

Physical Examination.	Diagnosis.	Date of Operation.	Organs Found Affected.	Result of Operation.	Subsequent History.
Bowel resonance in front and flank. Uterus small. Free fluid in peritoneal cavity.	Between tubercular peritonitis and malignant disease of peritoneum.	Mar. 28, 1890.	Intestines, peritoneum. Bowels glued together. Ovaries and tubes normal. Large quantity fluid present.	R	Died shortly after from phthisis pulmonalis.
		Mar. 28, 1890.	Intestines distended with flatus. Peritoneum and intestines studded with tubercle. Large quantity of fluid. Abscess of right ovary. Haematocele of broad ligament, tarry fluid and pus on puncture. R't tube tubercular.	D	Was in a very bad condition before operation.
	Tubercular peritonitis.	June 18, 1890.	Intestines matted together. Fluid. Tubercle of intestines and peritoneum. Washed out. Drained.	R	A sinus for a time; in 1900 patient been married and in good health.
Lungs healthy. Pus in urine. Acid reaction.	Double pyosalpinx.	Aug. 16, 1890.	Omentum, intestines, peritoneum studded. Fallopian tubes filled with pus; not removed. Bowels matted. No fluid. Dry adhesive form.	R	Better for a few weeks; gradually became weaker; bladder symptoms increased; tubercular cystitis; lungs affected; death one year after operation.
Hardness irregularly distributed over abdomen; irregular tympanites; ascites; enlarged veins on abdominal walls.	Between malignant disease and tuberculosis of peritoneum.	Feb. 26, 1891.	Peritoneum, omentum, intestines studded; pelvis could not be reached owing to adhesions; encysted fluid; washed out, did not drain.	R	Died one month after; temperature remained elevated; patient gradually weakened.
Hymen intact. Rectal examination, masses to be felt in neighborhood ovaries.	Tubercular.	Sept. 29, 1891.	Ovaries cystic, omentum thickened and dark; recent peritonitis; serum in peritoneal cavity; tubes and ovaries removed; tubercles on walls, fallopian tubes and pelvic peritoneum; tubes not enlarged.	R	Improved in health; married about two years after; no further history.
General peritonitis chronic; large masses in pelvis to be felt.	Pus tubes.	Mar. 18, 1892.	Peritoneum, intestines studded; tubes thickened to 6 or 8 times natural size and filled with pus; bladder implicated; attempted to remove tube; hemorrhage severe; tissue would not hold ligature; portion of intestine tore during enucleation.	D	Operation very difficult; died two days after operation.
	Tubercular peritonitis.	May 17, 1892.	Peritoneum thickened and studded with tubercle; parietal peritoneum about $\frac{1}{4}$ inch thick; intestines vascular rough and granular and matted together; no fluid; dry adhesive form.	R	Went home June 2, '92, and have no further history.