gaz. Jan. 13, 1843. Ibid. Velpeau's Oper. Surg. p. 528, and London Med. Gaz. 1844-45, p. 81. New York Medical and Phys. Journ. Jan. 1830, p. 285. Churchill's Essay, from Froriep's Notizen. Ibid.
Hemorrhage	Fluid evacuated, sac drawn out and removed. Cyst emptied of 27 pints, drawn out, and removed.	Surg. Observ. on Tumours, by J. C. Warren, p. 590. Churchill's Essay. Ibid. Lancet, Jan. 21, 1837, p. 586. Med.-Chir. Trans. vol. xxvii. p. 473.
Peritonitis	Cyst emptied of 15 pints and removed. Declined removing it, being solid and fixed in pelvis by adhesions. Cyst emptied of 20 pints, drawn out, and removed. Cyst emptied of 24 pints, drawn out, and removed.	Braithwaite's Retrospect, Amer. ed. No. 7, p. 99. Ibid. No. 8, p. 101. Ibid. Lancet, Nov. 25, 1837, p. 307. Lancet, Oct. 14, 1839.
Sunk	Constitution much shattered previously. Not removed on account of adhesions; had to be tapped afterwards. Not removed on account of adhesions.	Ibid. Lancet, Oct. 14, 1839. Ibid. Lond. Med. Gaz. 1844-45, p. 86. Ibid.
Inflammation of mucous coat of large intestines Hemorrhage	Extensive ulceration of bowels of some standing; died from other disease, not the operation. Incision 27 inches; tumour 28 lbs. Extensive adhesions; tumour 24 lbs.	Ibid. Oct. 9, 1840. Brit. and For. Med. Rev. Medical Times, No. 160. Ibid. No. 161.

* This case terminated fatally in 1850. It was found to be a fibrous tumour of the uterus connected with its fundus by a narrow fold of peritoneum. Both ovaries were small, and in their proper position. The uterus was atrophied.—*Amer. Jour. Med. Sci.*, April 1851, p. 511.

TABLE OF OPERATIONS OF OVARIOTOMY.

No.	Date.	OPERATOR.	Age.	Incision.			Re- covered.			Died.			Operat'n unfinished.	Time of death.	Other diseases.	Adhe- sions.	Character of tumour.	
				Minor.	Major	Unknown.	Minor.	Major.	Unknown.	Minor.	Major.	Unknown.						
50	1842	Dr. C. Clay	39	1			1									Adhes.	Cysts	
51	1843	do	47	1					1							Adhes.	Anomalous tu-	
52	1843	do	45	1					1		1		7th d.	Disease of uterus	Adhes.	Fleshy tubercle of uterus		
53	1843	do	40	1					1				36 hrs.		Adhes.	Cysts		
54	1843	do	22	1			1								Adhes.	Cysts		
55	1843	do	40	1					1				36 hrs.		None	Cysts		
56	1843	do	43	1			1								Adhes.	Cysts		
57	1843	do	59	1					1				32 hrs.		Adhes.	Cysts		
58	1843	do	45	1			1									Hydatid		
59	1843	do	58	1					1				10th d.			Pelvic tumour		
60	1843	do		1			1									Adhes.		
61	1844	do	49	1					1				3 wks.	Uterine disease			Uterine	
62	1842	Mr. Walne	58	1			1									None	Many cysts with solid base	
63	1843	do	57	1			1									None	Cysts	
64	1843	do	20	1			1									None	Cyst	
65	1843	do	54	1			1				1					Adhes.	Cysts	
66	1843	do	45	1					1					Uterine disease		None	Cysts, solid and fluid	
67		Dr. Ashwell		1					1		1						Cyst	
68		Mr. Crisp				1		1										Cyst
69	1843	Mr. Morris		1			1											
70	1843	Mr. Southam	37	1			1									None	Cystic sarcoma	
71	1843	Dr. F. Bird	35	1			1									None	Cyst	
72	1843	do	21	1			1								None	Cysts and solid matter		
73	1844	do	21	1			1								None	Cysts		
74	1844	do	35	1			1								Adhes.	Cysts		
75	1843	Dr. J. L. Atlee	29	1			1									Adhes.	Cysts and hydatids	
76	1844	do	42	1					1				5th d.	Disease of uterus	Adhes.	Fibrous tumours of uterus		
77	1843	Mr. Heath	46	1					1				17 hrs.	Disease of uterus			Uterine tumour	
78	1843	Mr. Lane	28	1			1									None	Cyst	
79	1843	Mr. Key	19	1					1				9th d.		None	Multilocular cysts		
80	1843	Mr. Greenhow	29	1					1				7th d.	Disease of stomach	Adhes.	Dense and vascular-cellular tumour		
81	1843	Mr. B. Cooper	32	1					1				7th d.	Malignant disease of the uterus	Adhes.	Solid and cysts		
82	1844	Dr. W. L. Atlee	61	1					1				6th d.		None	Bilocular cyst		

Cause of death.	REMARKS.	REFERENCES.
Inflammation Hemorrhage	Incision 28 inches; tumour 73 lbs.; very extensive adhesions. Adhesions extensive. Tumour and entire uterus, excepting the cervix, removed.	Medical Times, No. 162. Ibid. No. 163. Ibid. No. 164.
Hemorrhage	Ovarian tumour 26 lbs.; very extensive adhesions. Tumour 26 lbs.	Churchill's Essay. Ibid.
Inflammation	Tumour 31 lbs.; extensive adhesions.	Ibid.
Exhaustion	Tumour 54 lbs.; very extensive adhesions.	Ibid.
	Tumour 24 lbs.; Dr. Clay says recovered from operation.	Ibid.
	Tumour 26 lbs.; very extensive adhesions. A ligature was applied around the cervix, and the uterus and ovaries removed.	Ibid. Ibid.
		Lond. Med. Gaz.
Peritonitis	Narrow escape, followed by phlegmasia dolens. Tumour 28 lbs. Extensive adhesions caused him to desist. Fibrous tumour of uterus resting against incision is supposed to have caused death. Incision 1½ in.; sac partially withdrawn; an obstacle presenting, was again returned.	Ibid. Aug. 11, 1843, p. 699. Ibid. Oct. 13, 1843, p. 47. Ibid. Feb. 23, 1844, p. 686. Ibid. March 10, 1844, p. 723. London Lancet, Nov. 1843, p. 155.
		Ibid. Dec. 30, 1843, p. 396. Churchill's Essay. Ibid. from Med. Gaz. 1843.
	Sac punctured, emptied, and excised. Incision 5 inches; cyst emptied, withdrawn, and excised.	Lon. Med. Gaz. Mar. 22, 1844, p. 832. Ibid. Dec. 29, 1843, p. 409.
	Followed by slight peritonitis. Many adhesions; sac emptied of firm gelatinous matter and excised; incision 8 inches; tumour 35 lbs.	Ibid. Dec. 8, 1843. Ibid. Aug. 18, 1843, p. 732.
	Both ovaries removed.	Amer. Med. Journ. Jan. 1844, p. 44.
Hemorrhage	Four uterine tumours with thick, vascular pedicles; extensive adhesions; hemorrhage from slipping of ligature.	Not yet reported.
Hemorrhage	The uterus, tumour, and all were removed.	Lond. Med. Gaz. Dec. 8, 1843, p. 309.
Peritonitis	Phlegmasia dolens followed operation. Large vessels on tumour.	Ibid. 1844-45, p. 84. From Guy's Hosp. Rep. Oct. 1843, p. 473.
Peritonitis	For four years previously, frequent uterine hemorrhage.	Med.-Chirurg. Trans. vol. xxvii. p. 88, and Am. Journ. Med. Sci. July, 1844, p. 251.
Peritonitis	A portion of omentum had been included in the ligature.	Med.-Chirurg. Trans. vol. xxvii. p. 76, and Amer. Journ. Med. Sci. April 1844, p. 462.
Insidious peritonitis	Colon involved in a broad pedicle; feeble constitution; both ovaries diseased.	Amer. Med. Journ. July, 1844, p. 43.

Cause of death.	REMARKS.	REFERENCES.
	Thick, fleshy pedicle; followed by violent peritonitis; intestines troublesome.	Amer. Med. Journ. April 1845, p. 309.
	Contents of cyst a light amber colour, and contained a very small quantity of albumen. Tumour tapped before extraction.	Lond. Med. Gaz. Aug. 16, 1844.
	Ascites.	Med.-Chir. Trans. vol. xxvii. p. 472, Phillips' Table.
	Malignant tumour.	Ibid.
		Ibid.
		Ibid.
	Portion of fluid removed before extraction. Two tumours; cyst emptied before removal.	Ibid.
	Cysts emptied before removal.	Lond. Med. Gaz. 1844-45, p. 84, Jeaffreson's Table.
		Med.-Chir. Trans. vol. xxvii. p. 474.
		Ibid.
		Ibid.
		Ibid.
		Ibid.
	Not removed on account of adhesions.	Lond. Med. Gaz. 1844-45.
		Western Lancet, Oct. 1844.
	Not removed on account of adhesions. The patient rapidly recovered from the operation, after the peritoneal cavity had been exposed for 2 hours; but the disease progressed, and she died from the disease in about 2 months.	Not reported.
	Cyst opened and withdrawn. Hand introduced into the abdomen.	Lond. Lancet, April 5, 1844, p. 397, Lond. ed.; or p. 84, Amer. ed.
Hemorrhage	Cyst first tapped and withdrawn; adhering to several inches of intestine, but, previous to the operation, supposed to be non-adherent; a portion of the pedicle escaped from the ligature, whence arose the hemorrhage.	Ibid. Dec. 12, 1846; also, Ranking's Abstract, Amer. ed. No. 5, p. 251, 1847.
	Multilocular, weighed 28 lbs.; recovered without a bad symptom. "Ligature came away in three weeks; each artery tied separately; the whole pedicle was not included; left ovary healthy." Lee on Tumours of the Uterus, p. 271.	Provincial Med. and Surg. Journ. Oct. 7, 1845; also, Ranking's Abstract, No. 2, p. 188.
	Exploratory incision; cyst punctured, and removed 16 or 18 pints of clear lemon-coloured fluid; hand introduced, &c. "Ligature came away on the 49th day; left ovary tapped and extracted." Lee, p. 269.	Ibid. Sept. 10, 1845, p. 561; also, Braithwaite's Retrospect, No. 12, p. 247.
Peritonitis & constitutional debility	Multilocular cyst with cerebriform solid matter; operation performed under apparently favourable circumstances.	Arch. Gén. de Méd. vol. xx. p. 92; also, Amer. Journ. Med. Sci. July 1847, p. 234.
ileus and phlebitis of lower limb	"Both ovaries diseased and extracted." Lee, p. 271.	Edinb. Med. and Surg. Journ. 1846; also, Amer. Journ. Med. Sci. April 1846, p. 502.
	"Cyst very thick and filled with cholesterine; tapped and extracted; there was no pedicle, and a small section of the uterus was removed with it." Lee, p. 269.	London Lancet, Amer. ed. April 1846, p. 315.
	Tumour adherent to pelvis and uterus; a segment of the cyst left attached.	Ibid.; also, Amer. Journ. Med. Sci. Jan. 1851, p. 234.
	Large tumour with very short pedicle.	Ibid.

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.		Died.		Operat'n unfinished. No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Unknown.	Minor.					
111	1847	Dr. Fred. Bird	32			1		1						Adhes.	Cystiform
112		do		1				1			3d d.		Adhes.	Large sessile tumour	
113		do		1				1			3d d.		Adhes.	Cystiform	
114		do		1				1			5th d.		None		
115		do		1				1			7th d.				
116		do			1				1	1	2d d.	Death impending	Adhes.		
117		do		1		1				1					
118		do		1		1				1					
119		do		1		1				1					
120		do		1		1				1					
121		do		1		1				1					
122		do		1		1				1					
123		do		1		1				1					
124		do		1		1				1					
125		do		1		1				1					
126		do		1		1				1					
127		do		1		1				1					
128		do		1		1				1					
129		do		1				1		1	2d d.				
130		do		1		1				1					
131		do		1		1				1					
132		do		1		1				1					
133		do		1		1				1					
134		do		1		1				1					
135	1846	Dr. J. L. Atlee	33		1				1		15th d.		Adhes.	Cystiform	
136		Dr. Hayny			1				1	1	4th d.		Adhes.		
137		do			1				1		6 wks.		Adhes.		

Cause of death.	REMARKS.	REFERENCES.
	Multilocular; both ovaries extirpated; one, of compound character, weighed 20 lbs.; the other, consisting of several cysts, weighed 4 lbs.; both adherent to abdominal walls—the larger one firmly to the omentum, an artery of which was tied; rapid recovery, without an untoward symptom; menstruation, both before and after operation, uninterrupted.	London Lancet, Oct. 30, 1847, p. 467; also, Ranking's Abstract, No. 6, 1848, p. 246.
	Tumour bound down in the pelvis, causing unceasing suffering; tapping required every 10 or 12 days.	Ibid. Nov. 23, 1850; also, Amer. Journ. Med. Sci. Jan. 1851, p. 234.
	Small tumour.	Ibid.
	Large compound tumour.	Ibid.
	Very large malignant mass inseparably adherent posteriorly; extreme suffering from distension by solid matter, and rapidly approaching death, rendered the attempted operation justifiable.	Ibid. p. 235.
	Small incision, then tapped.	Ibid.
	Small incision, then tapped.	Ibid.
	Incision of rather large size.	Ibid.
	Small incision to ascertain the character of the adhesions, and of small tumour attached to the cyst, as well as to evacuate the contents; patient advanced in life and exhausted by suffering; lived 6 weeks.	Ibid.
	Incision.	Ibid.
	Incision, then tapped.	Ibid.
	Incision, then tapped.	Ibid.
	Incision, then tapped.	Ibid.
	Incision, then tapped; tapped several times afterwards.	Ibid.
	Incision, then tapped; tapped afterwards.	Ibid.
	Incision, then tapped; tapped many times afterwards.	Ibid.
	Incision, not tapped; tapped afterwards and died.	Ibid.
Bursting of hepatic abscess	Incision to ascertain adhesions, and to remove very viscid contents; died next day from bursting of hepatic abscess into the peritoneal cavity, as proved by autopsy.	Ibid.
	Small incision, then tapped; afterwards tapped.	Ibid.
	Incision; colloid.	Ibid.
	Small incision; tapped many times afterwards.	Ibid.
	Incision, then tapped.	Ibid.
	Incision, then tapped.	Ibid.
Inflammation of the lungs	Multilocular; weighed 45 lbs.; patient got along very well for several days, and took cold on slight exposure, which produced pneumonia. An autopsy was made, and no abdominal or pelvic inflammation was discovered.	Not published.
Exhaustion	Removal impossible from adhesions; no regard paid to temperature during the operation.	Brit. and For. Med. Rev., Forbes's Amer. ed. Jan. 1847, p. 297.
Peritonitis	A portion of the omentum removed with the tumour; no regard paid to temperature during the operation.	Ibid.

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.			Died.			Operat'n unfinished.	No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Unknown.	Minor.	Major.	Unknown.						
138	1846	Mr. Solly	20	1					1					11 hrs.		None	Cystiform	
139	1845	Dr. C. Clay	35	1			1									None	Cyst with solid matter	
140	1846	do	51	1			1									None	Cystiform	
141		do		1			1											
142		do		1			1											
143		do		1					1					14th d.	Disease of uterus		Ovarian and uterine	
144		do		1			1				1							
145		do		1			1				1							
146		do		1			1				1							
147		do		1			1				1							
148		do		1			1				1							
149		do		1			1				1							
150		do		1			1				1							
151		do		1			1				1							
152		do		1			1				1							
153		do		1			1				1							
154		do		1			1				1							
155		do		1			1				1							
156		do		1			1				1							
157		do		1			1				1							
158		do		1			1				1							
159		do		1			1				1							
160		do		1			1				1							
161		do		1			1				1							
162		do		1			1				1							
163		do		1			1				1							
164	1848	Drs. Clay and Branson		1							1			44 hrs.		Adhes.	Cystiform	
165		Mr. W. [B-k-s-w]		1							1			6th d.	Exhaustion before operation	None		
166		Mr. Lane		1			1									Adhes.		
167		do		1		1										Adhes.	Cystiform	
168		do		1							1					Adhes.	Cystiform	
169	1846	Dr. Pr. Smith	39	1							1			4 hrs.	Chronic periton.	None	Cystiform	
170	1846	Mr. Arrowsmith	22	1		1						1				Adhes.	Cystiform	

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.		Died.			Operat'n unfinished.	No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Minor.	Major.	Unknown.						
171	1846	H. E. Burd	26		1		1									None	Cystiform
172	1846	Mr. W.			1		1										
173	1846	Cæsar Hawkins	18	1			1									None	Cystiform
174		Dr. R. D. Mussey				1		1				1				Adhes.	
175		Dr. Ehrhartstein				1		1				1					
176		Mr. Bainbrigge	31	1			1										Cystiform
177		Dr. Diffenbaugh				1		1				1				Adhes.	
178	1844	Dr. Woyeikowski	40		1			1								None	Scirrhus
179	1835	Dr. Bellinger	35		1			1						Hydrops uteri			

Cause of death.	REMARKS.	REFERENCES.
	<p>Multilocular; the largest cyst was tapped after the incision, and over 3 gallons of glairy fluid withdrawn, after which the tumour was drawn out; the pedicle was very thick, requiring 3 strong twine ligatures in different compartments, and each vessel was separately tied besides; much alarm was excited subsequently by the frequent occurrence of collapse, which was relieved by the administration of opium, ammonia, and brandy; tumour weighed 50 lbs.; the patient was 3 or 4 months gone in pregnancy, and aborted 40 hours after the operation.</p>	<p>London Med. Gaz. April, 1847; also, Ranking, No. 5, p. 249.</p>
	<p>“Unilocular; ligature came away from the 22d to the 25th day; the wound entirely healed on the 29th day.” Lee, p. 271.</p>	<p>Lee's Table. Med. Gaz. Oct. 30, 1846.</p>
	<p>Operation not completed in consequence of numerous and extensive adhesions; wound kept open by a tent; a clear liquid came away for several days, then became purulent, diminished gradually, ceased in 3 weeks, closed, and tumour disappeared. A year after, delivered of her 14th child and no return of disease.</p>	<p>Amer. Journ. of Med. Sciences, Feb. 1838, p. 380.</p>
	<p>Serum continued to drain for some time from the aperture; afterwards changed to milky fluid, flowed for 9 weeks, wound cicatrized, and patient was cured.</p>	<p>Arch. Générale de Médecine, vol. xxxi. p. 427; also, Amer. Journ. Med. Sciences, July, 1847, p. 233.</p>
	<p>Unilocular; incision three inches long; a portion of cyst drawn out, contents evacuated; a portion of cyst then removed, its edges fixed to outer wound, and suppuration induced; on the 5th day the discharge became purulent, and was maintained so by stimulant injections; in three months the discharge greatly diminished, and the general health was completely restored.</p>	<p>Prov. Med. Journ. Dec. 16, 1846; also, Braithwaite, No. 5, p. 250.</p>
	<p>Adhesions were such that the tumour was merely punctured after incision; a sanious matter continued to discharge for some time after, and patient ultimately recovered.</p>	<p>Arch. Générale de Médecine, vol. xx. p. 92; also, Amer. Journ. Med. Sciences, July, 1847, p. 234.</p>
	<p>Tumour weighed 6½ lbs.; woman in labour; had gone three months beyond her time; uterus forced out of the vagina; trocar removed 35 litres of yellowish fluid; day after removed tumour by incision from 3 inches above the umbilicus to the pubis, and 30 litres more of fluid; no bad symptoms followed; she walked home to a neighbouring town the 25th day afterwards. She was delivered of a boy 13 months afterwards, and of another boy in December 1846.</p>	<p>Journ. de Méd. et de Chirurg.; also, Amer. Journ. Med. Sciences, Oct. 1847, p. 484.</p>
	<p>Incision extended nearly to the ensiform cartilage; the tumour was removed by cutting the round and broad ligaments; two arteries of considerable size were tied with animal ligature, both ends of which were cut off close to the knot; a tumour in the pelvis was formed by the uterus distended with a large quantity of dark watery fluid, which escaped through a rent made by the finger through its posterior wall. The patient was still living in good health May, 1847; menstruation never returned.</p>	<p>South. Journ. Med. and Pharm. May, 1847; also, Wood's Quarterly Retrospect, July, 1847, p. 21.</p>

Cause of death.	REMARKS.	REFERENCES.
Peritonitis	<p>Operation abandoned from finding the peritoneum adherent along the line of the incision.</p> <p>The lateral ligaments were divided, were very vascular, and many arteries were tied with animal ligatures; the neck of the uterus was cut across about three-fourths of an inch above the os tincae, and the entire tumour [the uterus] removed; there had been no internal hemorrhage.</p>	<p>South. Journ. Med. and Pharm. May, 1847; also, Wood's Quarterly Retrospect, July, 1847, p. 22.</p> <p>Ibid.</p>
Hemorrhage	<p>Fibrous tumour developed in the fundus of the uterus weighing nearly 9 lbs.; pedicle formed by the body of the uterus about 2 inches in diameter; the left Fallopian tube removed with the tumour; both ovaries were left in the pelvis; supposed to have contained fluid; attempts at tapping; wrong diagnosis; contained only a clear serous fluid in its interstices or meshes; half of the pedicle was not firmly constricted by the ligature, and patient sunk from hemorrhage.</p>	<p>Amer. Journ. Med. Sciences, April, 1848, p. 371.</p>
Diarrhœa and peritonitis	<p>With a strong fir stick, wrapped with lint, and thrust into the cyst, turning and winding it, above two yards long of a substance like glue was drawn out, which was followed by 9 quarts of such matter, and several hydatids larger than an orange; dressed by interrupted suture. Lived in perfect health until 1714.</p> <p>Multilocular; extensive adhesions to omentum and parietes easily loosened; two cysts punctured to diminish the size, from which flowed a whitish, ropy, albuminous-looking fluid; the emptied tumour weighed 9½ lbs.; chloroform employed.</p> <p>Both ovaries diseased; incision from 20 to 24 inches long; both cysts emptied before being tied; only two-thirds of the right cyst removed; autopsy discovered that this tumour was firmly united to the bladder and uterus and walls of the pelvis; peritonitic symptoms were almost entirely absent, although the bowels were found agglutinated together, and several ounces of pus were found in the pelvis; chloroform employed.</p> <p>Fibrous tumour of the uterus; the tumour, whose length was about 8 or 9 inches, and breadth 5 or 6 inches, embraced the entire left half of the uterus, from which it was considered impossible to separate it, and, therefore, the further prosecution of the operation was deemed impracticable; chloroform was used, but its effects were considered very deleterious; the symptoms for several days were very alarming, but she finally recovered from the greatest perils.</p>	<p>Philosoph. Trans. Abridged, vol. vii. p. 541; also, Amer. Journ. Med. Sciences, April, 1849, p. 534.</p> <p>West. Journ. of Med. and Surg. July, 1848, p. 38.</p> <p>Lond. Med. Gaz. June 23, 1848; also, Amer. Journ. Med. Sciences, July, 1849, p. 205.</p> <p>Boston Med. and Surg. Journ. Oct. 11, 1848; also, Amer. Journ. Med. Sciences, Jan. 1849, p. 258.</p>

TABLE OF OPERATIONS OF OVARIOTOMY.

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.		Died.			Operat'n unfinished. No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Minor.	Major.	Unknown.					
187	1849	Dr. J. Deane	45		1					1			12th d.		None	Cystiform
188	1848	Dr. P. J. Buchner	32		1		1								Adhes.	Cystiform
189	1848	do			1		1									Fibrous tumour
190		do			1					1			6th d.			
191	1850	do	39		1		1								Adhes.	
192	1848	Dr. D. Meeker	32		1					1			6 hrs.		Adhes.	Cystiform
193		M. H. Larry			1		1									Pilous ovarium
194		Mr. Arnott		1					1		1		74 hrs.		Adhes.	Cystiform

Cause of death.	REMARKS.	REFERENCES.
Inflammation and gangrene of the intestines	<p>Incision from pubis to sternum nearly; incision completed after tapping the cyst, which collapsed into the pelvis; the small intestines were highly injected, congested, or inflamed; in other respects all the viscera healthy. Things went on well for a week, and on the 4th day union was accomplished; afterwards, inflammation of the intestines, constipation, and vomiting supervened, and death. A post-mortem examination revealed gangrene of the intestines and parts adjacent to pedicle; weight about 40 lbs.</p>	<p>Dr. James Deane's Letter to me, dated Greenfield, Mass., April 8, 1851.</p>
	<p>Multilocular. The large sac being extensively adherent to the peritoneum, it was unavoidably punctured, and 18 pints of a dirty, opaque, cream-coloured fluid, of the consistence of pus, discharged; after this the posterior wall of the cyst was divided, and several bands of organized lymph severed by the knife; the sac was now torn from its adhesions, which extended above and below the umbilicus and across to the linea semilunaris. The patient remarked that the act of separating the sac from the walls of the belly reminded her of tearing the leaf lard from pork. From another cyst 6 pints of fluid were removed, and this was another division of the tumour adhering extensively to the peritoneum and omentum, which was ruptured and bled freely, requiring ligatures. The pedicle was on the right side, embracing the Fallopian tube and ovary, and about 2 inches in diameter, and highly vascular; this was also adherent to the fundus uteri; patient did not lose 4 ounces of blood; operation lasted 1½ hours; tumour weighed 28½ lbs.; solid part 4½ lbs.</p>	<p>Western Lancet and Hosp. Reporter, Oct. 1848, p. 201.</p>
Peritonitis	<p>Weight of tumour 4½ lbs.</p>	<p>Ibid. p. 213.</p>
	<p>Many alarming and dangerous symptoms followed.</p>	<p>Amer. Journ. Med. Sciences, Oct. 1850, p. 560.</p>
Hemorrhage	<p>Multilocular; incision 22 inches; adhesions to parietes, omentum, and small intestines readily separated; pedicle to the right ovary 2½ inches broad, and 2 inches in length; operation lasted 45 minutes; the ligature slipped from half the pedicle, the cavity filled with fluid blood, and the patient was exhausted by the hemorrhage; the tumour weighed 40 lbs. 8 ounces.</p>	<p>Ibid. from Ohio Med. and Surg. Journ. Sept. 1850.</p>
	<p>Multilocular; extensive adhesions, on which account the operation was not completed. Dr. Clay attributes the failure to the small incisions.</p>	<p>Supplement to Boston Med. and Surg. Journ. Sept. 6, 1848, p. 116.</p>
		<p>Mém de l'Acad. Roy. de Méd. tomes xii. and xiii. Paris, 1846-48.</p>
		<p>Med. Gaz. and Obstet. Rec. No. 12; also, Ranking's Abstract, Dec. 1848, p. 246.</p>

No.	Date.	OPERATOR.	Age.	Incision.		Re-covered.			Died.			Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Unknown.	Minor.	Major.				
195	1847	Dr. Vangirard	25		1		1								Cystiform
196	1849	Dr. W. L. Atlee	29		1		1						Procidencia uteri	Adhes.	Fibrous tumour of ovary
197	1849	do	33		1		1				1		Disease of uterus	None	Uterine tumour
198	1849	do	25		1		1							Adhes.	Cystiform
199	1849	do	43		1		1				1		Disease of uterus	None	Uterine tumour
200	1849	do	39		1		1							None	Fibrous tumour of uterus
201	1850	do	30		1					1		6th d.		Adhes.	Cystiform
202	1850	do	48		1					1		3d d.	Obstruct. bowels; death impending	Adhes.	Cystiform
203	1850	do	40		1					1		3d d.	Ascites & anasarca; death impending	Adhes.	Cystiform

Cause of death.	REMARKS.	REFERENCES.
	Tapped 50 times in 3½ years; the cyst was first tapped, and then removed; the tumour was cartilaginous, gelatinous, and cerebriform; weight 9 lbs.; ether inhaled; incision to the left of, and parallel with the linea alba; the pedicle was attached to the left side. The patient was well at the end of a month.	Journ. des Scien. Médico-Chirurg.; also, Ranking's Abstract, Dec. 1848, p. 246, and No. 9, p. 275, and No. 8, p. 246.
	Extensive and very firm adhesions to the bones of the pelvis, and to the iliac vessels; Poupert's ligament was imbedded in the tumour and stretched across it; complete procidentia uteri; chloroform 1 part, ether 2 parts, administered; recovery without an unpleasant symptom; pregnant twice since.	Amer. Journ. Med. Sciences, Oct. 1849, p. 336.
	The uterus was enlarged, and, in consequence, the tumour was not removed; the right ovary was as large as an orange, and the left one was also diseased; chloroform mixture administered; rapid recovery; operation exploratory.	Ibid. April, 1850, p. 318.
	One large cyst extensively adherent to the omentum by its anterior surface; 4 gallons of chocolate-coloured fluid removed one week before; weight of tumour 40 lbs.; chloroform mixture given; rapid recovery. Has been married since, and has given birth to a fine healthy daughter, after an easy parturition of about 3 hours.	Ibid. p. 328.
	The uterus was enlarged, and had large cystiform bodies incorporated with it, therefore not removed; chloroform mixture; rapid recovery; operation exploratory.	Not yet published.
	Fibrous tumour attached to the fundus of the uterus with a dense pedicle; weight 6 lbs.; chloroform mixture; rapid recovery; menses on at the time of the operation, and continued without interruption.	Not yet published.
Peritonitis	Extensive adhesions; two round strong vascular cords bound the cyst to the recto-vaginal cul-de-sac, requiring ligatures; patient ate an orange on the evening of the 4th day, up to which time she was doing well, and soon after inflammation set in; chloroform mixture.	Not yet published.
Exhaustion	Multilocular; the cyst was inseparably adherent to the intestines and uterus; the adherent portions of the cyst were detached from the main tumour, and permitted to remain; spermatic artery cut and tied; weight of tumour 28 lbs.; chloroform mixture; the bowels had been obstructed for several days before the operation, and it was performed only with the view of arresting the progress of approaching death.	Not yet published.
Exhaustion	The cyst weighed 25 lbs., exclusive of about 2 gallons of serum from the peritoneal cavity; had been tapped for ascites 5 times before; the lower limbs were anasarcaous and ulcerated, weeping away immense quantities of water; the omentum was much thickened, œdematous, and spread over the cyst, and almost inseparably adherent; the uterus was also extensively adherent; chloroform mixture. The operation was performed with the same view as the case above.	Not yet published.

No.	Date.	OPERATOR.	Age.	Incision.			Re-covered.		Died.		Operat'n unfinished No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Minor.	Major.					
204	1850	Dr. W. L. Atlee	41		1			1				Disease of uterus	None	Uterine tumour	
205	1850	do	37		1			1					Adhes.	Cystiform	
206	1850	do	42		1			1				Anæmia	Adhes.	Cystiform	
207	1850	do	28		1				1		30th d.	Pregnancy	Adhes.	Cystiform	
208	1851	do	29		1				1		3d d.		Adhes.	Cystiform	
209	1849	Dr. Bayles			1			1							
210		Anonymous			1				1						
211		Mr. Tueffard	40			1		1					Adhes.	Extra-uterine fœtation	

Cause of death.	REMARKS.	REFERENCES.
	The uterus was enlarged; chloroform mixture, which produced a state of catalepsy, rendering it extremely troublesome with the intestines; they were forced out, and could scarcely be returned; a favourable recovery, and improved health since the operation.	Not yet published.
	Multilocular; adhesions to the whole front of the abdomen and to the omentum; a patch of the cyst, as large as the palm of the hand, was left adhering to the walls of the abdomen at the umbilicus; pedicle 3 or 4 inches long, round, and as thick as the little finger; first cut the pedicle, and then picked out the vessels and tied them separately; weight of tumour 25 lbs.; chloroform mixture; rapid recovery.	Not yet published.
	Multilocular; patient greatly enfeebled by previous disease; adhesions to the intestines, uterus, bladder, rectum, and whole basin of the pelvis; a part of the cyst was left attached to the colon; several cysts broke while removing them and flooded the intestines; pedicle about 4 inches long and slender; applied no ligature; used torsion; pulse 130 at time of operation; tumour 15 lbs.; chloroform mixture; rapid recovery.	Not yet published.
Inanition from pregnancy	Multilocular; had been tapped 16 times; 56 lbs. of fluid removed at one tapping; the mass of the tumour was composed of two immense cysts; it weighed 81 lbs.; she was 2 months gone in pregnancy at the time of the operation; she recovered from the operation, but this was followed by such great irritability of stomach, in consequence of a state of pregnancy, that she could not be nourished, and she died, 30 days after, of starvation; no miscarriage; chloroform mixture.	Not yet published.
	Multilocular; incision from sternum to pubis, nearly, very firm and extensive adhesions; some peritoneal effusion; pedicle about 6 inches broad, filled with varicose veins; one of the cysts, a large one, was filled with partially-washed crassamentum; weight of tumour 35½ lbs.; chloroform mixture.	Not yet published.
	Tumour weighed 18 lbs.	Trans. of Amer. Med. Assoc. vol. iii. p. 379.
	Tumour weighed 26 lbs.	Baltimore Paper.
	The tumour consisted of an extra-uterine fœtus; this was the 6th pregnancy; the fœtal movements were perceptible up to the 6th month, then ceased, and were followed by hemorrhage and excessive pain. Six months after this, the tumour was discovered in the right groin; at the operation two cysts were removed; one was filled with adipocire, closely adherent, and joining one cavity with the uterus, its fundus being destroyed; the other cyst contained the limbs and trunk of a fœtus, the head and upper extremities having escaped into the general cavity of the peritoneum, and adhering firmly; both were removed; ether administered; perfect recovery.	Ranking's Abstract, vol. ix. p. 279; also, Amer. Journ. Med. Sciences, Oct. 1849, p. 522.

No.	Date.	OPERATOR.	Age.	Incision.			Re- covered.		Died.		Operat'n unfinished.	No tumour.	Time of death.	Other diseases.	Adhesions.	Character of tumour.
				Minor.	Major.	Unknown.	Minor.	Major.	Unknown.	Minor.						
212	1849	Jno. Crouch, Esq.	24	1			1							Adhes.	Cystiform	
213	1849	Mr. F. Elkington	31		1		1							Adhes.	Cystiform	
214	1849	Dr. W. H. Van Buren	21		1		1						Proci- dentia uteri	Adhes.	Fibrous tu- mour of ovary	
215	1849	Dr. J. H. Bigelow	22		1		1								Cystiform	
216	1849	Dr. A. Marsh	49		1		1							None	Cystiform	
217	1847	Dav. Prince, M.D.	25	1			1				1			Adhes.	Solid ova- rian tumour	
218	1850	Dr. A. H. Grimshaw	37		1				1			5 hrs.		Adhes.	Cystiform	
219	1850	W. E. Duffin	38	1			1							None	Cystiform	
220	1850	Dr. E. R. Peaslee	25		1		1							Adhes.	Cystiform	
221	1850	Geo. Norman	23		1		1							Adhes.	Solid ova- rian tumour	
222		Dr. R. D. Mussey			1				1		1	14 hrs.	Uterine		Uterine tu- mour	
Totals				52	153	17	39	95	12	13	58	5	57	6		
				222			146			76						

Cause of death.	REMARKS.	REFERENCES.
	Multilocular; left ovary; weight of tumour 14 lbs.; rapid recovery; the cysts tapped before their removal.	Prov. Med. and Surg. Journ. Sept. 5, 1849; also, Amer. Journ. Med. Sciences, Jan. 1850, p. 221.
	Multilocular; adhesions slight; pedicle very broad and vascular; weight of tumour 40 lbs.; rapid recovery.	Ibid. Sept. 19, 1849; also, Amer. Journ. Med. Sciences, Jan. 1850, p. 220.
	Complete procidentia uteri; three vessels of the omentum tied, and ligatures cut off close to the knot; about 20 ounces of serum in the peritoneal cavity; weight of tumour 7 lbs.; circumference 23 inches; chloroform given.	New York Journ. of Med. and Collat. Sciences, March, 1850, p. 159.
	Multilocular; had been previously tapped; a multilocular tumour was first removed, weighing 8 lbs.; afterwards a fibrous tumour was removed from deep in the pelvis, weighing $\frac{3}{4}$ lb.	Boston Med. and Surg. Journ. Jan. 23, 1850, p. 503.
	The pedicle was severed half an inch from the ligature, which slipped off while sponging the wound, and alarming hemorrhage resulted; the vessel was immediately secured by transfixing the pedicle with an armed ligature; weight of tumour 18 lbs.; chloroform given.	Dr. Marsh's Pamphlet.
	The tumour was adherent to the anterior walls of the abdomen; incision 3 inches; a free incision was made into the tumour, and a portion of its interior removed; a few minute hydatids discovered; the wound was left open, and a tent introduced; a large amount of pus was discharged for a long time, and the tumour entirely disappeared. April 10th, 1849, a healthy daughter born.	Amer. Journ. Med. Sciences, July, 1850, p. 267.
hemorrhage	Had been tapped 9 times; last time, 10 days before the operation, 5 gallons of fluid removed; walls of the abdomen œdematous; 3 ligatures were applied to the left broad ligament.	Med. Examiner, Nov. 1850, p. 630.
	Incision 3 inches; cyst tapped, and drawn out 130 ounces of brown-coloured,ropy, viscid fluid; woman as large as at the 8th month of pregnancy.	London Lancet, Nov. 23, 1850; also, Amer. Journ. Med. Sciences, Jan. 1851, p. 226.
	Both ovaries removed; weight of left ovary, with the contents, 29 lbs.; of right, 10 drachms; menses returned 72 hours after operation, and continued 3 days; 4 ligatures; 3 came away by <i>untying</i> themselves, and 1 with a <i>loop</i> ; unmarried; anæsthesia.	Amer. Journ. Med. Sciences, April, 1851, p. 371.
	Operation unfinished in consequence of adhesions; tumour diminished to half its size rapidly after the operation.	Prov. Med. and Surg. Journ. Jan. 8, 1851; also, Amer. Journ. Med. Sciences, April, 1851, p. 509.
exhaustion	Tumour in the walls of uterus; large veins covering it; chloroform mixture.	From Dr. Mussey himself.

Analysis of the 222 Cases of Ovariectomy in the above Table. By
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I. Of these 222 cases, 52 were of the minor section, 153 of the major, and 17 unknown.

II. Of the 52 minor operations, 39 recovered, and 13 died, or 1 in every 4, or 25 cases in 100.

III. Of the 153 major operations, 95 recovered, and 58 died, or 1 in every $2\frac{3}{8}$, or 37.91 cases in 100.

IV. Of the 17 unknown sections, 12 recovered, and 5 died, or 1 in every $3\frac{2}{5}$, or 29.41 cases in 100.

V. Of the 222 cases, 146 recovered, and 76 died, or 1 in every $2\frac{3}{8}$, or 33.78 cases in 100.

VI. Of the 222 cases, 57 were not completed, or 1 in every $3\frac{1}{9}$, or 25.68 cases in 100.

VII. Of the 222 cases, there was no tumour in 6, or 1 in every 37, or 2.7 cases in 100.

VIII. Of the 57 unfinished operations, 24 were the large section, 27 the small, and 6 unknown.

IX. Of the 24 unfinished large sections, 17 recovered, and 7 died, or 1 in every $3\frac{3}{7}$, or 29.17 cases in 100. The proportion of unfinished operations in the large sections, is as 24 to 153, or 15.69 cases in 100.

X. Of the 27 unfinished minor sections, 23 recovered, and 4 died, or 1 in every $6\frac{3}{4}$, or 14.81 cases in 100. The proportion of unfinished operations in the small sections, is as 27 to 52, or 51.92 cases in 100.

XI. Of the 6 unfinished unknown sections, 5 recovered and 1 died, or 1 in every 6, or $16\frac{2}{3}$ cases in 100.

XII. Of the 57 unfinished operations, 45 recovered, and 12 died, or 1 in every $4\frac{3}{4}$, or 21.05 cases in 100.

XIII. Of the 57 unfinished operations, 25 were merely exploratory, all of which recovered.

XIV. Of the 6 operations in which no tumour was found, 5 were major, and 1 minor; 3 of the former recovered, 2 died; and the minor recovered; making 4 recoveries, 2 deaths, or 1 in every 3.

XV. In 27 cases, other important diseases co-existed. The particular diseases were the following:—

13 cases in which the uterus was diseased.

2 “ of procidentia uteri.

- 1 case of hydrops uteri.
 1 “ “ pregnancy.
 1 “ “ anæmia.
 1 “ “ ascites and anasarca.
 1 “ “ obstructed bowels.
 1 “ “ chronic peritonitis.
 1 “ “ exhaustion before operation.
 1 “ “ impending death.
 1 “ “ disease of the stomach.
 1 “ “ inflammation of the mucous coat of the bowel.
 1 “ “ shattered constitution.
 1 “ “ tuberculated liver and scirrhus mesenteric glands.

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XVI. In 5 of the cases complicated with other diseases, the operation was left unfinished; 4 of these patients recovered, 1 died. Of the remaining 22 cases, 5 recovered, 17 died; 24 of these cases were the major, 2 the minor, and 1 the unknown section.

XVII. In 83 cases, there were adhesions; in 47, none; in 92, not stated. Of the first, 49 recovered, 34 died, or 1 in every $2\frac{1}{8}\frac{5}{3}$, or 40.96 cases in 100. Of the non-adherent cases, 33 recovered, 14 died, or 1 in every $3\frac{5}{14}$, or 29.79 cases in 100.

XVIII. The causes of death have been particularly noted in 49 cases.

The following is the result:—

- 14 patients died from peritonitis.
 13 “ “ “ hemorrhage.
 6 “ “ “ exhaustion.
 2 “ “ “ shock of operation.
 1 patient “ “ inflammation of mucous coat of large intestine.
 1 “ “ “ gangrene of intestines.
 1 “ “ “ gangrene of peritoneum.
 1 “ “ “ peritonitis and gangrene.
 1 “ “ “ inflammation of the lungs.
 1 “ “ “ peritonitis and constitutional debility.
 1 “ “ “ ileus and phlebitis of lower limb.
 1 “ “ “ diarrhœa and peritonitis.
 1 “ “ “ inflammation and gangrene of intestines.
 1 “ “ “ fibrous tumour of the uterus resting against incision.

- 1 patient died from venesection, under a false alarm of peritonitis.
 1 " " " bursting of hepatic abscess into the peritoneal cavity.
 1 " " " a fall after convalescence.
 1 " " " inanition from irritable stomach, in consequence of pregnancy.

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XIX. The exact time of death after the operation in the 76 unsuccessful cases is mentioned in 57, and is as follows:—

1 patient	died in 70 days	after the operation.				
2 patients	" " 42 "	" " " "	"	"	"	"
1 patient	" " 30 "	" " " "	"	"	"	"
1 "	" " 21 "	" " " "	"	"	"	"
1 "	" " 17 "	" " " "	"	"	"	"
1 "	" " 15 "	" " " "	"	"	"	"
1 "	" " 14 "	" " " "	"	"	"	"
1 "	" " 12 "	" " " "	"	"	"	"
1 "	" " 10 "	" " " "	"	"	"	"
1 "	" " 9 "	" " " "	"	"	"	"
4 patients	" " 7 "	" " " "	"	"	"	"
7 "	" " 6 "	" " " "	"	"	"	"
3 "	" " 5 "	" " " "	"	"	"	"
1 patient	" " 4 "	" " " "	"	"	"	"
9 patients	" " 3 "	" " " "	"	"	"	"
4 "	" " 2 "	" " " "	"	"	"	"
5 "	" " 36 hours	" " " "	"	"	"	"
1 patient	" " 32 "	" " " "	"	"	"	"
1 "	" " 30 "	" " " "	"	"	"	"
1 "	" " 17 "	" " " "	"	"	"	"
1 "	" " 14 "	" " " "	"	"	"	"
2 patients	" " 12 "	" " " "	"	"	"	"
1 patient	" " 11 "	" " " "	"	"	"	"
1 "	" " 8 "	" " " "	"	"	"	"
1 "	" " 6 "	" " " "	"	"	"	"
1 "	" " 5 "	" " " "	"	"	"	"
1 "	" " 4 "	" " " "	"	"	"	"
2 patients	" immediately	" " " "	"	"	"	"

XX. The average time of death in the 57 cases stated, is 7.33 days.

XXI. The character of the disease, for which gastrotomy has been performed, has been stated in 150 cases, and is as follows:—

86 cases cystiform tumours of the ovary.

30 “ solid tumours, viz. :—

}	10 uterine tumours.
	3 fibrous tumours of the uterus.
	1 fleshy tubercle of the uterus.
	1 fibrous tumour.
	7 solid tumours.
	6 solid ovarian tumours.
	1 cartilaginous and lardaceous.
	1 cartilaginous.

9 “ cysts with solid matter.

2 “ ovarian tumours.

1 case ovarian and uterine.

1 “ fibrous and cellular.

1 “ lardaceous and cysts.

1 “ pelvic tumour.

1 “ large sessile tumour.

1 “ several tumours.

1 “ dense and vascular cellular tumour.

1 “ cysts and hydatids.

1 “ hydatid.

1 “ highly vascular tumour.

1 “ pilous ovarium.

1 “ cyst with bone, hair, &c.

1 “ cysts with extra-uterine foetus.

1 “ cyst of an abscess of an ovary.

1 “ omental tumour.

1 “ conglomerated intestine.

1 “ anomalous.

6 cases no tumour found.

—
150

XXII. Of the 86 cases of cystiform tumour, 57 recovered, and 29 died, or 1 in every $2\frac{2}{3}$, or 33.72 cases in 100.

XXIII. Of the 30 solid tumours, 17 recovered, and 13 died, or 1 in every $2\frac{4}{3}$, or 43.33 cases in 100.

XXIV. Of the 27 cases complicated with other diseases, 11 [viz:

Nos. 13, 43, 46, 52, 61, 77, 116, 165, 181, 202, 203] may fairly be considered to have been improper for the operation. Some of these ought to have remained unfinished. Three of them were done to ward off impending death. Throwing these 11 cases, all fatal, out of the estimate, would leave 211 legitimate cases, and this would make 146 recoveries, and 65 deaths, or 1 in every $3\frac{1}{8}$, or 30.81 cases in 100.

XXV. Throwing out the whole number of cases complicated with other diseases, would leave 195 cases, 137 recoveries, and 58 deaths, or 1 in every $3\frac{2}{3}$, or 29.74 cases in 100.

XXVI. Under the head of the 18th paragraph, I have stated that death occurred in 6 cases as follows:—

No. 27 from venesection under the false alarm of peritonitis.

“ 46 “ other diseases, not the operation.

“ 129 “ bursting of hepatic abscess into the peritoneal cavity.

“ 135 “ pneumonia after convalescence and exposure.

“ 143 “ a fall after convalescence.

“ 207 “ inanition from irritability of stomach arising from pregnancy.

XXVII. Under the head of the 19th paragraph, I have stated that the time of death after the operation, in 3 cases, was as follows:—

No. 20 in 42 days after the operation.

“ 107 “ 70 “ “ “ “

“ 137 “ 42 “ “ “ “

XXVIII. As the fatal termination in these 9 cases cannot be considered as the result of the operation, they ought to be classified under the head of recoveries. This would make 155 recoveries, and [minus the 11 cases in the 24th paragraph] 56 deaths, or 1 in every $3\frac{4}{5}$, or 26.54 cases in 100.

XXIX. In the above table, I have included all the exploratory operations, because they were commenced, no doubt, with the view of completing them, provided circumstances would justify it. They, therefore, properly come under the head of unfinished operations, implying a section of the peritoneum, and involving the hazard of such an opening.

XXX. The rate of mortality, therefore, according to the above analysis, for the operation of Ovariectomy, is $26\frac{1}{2}$ per cent.

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PHILADA., May 1, 1851.

APPENDIX.

THE foregoing Table is a continuation of one published in the *Amer. Journ. of Med. Sciences* for April 1845, and has been extracted from the *Transactions of the Amer. Med. Association*, for private distribution. In connection with it, certain occurrences have transpired, to which I shall take this occasion to refer. In a communication made to the *Amer. Journ. of Med. Sciences* for April 1850, I called attention to the fact, that the table had been used without acknowledgment by an author in London, and afterwards by one in Philadelphia, the latter gentleman accrediting its authorship to the former. The following is an extract from that communication:—

“ Before concluding this paper, I trust it will not be thought improper, in connection with the above statistics, to allude to a matter of a personal character. In the *Amer. Journ. of Med. Sciences* for April 1845, p. 330, I published a table of cases of ovariectomy that had occurred up to that date, the construction of which cost much trouble, time, and labour. This table was prepared, at first, solely for my own use, for the convenience of reference; but, believing that it would be of service to the profession in the discussion of the question of ovariectomy, I offered it for publication. In January, 1847, ‘*A Dissertation upon Tumours of the Uterus and its Appendages*’ was published by Mr. Thomas Safford Lee, London, for which the ‘*Jacksonian Prize*’ was awarded. It is a valuable publication, the most complete epitome of knowledge on ovarian dropsy we possess, and enters into the question of gastrotomy more fully than any treatise of the kind. At page 183, Mr. Lee says, ‘*I have carefully collected into a tabular form all the known operations for the extraction of the ovary,*’ and then, with the addition of a few cases which occurred since April, 1845, he gives, as the result of his own labour, the very table which I had published in 1845, omitting any acknowledgment whatever. After Mr. Lee enters upon the discussion of the question, on page 183, ‘*What are the results of the operation already performed?*’ he makes use, very frequently, of the facts which I had collected, adopting my arrangement of them, and even my language, without any reference to the source whence he mainly drew the information, upon which were founded the valuable deductions in his book. Feeling aggrieved that my labours had been appropriated without that credit having been awarded, to which I was justly entitled, I addressed a letter to Mr. Lee, appealing to his

sense of justice, and calling his attention to the *omission*. Mr. Lee promptly replied, assuring me of his regret that such an omission should have occurred, and sincerely hoped that I would not consider it a wilful one, acknowledging his indebtedness to me, and promising, should occasion offer, in a second edition of his work, to do me ample justice for this temporary omission. From the gentlemanlike character of Mr. Lee's letter, I was satisfied that the omission was not intentional, and felt willing to let the correction be made by himself at the proper time, and so had determined. I think it necessary, however, in justice to myself, to refer to this subject at this time, inasmuch as a distinguished American author has since given to Mr. Lee the credit of presenting those very facts to the profession. In a work, entitled '*Females and their Diseases—a series of Letters to his Class,*' by Charles D. Meigs, M. D., &c. &c., Philadelphia, 1848, p. 315, are these words: 'Facts are the things that teach—and I shall close this letter by laying before you the tabular view presented by Dr. T. S. Lee, who, I am sure, will not object to my using so great liberty with his work, the more especially as it may assist in spreading further and wider the knowledge he has been at so great pains to collect, and make it both more public and useful at once.' Then follows *my* table with this head, '*Table, by Dr. Lee;*' and the several succeeding pages, through which the table is continued, have, each one, this title: '*Dr. Lee's Table.*' As both Dr. Meigs' book and the *Amer. Med. Journ.* have a wide circulation among American practitioners, it will be perfectly competent for them to compare Mr. Lee's table of 1847 with my table of 1845, and decide *who* '*presented* the tabular views,' and *who* '*has been at so great pains to collect the knowledge*' therein contained."

Dr. Meigs' attention having been so particularly called to this matter, it was expected that he would, from ethical considerations alone, have taken an early opportunity to render an explanation, or at least to correct a mistake he may have inadvertently fallen into. An excellent opportunity has been afforded in the second edition of his book recently published, but he *omits the table altogether*, giving no reason for the omission; and although he has ceased to call it Dr. Lee's table, he still *insinuates* that Mr. Lee presented it to the profession by using the following language, the only reference, by the way, that he has made to it: "*The same valuable work*" [Lee on Tumours of the Uterus] "*contains a table of one hundred and eighteen operations for the removal of the ovary, with the results.*" I regret that Dr. Meigs has thought proper to adopt this course, as it manifests *intentional* injustice towards me, and places me under the unpleasant necessity of making an exposition, which, under other circumstances, I would gladly have avoided. This studied indifference characterizing Dr. Meigs' *second* edition of his book throws suspicion upon the purity of his motives in attributing to Mr. Lee, in the *first* edition, the author-

ship of my table—and especially so, when certain circumstances are viewed in connection with it. The circumstances are these:—

1st. My table was published in the *Amer. Med. Journ.*, which is the principal medical periodical of this country, and is issued in the city of Philadelphia, where the author of the above work resides.

2d. Only two years afterwards, soon after Mr. Lee's book was issued, and at the very time that it was in the hands of Dr. Meigs, the following editorial notice appeared in the *Medical News*, for May 1847, a periodical also published in Philadelphia:—

“*Plagiarism.*—A volume ‘*On Tumours of the Uterus and its Appendages*, by THOMAS S. LEE,’ which received the Jacksonian prize, has very recently (1847) been published in London. If any one will look over its pages, and particularly over table No. 11, and the deductions drawn from it, commencing on page 183, and compare it with a similar synopsis, published in the *Amer. Med. Journ.* for April 1845, p. 330, he will there find a table of the *same* kind, having the *same* arrangement, *similar* headings, and even the *same* language, with full references, by Dr. W. L. Atlee, of this city, yet we cannot discover that Mr. Lee has made any acknowledgment to Dr. Atlee. On the contrary, he assumes the authorship in these words, page 183: ‘*I have carefully collected into a tabular form all the known operations for the extraction of the ovary!*’ We happen to know that the construction of this table cost Dr. Atlee much time, trouble, and labour. His careful synopsis of the leading features of each case, with the references to authorities, was peculiarly valuable to the profession in the consideration of this important question. It is evident, on the pages of Mr. Lee's work, that he has availed himself extensively of this aid, and we regret that he did not think it best to award justice to whom it is strictly due. It would appear from the foot-notes, page 270, that Dr. Atlee's table was before him. The *only original* matter furnished by Mr. Lee is the *addition* of *some* cases occurring since the publication of Dr. Atlee's table, and arranged under the *same* head. He has failed, however, in noting *all*. So entirely has he depended upon Dr. Atlee's table, that he has not even added four *recent* cases, occurring in *his own country*, and noticed in the journals before his work went to press.”

3d. The American Medical Association being in session in Philadelphia at the same time, this copy of the *Medical News*, which contained a great deal on the subject of Medical Reform, was distributed, by the publishers, in large numbers, among the delegates in attendance.

4th. Dr. Meigs was a delegate at this meeting of the Association, and represented the College of Physicians.

5th. Dr. Meigs commenced writing his book the very same month.

I merely state the facts. The profession may draw their own inferences.

Since matters have been made to occupy this position by the American author, I regret that the calamity, which is afflicting Mr. Lee, is likely to prevent him from being ever capable of placing himself, in this transaction, before the profession, in such a light as, I think, he was desirous of doing. I know that I shall be doing justice to him to extract from his private letter to me what he intended to state more publicly had the state of his health permitted. He writes:—

“2 Upper Gordon Street, Easton Square, London.

“June 21, 1847.

“MY DEAR SIR:—

“You must have perceived, on perusing my book, that my intention was, throughout, to give a full acknowledgment to every author, who had at all added to my information; and I can assure you that I am extremely sorry that you, who have done so much for the operation of gastrotomy, should have been omitted. I sincerely hope that you will consider it an omission, and not a wilful one.” “I had actually drawn up a table, essentially like your own—of which I have a manuscript—before I had seen your publication; this, however, only comprehended a *few* of the particulars. I was dissatisfied with it, and, about the same time, I saw yours, and the arrangement being so good and accorded so entirely with my own views, that I immediately adapted my report to it. I retained the similarity of expression, because I found that little or nothing could be added to your description.” “I am indebted to you for the excellent arrangement of your tables, and if occasion offers, in a second edition of my work, I hope to do you ample justice for this temporary omission.”

“I feel greatly obliged to you for the opinion you have expressed on my work, and hope you will accept a copy from the author. I have enclosed one in the parcel of Wiley & Putnam, Paternoster Row, London, and allow me again to assure you, I shall always feel indebted for your kindness and urbanity in this matter.

“Believe me,

“Yours, very respectfully,

“THOMAS SAFFORD LEE.”

“To Dr. W. L. ATLEE.”

The *British and Foreign Medico-Chirurgical Review*, October 1850, p. 549, thus notices the subject:—

“*Statistics of Ovariotomy.*—Dr. Atlee has just cause for finding fault with Mr. Safford Lee in this matter, for it seems the statistics he published in his work, and which have been so frequently quoted, were taken, without acknowledgment, from a paper prepared, with great labour, by Dr. Atlee, and published in the *American Journal* for 1845. Mr. Lee has since apologized for an

omission, which, occurring in a work supposed to be so peculiarly composed of an author's own materials as a prize essay, was a very culpable one."

It is clear, therefore, that Mr. Lee made use of my labours as his own, without acknowledgment.

It is clear, also, that Mr. Lee, were he now able, would make a satisfactory reparation.

It is clear that Dr. Meigs went to *London* for statistics that *originated in Philadelphia*, and credited a *foreigner* with the presentation of facts which were previously given to the profession by a *fellow-citizen*—and this, too, in the face of prominent notices of the plagiarism.

It is clear, also, that, notwithstanding Dr. Meigs had his attention called to the subject after the publication of the *first* edition of his book, he persists in the endeavour to perpetuate the wrong, in the *second* edition, by studiously avoiding its correction, and by obliquely hinting that the "tabular view" was presented by Mr. Lee.

Finally, it is clear that Dr. Meigs, although he had the opportunity and was able to make amends, is yet, unlike Mr. Lee, *unwilling* to do justice "between members of the confraternity to which he and I belong."

Dr. Meigs, in the same chapter of his book in which he discusses the "*morals of surgery*," observes, that "there are two ways to hurt the profession, which any one may perpend. One is to act *immorally* and *unconscientiously*." Whether Dr. Meigs has laid himself open to such a charge, or even to a worse, is easily decided by the above exposition, and the ordinary rules of ethics.

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PHILADA., Sept. 2, 1851.

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