

cular peritonitis, of gall-bladder surgery, of appendicitis; or of any operations whatever within the peritoneal cavity, previously reported by myself in former papers, with one exception, case 42. The operations here reported were done for removal of ovarian tumors and pathological conditions associated with the ovaries and uterine appendages. It is true that some of the cases were simple tubercular peritonitis, in which the appendages were not removed, but the history of the case, in each instance, and direct physical examination, gave some little question as to whether there might not be an ovarian complication with the suspected tubercular trouble.

I realize that my work is far from being as successful as I could have wished, and yet, in a personal, critical retrospection of the causes of death, I feel that I have gathered an experience that will be to the benefit of my future patients, and I trust somewhat to those of my associates and successors who may continue to do this line of work.

CASE 1. Mrs. C. C., duration disease two years; history of several attacks localized peritonitis, accompanied by vomiting.

Operation February 20, 1888, revealed multilocular ovarian cyst, papillomatous in character; some adhesions; broad pedicle; Tait knot. Patient did well for forty-eight hours, then began to vomit, showing marked evidence of intestinal obstruction, which continued unrelieved. Died on third day. Autopsy revealed obstruction due to loop of small intestine having attached itself to stump of pedicle.

CASE 3. Mrs. F. C., operation April 9, 1888, revealed multilocular ovarian cyst, with sarcoma of mesentery—latter ligated separately and removed. Uterine appendages also removed. Drainage. Patient in good condition of health six months after operation.

CASE 4. Miss C. D., maternal grandmother died of cancer. Menstruated at fourteen; scanty and painful; severe amenorrhœa and dysmenorrhœa since. Four years previous, after a severe fall and cold, had pelvic peritonitis. Leucorrhœa always very severe. Suffered from general pelvic pain, and unable to perform household duties, much of the time being a confirmed invalid. Operation May 31, 1888, showed adhesions quite marked, right ovary enlarged, and tube much thickened, left ovary undergoing cystic degeneration, tube not so much diseased as right one. Stitch-hole abscess on sixth day. Finally good union, patient discharged on twenty-fourth day after operation.

CASE 6. Mrs. A. M., mother, two paternal and two maternal aunts died of phthisis; maternal cousin had abdominal tumor. Personal history very good. Married at sixteen; two children; one miscarriage; youngest child twenty-eight years old. Seven years previous to operation noticed some trouble in left iliac region; dull pain, and soon after side