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Original Articles.

AN ANALYSIS OF THIRTEEN HUN-DRED AND TWENTY-TWO RECENT, UNSELECTED AMERICAN LAPAR-OTOMIES.

The abdominal sections here summarized were published in tabular form in THE PITTEBURGH MEDICAL REVIEW during 1887 and 1888. comprise the consecutive work of 82 operators, all the operations having been performed during a period of three years beginning Jan. 1st, 1886. These operations are not the entire work of all these surgeons during the three years; but they are in every case consecutive operations, no selection whatever having been made. It is to be noted also that these are all authentic reports, having been in every instance received from and published with the consent of the operators themselves. It is, therefore, believed that they may be taken as a fair representation of the status of abdominal section in this country during the period of three years which closed in December last.

The publication of the tables was discontinued, because it was believed that the reports of thirteen hundred unselected operations, during the period of three years, in one country, would fairly represent the situation, and that the collation of additional statistics of the same nature would not compensate for the expense and labor required.

Several facts of leading interest will be noticed by an examination of the analysis made below. It will be seen that the general mortality of laparotomy for ovarian and parovarian tumors was 14.7 per cent, and that of the sections for removal of ovaries not the seat of tumor was but 7 per cent. standing the present consensus of opinion against the tapping of ovarian and parovarian tumors, certainly 61, and probably more, of the 491 cases had been tapped prior to operation. The increase in mortality, however, of the cases that were tapped was less than 2 per cent over those not tapped. The somewhat surprising fact will be noticed that of the 43 tumors of long standing (from 4 to 30 years), but 3 operations proved fatal. This is probably to be accounted for by the absence of malignant cases. That the removal of the second ovary in case of tumor does not increase the danger, is shown by the fact that of 310 cases in which the second ovary was left the mortality was 15.5 per cent; whereas, of 158 cases in which the other ovary also was taken, the mortality was but 11.4 per cent.

The mortality after removal of non-adherent tumors was 8.2 per cent; of tumors with moderate adhesions, 11.1 per cent; and of tumors with grave adhesions, 20.9 per cent.

The mortality in the private hospital was 11.8 per cent; in private practice, 13.5 per cent, and in general hospitals 20.7 per cent.

Of the 399 operations for removal of ovaries not the seat of tumor, there were but 25 in which a pathological condition is not noted, and it possibly existed in some of these. This shows a laudable disinclination to report oophorectomy for symptoms only. The reports of these operations for nervous symptoms make an unexpectedly favorable showing; those for hystero-epilepsy being 5 cured and 4 mproved, in 9 cases. The time, however, that elapsed from operation to report was necessarily rather short to assure permanency of result.

The cases of simple exploratory incision had a high mortality—12, in a total of 84 operations. The hysterectomies showed 21 deaths in an even 50 cases, and, eliminating the work of a few of the more successful operators in this line, this fatality would be very largely increased. The mortality of section for shot wounds of the abdomen (20 cases here shown) is 35 per cent; that of section for stab wounds (12 cases) is 50 per cent.

Of the 432 laparotomies for other purposes than removal of ovaries, the mortality was 32 per cent; so that the devotees of abdominal section cannot yet boast of its perfectly innocuous character.

^{*}Ten operations were recorded in the tables, of which no account is taken in this summary, for the reason that, when they were reported to the Raviaw by the operator, he represented them as consecutive cases; later information, however, was received to the effect that the report of these cases was but a very partial statement of his work, and his operations have, therefore, been disregarded in this analysis.

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**	61	**	70	**		21	- 70	í	19.4	**	
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Married	•			**		100			200.00		8
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Of these last 43, but 3 died.

Of 332 cases in which the length of time since the discovery of the disease is noted, the average time was 2 years and 6 months. Of these, 285 recovered, and the average time in these successful cases was 2 years and 7 months; 47 died, and the average time in these fatal cases was 2 years.

NATURE AND SIZE OF TUMORS.

The character of 377 tumors was specified as follows:

184 multilocular ovarian cysts (158 single; 13 double), from 171 patients, of whom 22 died;

50 dermoid ovarian cysts (34 single; 8 double), from 42 patients, of whom 3 died;

45 cysts of the broad ligament, from 45 patients, of whom 4 died;

40 unilocular ovarian cysts, from 40 patients, of whom 4 died;

15 papillomata (7 single; 4 double), from 11 patients, of whom 1 died;

13 sarcomata, from 13 patients, of whom 6 died;

10 carcinomata (6 single; 2 double), from 8 patients, of whom 5 died;

6 fibro-cysts (4 single; 1 double), from 5 patients, of whom none died;

4 colloid cysts (2 single; 1 double), from 3 patients, of whom none died;

2 fibromata (ovarian), from 2 patients, of whom none died:

2 tube-ovarian cysts, from 2 patients, of whom none died;

1 myxoma; patient recovered;

1 racemose cyst; patient recovered;

1 myoma (?) (ovarian); patient died :

1 dermoid of broad ligament; patient recovered;

1 fatty tumor of broad ligament; patient recovered;

1 free cyst; patient recovered.

Of 286 cases in which the weight of the tumor is noted there were,

Between	5	and	10	lbe	33	44
44	10	44	20	**	99	**
**	20	**	30	44	47	**
"	30	**	40	"	27	**
**	40	"	50	*	17	**
**	50	**	60	"	11	**
**	60	44	1111	**	12	**

NUMBER OF OVARIES REMOVED.

	CASES.	DEATHS.	HORTALITT.
One ovary removed.	310	48	15.5 per cent.
Both ovaries removed,	158	18	11.4 "
Number removed not	stated	in 23 cas	es.

ADHESIONS.

Of 445 cases in which the matter of adhesions is noted, in 147 there were no adhesions; of these there were 12 deaths, a mortality of 8.2 per cent;

In 126 there were slight or moderate adhesions; of

these there were 14 deaths, a mortality of 11.1 per cent:

In 172 there were extensive, universal, intestinal or pelvic adhesions; of these 36 died, a mortality of 20.9 per cent.

DRAINAGE.

Drained	144
Not drained	308
Drainage not noted	39

PLACE OF OPERATION.

	CABES.	NO.	HORT	ALITT.
Private hospital,	186	22	11.8 p	er cent.
Hospital,	140	29	20.7	"
Private,	141	19	13.5	**
Not noted,	24	2	8.3	**
Total	491	72	14.7	**
		44		

REMARKS.*

Peritonitis existed at time of operation in 20 cases, of whom 7 died; these were designated as follows: acute, 2 cases, both fatal; subscute, 1 case, fatal; chronic, 4 cases, all recovered; general, 2 cases, recovered; purulent, 4 cases, all fatal; not designated, 5 cases, recovered.

Septicemia was present in 1 case, which recovered. Ascites was present in 16 cases; 2 died.

Peritoneum had been infected by bursted cysts in 6 cases; 2 died.

Uterine myoma co-existed in 10 cases, of whom 4 died; the myomata were removed in 3 of these cases, of whom 2 died.

Infantile uterus present in 2 cases; recovered. Cystic ovary also present in 17 cases; 1 died. Ovarian abscess present in 2 cases; both recovered. Blood cyst of ovary present in 4 cases; 1 died. Salpingitis present in 3 cases; recovered.

Hydrosalpinx present in 3 cases; all recovered. Pyosalpinx present in 19 cases (13 single and 6

double); 2 died. Hæmatocele present in 3 cases : 1 died.

Varicocele of broad ligament present in 1 case; recovered.

Ventral hernia present, and sac excised in 1 case; recovered.

Twisted pedicle present in 12 cases; 2 died.

Rupture of cyst prior to operation in 18 cases; 5 died.

Suppurating cysts numbered 15, with 7 deaths.

Hemorrhage into 1 cyst had occurred; recovered.

Acute inflammation of 1 cyst was present: re-

Acute inflammation of 1 cyst was present; recovered.

Abscess communicating with intestine was present in 1 case which was fatal.

Cyst communicated with bowel in 1 case which was fatal.

The tumor was intraligamentous in 11 cases; 4 died. The patient was insane in 1 case; recovered.

The patient was childish in 1 case; fatal.

In 3 cases labor had preceded the operation by 5, 6 and 7 weeks respectively; all recovered.

In 1 case premature labor at 7 months had been induced 5 weeks before operation; both mother and child survived.

In 1 case miscarriage at 5 months occurred 2 weeks before operation; patient died of a pre-existing peritonitis.

In 3 cases abortion followed operation, 8 hours, 3 days and 10 days respectively; the first case died, the others recovered.

In 1 case labor at 8 months occurred on the 7th day after operation; the patient died.

In 5 cases pregnant respectively, 2, 3, 4 (2 cases) and 5 months, gestation was not interrupted.

An ovarian tumor on the other side had been previously removed in 2 cases; 1 died.

One operation for removal of cyst of broad ligament was the third operation, the two preceding having been done for right and left ovarian cysts.

Removal had been previously attempted in 2 cases; I died.

Urinary bladder opened in 1 case; recovered.

Tumors were enucleated in 2 cases; 1 died.

Inseparable tumors were stitched to external wound and drained in 8 cases; 2 died.

Part of tumor abandoned in 5 cases; 1 died.

One incomplete operation proved fatal.

Hysterorrhaphy was also performed in 2 cases; recovered.

Hemorrhage after operation occurred in 8 cases; 5 fatal; of these last, 1 was transfused.

Abdomen reopened in 6 cases; in 5 for hemorrhage, with 3 deaths; in 1 for suspected suppuration, fatal.

In 1 case a fecal fistula resulted from the operation; patient died 3 months later.

Typhoid fever followed 1 operation in 2 weeks; patient recovered.

Return of malignant disease in 2 cases.

Cancer of cervix subsequently occurred in 1 case.

Menstruction returned in 6 months following double ovariotomy in 1 case.

Bright's disease proved fatal 3 months after operation in 1 case.

Intestinal obstruction from adhesion to pedicle caused death 4 weeks after operation in 1 case.

CAUSE OF DEATH.

Of the 72 fatal cases, the cause of death is reported in 42 as follows: Septicæmia, 8; shock, 6; hemorrhage, 6; peritonitis, 4; exhaustion, 4; tetanus, 2; intestinal obstruction, 2; capillary bronchitis, 1; heart failure, 1; paralysis of diaphragm, 1; obscure liver trouble, 1; ether narcosis, 1; gangrene of intestines, 1; gangrene of omentum, 1; nephritis, 1; vomiting (?), 1; acute enteritis, 1.



[•]The facts here stated doubtless constitute but a partial report of the cases tabulated, as these particulars were not specifically called for by the form.

LAPAROTOMIES	S FOR		VAL C		THE SEAT	Salpingitis (single or double not stated) Single hydroealpinx	10	**
Retmeen 17	nd 95	7700			100	Double "		
" 28	" 35					Hydroealpinx (single or double not stated).		
0.00	" 40					Single hæmatosalpinx	6	
	" 50				F - 1	" pyosalpinx	29	
	-					Double "		
nge nor succ					0	Pyoealpinx (single or double not stated)		
				DITION.		Occlusion of single tube		**
				children)		" both tubes	16	
				•••••		Suppurating tubo-ovarian cyst	2	. "
						Congenital defect of ovaries		"
Social conditi	on no	t stat	ed in		20	Retro-position of uterus		
	NUM	BER	OF C	HILDERN.		Uterine fibroma		"
Single women	who	had	borne	no children	56	Cicatricial closure of vagina		"
Married "		**	44		70	Imperforate vagina	1	"
Women	**	**	**	1 child	59	Tuberculosis of tubes	4	"
**	**	**	**	2 children	36	Fibroma of tube	1	"
**	**	"	55	The second has seen	20	Partial intestinal obstruction	1	"
**	**	**	**	more than 3		COMPLICATIONS.		
ren						Ascites	2	cases
				i in		Localized peritonitis	15	46
				NS AND SYMP		General "	5	"
				s stated in		Tubercular "	2	**
				tion alone are s		Pelvic abecess	10	**
			7			Pelvic hæmatocele	3	**
				and symptom		" suppurating	1	**
	-			and symptom		Chronic metritis	2	**
						Parovarian cyst	6	16
				TIONS STATED		Dermoid of ovary	1	**
				••••••		Varix of broad ligaments	3	**
					23 ",	Fistula from ovarian abecess	1	*
		**		e or both not		Septicæmia	2	41
						SYMPTOMS STATED.		
				••••••		Pain	80	cases
Both ovaries						Dysmenorrhœs		**
				•••••		Uterine hemorrhage		**
						Confirmed invalidism		44
					- 55 50	Epilepsy	5	44
Double "					00	Hystero-epilepsy		**
PUR STREET HOUSE OF THE				stated)		Hysteria		**
				•••••		Unilateral choreic movements		46
	oth ov				6 "	Mental aberration	6	
			-	or both not	20.00	Threatened insanity	3	**
						Insanity	1	
						Nymphomania		**
				•••••		NUMBER OF OVARIES REMOVED.		
				••••••		Single ovary removed in	78	caaes.
						Both ovaries " "3		**
						Number not stated in		"
						ADHESIONS.		
						Adhesions existed in 2	32	Cann
	2.77572					The state of the s	61	41
Double "			•••••	••••••	19 "		06	"
				mber of patholog		DRAINAGE.	30	
tions and symp	toms ec	-oxial	in th	. same case, a	nd the de-	Drained	25	-
				titute but a partis		Not drained		11
called for by the		-0456	betri	ulars were not s	pecineally	Drainage not noted		14
						0	-	

PLACE OF OPERATION.
Hospital 149 cases.
Private hospital
Private
[[] [[] [[] [[] [[] [[] [[] [[] [[] [[]
MORTALITY LIST.
Of these 399 cases, 28 died—a mortality of 7 per cent.
Shock 3 deaths.
Peritonitis 4 "
" (pre-existing) 2 "
" septic 2 "
Hemorrhage 2 "
Rupture of secondary abscess 2 "
Tetanus 1 "
Carbolic acid poisoning 1 "
Heart failure 2 "
Uræmia
Double pneumonia 1 "
Exhaustion
Cause not given 6 "
EFFECT OF OPERATION UPON THE CONDITION
REQUIRING IT.
Operations for removal of ovaries or tubes the subject of
inflammatory disease.
Cure
Complete relief 4 "
Improved
Doubtful 1 "
No effect
Not stated
Total 213 "
Operations for removal of cystic ovaries.
Cure 3 cases.
Improved 2 "
Total 5 "
10001
Operations for removal of cystic ovaries with accompany- ing symptoms.
Cure 5 cases.
Improved 6 "
Not stated 5 "
Total 16 cases.
Operations for removal of cystic tubes.
Cure 14 cases.
1mproved
Not stated 2 "
Total 18 "
Operations for prolapse of ovaries with accompanying symptoms.
Improved 1 case.
Not stated
Not stated 1
Total 0 ()

Operations for congenital defect of or	xiry	toith	dys
menorrhous.		2222	
Cure			
Improved	1	"	
Total		**	
Operations for humatoma of on	arie		
Care	. 3	CORRE	9-9
Not stated		"	
Total	. 4	**	
Operation for heematosalpin	æ.		
Cure	. 1	case.	
Operations for adherent ovaries as			
Care			
Complete relief		"	
Temporary relief		**	
Not stated	3		
Total	8	16	
Operations for tuberculosis of ovarie			
Cure			
		Caaso.	
Improved			
Not stated	3	**	
Total	5	44	
Operations for supposed tubal pre	gna	ncy.	
Cure			J
Operations for hemorrhagic or painful ut			
Cure			
[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	-	41	
Improved			
No effect	100		
Not stated	13	"	
Total	42	**	
Operations for retro-position of uterus	wit	h over	ian
prolapse.,			
Cure	4	Cases.	V.
Improved	1	"	
No effect	1	44	
Not stated	2	**	
	_	100	
Total			
Operation for chronic metritis and so	od-in	volutio	794.
Cure		case.	
Operations for pelvic periton	itis.		
Cure	2	CA868	
Improved	2	"	
Total	- 7	- 11	
Operations for imperforate va			
Care			
Not stated	1		
Total	2	"	
Operations for excessive uterine he			
Cure	2	cases	
Operations for dysmenorrha		TO YO	1
Care		C8666	
Complete relief		44	15
Not stated		**	
	-		
	_		

Operations for ovarian neuralgia	
[1]	1 case.
Improved	60 50
Temporary improvement 1	
Not stated	
' Total	"
Operations for dysmenorrhoa with con	vulsions.
	1 case.
Improved 3	
No effect	. "
Total	, ii
Operations for menstrual epilepsy	
	case.
No effect 1	**
Not stated 1	**
	3 40
Total 3	. *
Operations for hystero-epilepsy.	
Cure	
Improved	"
Total	
Operations for dysmenorrhox with mental	Alatan kanasa
Cure	
Improved	
Not stated	
Total	3 "
Operations for ovarian insanity.	
Encouraging	
Temporary 1	
Total	2 "
Operation for menstrual insanily	
Cure	case.
Operation for threatened insanity.	
Improved 2	cases.
Operation for nymphomania.	00000
Cure 1	
Operation for chronic invalidism with pel	
Improved 1	case.
REMARKS.	
One ovary too adherent to remove in 6	
Gonorrheal history was noted in 10 cas	
Infantile uterus found in 2 cases.	2000
Puerperal condition antecedent in 4 case	36.
Opium habit in 3 cases.	
Menstruation continued after remove	al of both
ovaries and tubes in 8 cases.	
Hysterorrhaphy also was done in 3 case	8.
LAPAROTOMIES FOR OTHER PURPOSES THAN	REMOVAL
OF OVARIES.	10000
CLASSIFICATION.	CASES.
1 Exploratory incisions	84
2 Incisions for evacuation of fluids from t	he peri-
toneal cavity with or without drains	
3 Sections for evacuation of abscesses	
4 Sections for evacuations of blood-collect	
5 Sections for evacuation of cysts	
6 Sections for releast of adhesions	

	NO.
7 Sections for relief of intestinal obstruction	CASE
8 Gastrotomy	
9 Sections for partial or entire removal of tu-	mors
other than ovarian	
10 Sections for extra-uterine feetation	
11 Hysterectomy	
12 Nephrectomy	
13 Splenectomy	
14 Sections for traumatism	
15 Sections for intestinal perforation from dis	
16 Cholecystotomy	
lated	1
18 Sections for radical cure of strangulated he	rnia
19 Cæsarean section	
20 Porro's operation	
21 Gastrostomy	
22 Gastro-enterostomy	
23 Pylorectomy	
24 Section for digital dilatation of pylorus	
25 Section for closure of fecal fistula	
26 Hysterorrhaphy	
27 Section for tapping blood from liver	
28 Section for reducing inversion of uterus	
29 Section for removal of diseased Fallopian	tube :
30 Section for enterorrhaphy for gangrenous he	
The exploratory incisions were for the fo	
Causes:	
Ovaries and tubes the subject of inflamma-	
tory disease and too adherent for re-	
moval	9 савея
Intestinal adhesions	
Retroverted uterus with inseparable ad-	
hesions	1 "
Hæmatocele with pelvis bound uterus	1 "
Chronic peritonitis	
Hepatitis	1 "
Cancer of liver	3 "
" " stomach	
" " kidney	
" large intestine	
" " omentum	
" mesentery	1 "
" " peritoneum	3 "
" ovary, surrounding rectum	
Cancer, general abdominal	3 "
Sarcoma of liver	
" " kidney	
" " omentum	
" · " ovary (adherent)	
" uterus	
Sarcoma—retroperitoneal	
" —general abdominal	
Papilloma of uterus and ovary	
" peritoneum	
Fibroms of uterus, adherent	9 11
Fibro cost of pterms adherent	

Fibro	id polypus of uter	us		 1	case .
Suspe	cted tumor			 2	**
	n tumor of mesen				**
	or of omentum (ch				**
44	" uterus	**	44	 10.0	64
**	" intestines	44	44	 1	**
44	" spleen	**	**	 1	**
**	" ovary (adhere	mt)	44	 1	"
**	" liver	"	**	 1	66
44	abdominal	**	**	 5	**
**	in hepatic region	**	46	 1	**
Ascite	s from malignant		e	 1	44
**	" unknown c				
Enlar	ged liver and gall	-stones		 1	**
	rating gall-stones				**
	an pain (cause not				**
	mity of pelvis (ab				
	uterine pregnancy				
50000	pected)			1	**

The sections for evacuation of fluid from peritoneum were for the following conditions:

Tubercular	peritonit	is	20	CRSCE
Purulent	44		19	44
	**	(puerperal)	2	**
Septic	**		3	
Ascites from	n cancer		1	**
	diseased	l liver	2	**
Distension	by fluid	from bursted ovarian		
· myx	oma		2	**
Distension	by fluid	from bursted ovarian		
papi	lloma		1	**
Distension	by chylou	s fluid	1	44

The sections for evacuation of abscesses were for the following: 25 pelvic; 5 perityphlitic; 3 encapeulated intra-peritoneal; 1 hepatic; 1 peri-vesical; 1 in Fallopian tube, drained.

The sections for eracuation of blood collections were: 5 for intra-peritoneal hæmatocele; 1 for hæmotoma of broad ligament; 1 for irremovable hæmatocalpinx.

The sections for evacuation of cysts were as follows: 2 irremovable ovarian cysts; 2 mesenteric cysts: 1 retro-splenic cyst; 1 renal cyst; 1 cyst of urachus.

The sections for relief of intestinal obstruction were: 8 for constricting bands; 8 for intestinal adhesions; 5 for malignant growths; 2 for intus-susception; 1 for volvulus; 1 for stricture of intestine; 2 for external strangulated hernia; 2, in which cause was not found; 3 for causes not stated.

Of the sections for entire or partial removal of tumors, 12 were for uterine fibroids; 4 for uterine fibro-cysts; 2 for cancer of intestines; 1 for cancer of omentum; 1 for cancer of pelvis; 1 for sarcoma of spleen; 1 for retro-peritoneal sarcoma; 1 for sarcoma (location not stated); 1 for cysto-sarcoma of uterus; 1 for papilloma of broad ligament; 2 for desmoid of abdominal wall; 1 for chondroma of lower ribe; 1 for retro-peritoneal tumor, and 1 for abdominal tumor, nature unknown.

Of the nephrectomies, 5 were for suppurative disease; 1 for cancer; 1 for hemorrhage from shot wound, and 1 for displacement.

Of the splenectomies, 2 were for leukæmia; 1 for enlargement, induration and displacement.

Of the sections for transaction, 19 were for shot wounds; 12 for stab wounds; 2 for kicks.

Of the Casarean sections, 3 were for contracted pelvis; 2 for cancer of outlet.

Of the gastrostomics, 2 were for inflammatory, and 1 for cancerous stricture of œsophagus.

The gastro-enterostomy and the pylorectomy were both for cancer.

BESULTS.

		Cured	improved	No effect	Not Stated	Died	Total
Exploratory incisions		2	16	53	1 3	12	84
Section for tubercular purulent	peritonitis	6			ï	12	19
" puerperal	at manager				*****	2	2
" septic	** *******	1		***	****	2	3
" evacuation	of ascitic fluid	1	3	***	1	1	0
	chylons fuld	24	4	12	2	3	30
66 16	blood collec-					- 1	177
tions	president	3	**		1	. 3	7
Section for evacuation of	f cysts	3	1	***		3	- 7
	adhesions	5	5	1	2	*****	18
Torier or rue	estinal obstruc-	13	2	1		16	32
Section for gastrotomy.		1				10	"i
			3		*****		- 8
" entire or p	artial removal	79.2		m	707		100
of tumors		12	5	140	1	12	30
Section for extra-uterin	e feetation	14		***		21	21
Hysterectomy		3				5	3
Splenectomy						2	3
Sections for shot wound	s of intestines.	- 4	***		*****	9	- 11
	liver	2	**	***		*****	2
	" and	4	Ш			1	1
Sections for shot wound	s of stomach		***	**		î	1
jured)	wounds (unde-	*****	***			1	1
scribed)			***			1	1
Sections for stab of inte	ostines	2	***	+	*****	2	- 4
" " live	r					2	3
200	nach		***	***	*****	1	1
" " wit	hout injury to	10	***	-			
viscera		3				1	4
Sections for kicks, wit	h rapture of	200				100	
viscera			***	***	*****	2	- 3
Sections for intestinal p	erioration from	2	1			6	10
Cholecystotomy		- 5	8	-			. 5
Sections for radical cur		0.5		-	100	1	
straugulated	*****************	11	1	+	2		14
Sections for radical of strangulated	ture of hernia		9		-	700	154
Cresarean sections		2	***	***	1	1 2	- 5
Porro operation			***	***		1	1
Gastro-enterostomy					*** **	i	- di
Pylorectomy						1	1
Loreta's operation		*****	***	101	*****	1	1
Section for cloance of fe	cat netula	1	1	***	*****		2
Pylorectomy	od from liver t of inverted		1	-			1
uterus			1				1
Sections for removal of	Fallopian tube by for gangren-			-			1
ous hernia		1		***		2	
		-	-	60	15	139	43

OPERATORS:

thew D. Mann	
non Manafalda	. 76
. von mansielde	. 2
ry O. Marcy	. 4
Maury	
. Maxwell	
. Montgomery	
ert T. Morris	
F. Munde	
. Murphy	
. Murphy	
Myers	
H. Myers	
es McCann	
McMurtry	
. Neale	
Orton	. 1
. Owen	. 1
H. Packard	
vell Park	. 11
. B. Penrose	. 38
ge W. Porter	. 29
ph Price	
rice	
. Priddy	. 1
d Prince	. 7
C. Reeve	. 6
I. Richardson	. 10
Shimwell	. 2
. Slocum	. 4
. Strong	. 8
. Summers,	. 6
Sutton	. 34
cLane Tiffany	. 14
사용자를 위대한 14일까지 (14명) (14명 HTM) - Technic Color (1880 HTM) - Technic Color (1880 HTM)	
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