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The History of the Early Operations for Fibroid Tumors

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THE HISTORY OF THE EARLY OPERATIONS FOR FIBROID TUMORS.

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THE history of operations for fibroid tumors of the uterus has been discussed by many writers. Some two years ago, in looking up the literature on the subject when I was preparing a paper upon hysteromyomectomy, I became interested in the general subject, and, together with Dr. W. Wayne Babcock, Jr., have made a careful study of all the reported cases of the abdominal operations upon fibroid tumors of the uterus up to and including 1863. This subject, like all historical themes, is of great interest when carefully studied. I have thought that a carefully prepared summary of the subject would be of interest to the Fellows of the Society, and of value to any one interested in the history of gynecology.

In the beginning the abdominal operations for fibroid tumors were all done through errors in diagnosis and were not intentional. These operations are undoubtedly to be credited to McDowell, because of his discovery and introduction of the operation of ovariectomy. The early operations are what are usually called exploratory operations, but which might be more properly termed abandoned operations. The usual rule in operating was that when the abdomen was opened with a diagnosis of an ovarian tumor, and the surgeon found instead a fibroid tumor of the uterus, the operation was abandoned because of the belief that such tumors were inoperable. Apparently the first surgeon who had the courage to remove a fibroid tumor by abdominal hysterectomy was Charles Clay,

of Manchester, in 1843.¹ The operation was undertaken with a diagnosis of ovarian tumor, but when this was proved to be erroneous, Clay proceeded to do a supravaginal hysteromyomectomy. This patient died of hemorrhage. Clay had made a similar mistake in diagnosis in 1842, abandoning the operation when the fibroid tumor was discovered. The first patient died on the sixth day. In 1844 Clay again operated with a diagnosis of ovarian tumor, and proceeded to do a total extirpation of the uterus. This patient died on the fifteenth day, the death being attributed to a fall, the patient having been dropped in removing her from her bed. She died of peritonitis. It is thus evident that Clay was the first surgeon to do the total hysteromyomectomy for fibroid tumors of the uterus. These three operations were all fatal. It was not until January 2, 1863, that Clay did his first successful operation for fibroid tumor, performing a supravaginal amputation of the uterus.² Thus Clay was the first surgeon to perform hysteromyomectomy, and the first English or European surgeon to perform a successful hysteromyomectomy for fibroid tumor.

The first English myomectomy appears to be that of Eddison in 1854,³ which had a favorable issue. Continental surgeons were very slow in adopting operations for fibroid tumors. Boinet appears to have been the first to operate for a fibroid tumor, in 1858.⁴ He performed a supravaginal hysteromyomectomy, with a fatal issue.⁵

Koeberlé was the first Continental surgeon to perform a successful hysteromyomectomy, which he did in 1863.⁶

It is to America that we must turn for the early work in the operation for fibroid tumors. W. L. Atlee performed the first successful myomectomy in 1844.⁷ In 1846 John Bellinger

¹ Charles Clay: "Observations on Ovariectomy, Statistical and Practical. Also a Successful Case of Entire Removal of the Uterus and Appendages." *Transactions Obstetrical Society of London*, vol. v., 1863, p. 58.

² *Loc. cit.*

³ John Sloane, M.D., Nottingham General Hospital: "Gastrotomy: Removal of Fibrous Tumors of the Uterus; Death." *British Medical Journal*, London, Saturday, February 27, 1858, No. lxi., new series, p. 159.

⁴ A. A. Boinet: *Gaz. hebdomadaire de Méd. et Chir.*, No. 8, 1873.

⁵ A. A. Boinet: *Traité pratique des Maladies des Ovaries*, 1867, p. 420.

⁶ "Documents pour servir à l'Histoire de l'Extirpation des Tumeurs fibreuses de la Matrice par la Méthode sus-pubienne." *Gaz. médicale de Strassbourg*, No. 2, 1864, p. 17.

⁷ *American Journal of Medical Sciences*, April, 1846.

appears to have performed the first deliberate hysteromyomectomy for a fibroid tumor of the uterus. This operation is seldom referred to in the various papers devoted to the history of hysteromyomectomy, and therefore I give a full abstract of it:

"OPERATIONS FOR THE REMOVAL OF ABDOMINAL TUMORS,"

BY JOHN BELLINGER, M.D.¹

MESSRS. EDITORS:—In compliance with your request I furnish you with notes of four operations for the removal of abdominal tumors. Other engagements of a pressing nature compel me to confine myself to a brief account of the cases. I will, however, remark that, notwithstanding the objections that have been plainly and forcibly urged against this operation, the sentiment of the profession is becoming every year more favorable to its performance, and that a woman need not be gifted with unnatural capacity of endurance in order to "*escape*" its dangers.

CASE I.—Extirpation of an ovarian tumor complicated with hydrops uteri: recovery.

CASE II.—Ovarian tumors; explorative incision: operation desisted from; recovery.

CASE III.—Scirrhus tumor of pelvic origin; removal; recovery.

CASE IV.—Uterine tumor; removal; death.

The subject of this case was a black woman about 30 or 35 years of age. The tumor, apparently a diseased uterus, had been detected several years before when just rising above the brim of the pelvis. It now occupied the lower region of the abdomen, like a uterus at the fifth month of gestation. It was movable under pressure or change of position. The patient's health had failed considerably under the continual pains that she suffered, and copious discharges that flowed from the vagina, sometimes of a menstrual, at others of a hemorrhagic character. She consented to the operation, the dangers of which were distinctly explained to her, at the same time that she was encouraged to hope that it would be successful. Assisted by Drs. Geddings, Ogier, and Pelzer, I operated in June, 1846, extirpating a large, irregular tumor that involved the uterus; in fact, is the uterus itself. The operation was commenced by making an incision through the integuments, extending from an inch above the umbilicus to the pubes. The tendons of the flat abdominal muscles were divided in the linea alba, and the peritoneum laid open. The tumor was found free of morbid adhesions, but too large to be removed through so narrow an opening as the first incision afforded; and a second (about three inches in length) was made, at right angles with its upper extremity, directed toward the left iliac region. This

¹ Southern Journal of Medicine and Pharmacy, May, 1847, vol. xi., No. 3, p. 241.

enabled me to elevate the tumor and divide the lateral ligaments. They were very vascular, and many arteries (the number not distinctly remembered) required tying. Animal ligatures were applied to all of them. The neck of the uterus was cut across about three-quarters of an inch above the os tinæ, and the entire tumor removed. The wound was closed by sutures, plasters, and bandage. Symptoms of peritonitis soon appeared; the inflammation progressed in spite of medical treatment, and proved fatal on the fifth day. Autopsy disclosed signs of diffused peritoneal inflammation, with effusion of bloody serum. There had been no internal hemorrhage. The remnant of the uterus was removed and placed with the tumor in the museum of the Medical College.

Bellinger's operation was clearly a hysterectomy for a fibroid tumor of the uterus, and it is equally evident that his operation was undertaken deliberately with the recognition that the tumor was of uterine origin. With our present light upon fibroid tumors, his diagnosis that the tumor was apparently a diseased uterus would be very defective, but in the light of the pathology of 1846 this was much less true. Bellinger was evidently an operator of experience, who maintained a favorable attitude toward abdominal surgery. It is quite evident that he looked upon hysterectomy as falling within the same principles that applied to ovariectomy. Unfortunately his patient died, and, so far as can be learned, he did not operate again nor further advocate the surgical treatment of fibroid tumors; nevertheless his name should have a place in the history of hysterectomy. It is probably correct to consider that he was the first surgeon deliberately to perform hysterectomy. His merit is lessened by the fact that his diagnosis was not a perfect one and that the operation was unsuccessful.

Following Bellinger's operation there came a number done under a false diagnosis and leading to no practical results, until 1853, when Burnham performed his first hysteromyomectomy with a successful issue. This operation is one of such importance from the historical standpoint that it deserves careful consideration. It is quite evident, when one reads the several accounts of this operation by Burnham himself, by Perkins, and by Irish, that the operation was not a deliberate one, but undertaken with a diagnosis of ovarian tumor. It also appears that, after the abdominal incision was made, the patient vomited and extruded the tumor, which could not be replaced within the abdomen, and that, therefore, Burnham was driven to remove the tumor. He is thus to be credited

with successfully accomplishing what no one else had ever done, but not with the conception of the deliberate performance of hysteromyomectomy. Bellinger seems to have been the first to have conceived this operation and to have carried it out with a fatal issue. Burnham was driven to the performance of it and did so with a successful result. The following rather full abstract indicates Burnham's position:

EXTIRPATION OF THE UTERUS AND OVARIES FOR
SARCOMATOUS DISEASE.

By WALTER BURNHAM, M.D., of Lowell, Mass., and Professor of Surgery in the Worcester Medical College.

This article is a description of Burnham's first hysteromyomectomy, referred to on page 2 of my paper, "The Development and Present Status of Hysteromyomectomy for Fibromata."¹

The title of the paper indicates how hazy Burnham's ideas were on the subject of the nature of the growth removed. Burnham's original description of the operation differs from that given by Irish on the point that the hysteromyomectomy became necessary because of the extrusion of the tumor from vomiting.

Burnham evidently had no idea, when the case was reported, of advocating hysterectomy for fibroid tumors, as his paper treats of the subject from the standpoint of ovariectomy, and reference is made to his other operations of ovariectomy. The following quotation indicates his attitude:

"This is the fourth operation I have performed within the last two years for the removal of ovarian tumors, all successful but one, which proved fatal on the third day after the operation. The first tumor weighed 12 pounds, the second over 50 (unsuccessful), the third 24 pounds, and the fourth—the subject of this communication—8 pounds; yet this one from its complications proved much the more difficult, although it was the smallest of the four. Although this case terminated favorably, I would not easily be induced to make another attempt to extirpate the uterus and ovaries or even to remove the uterus under almost any condition; and the operation should never be attempted without due consideration of the consequences of submitting a patient to such formidable risk."²

¹ Transactions of American Gynecological Society, 1897, vol. xxii.

² Nelson's American Lancet, vol. viii., October, 1853, to March, 1854, p. 147.

This report by Burnham himself makes it clear that whatever credit he deserves (and this is great) as one of the pioneers in hysterectomy cannot be based upon his performance of this original operation. His position as one of the pioneers in the development of hysterectomy must rest rather upon the fact that he continued to perform the operation for many years, from time to time, performing altogether fifteen operations. His success was not great, as he had but three recoveries.

The paper by Irish¹ gives the best account of Burnham's work. The paper by Perkins² may also be consulted.

G. Kimball, of Lowell, Mass., was the first deliberately to perform hysterectomy for fibroid tumor with a successful result. This operation was done September 1, 1853.³ Kimball is to be credited not only with the conception of the operation, but with its successful performance. His merit is greater than that of Bellinger because his conception of the nature of the disease is more definite, and he successfully performed the operation and advocated its performance in a formal paper. It was greater than that of Burnham because the operation was done deliberately instead of from compulsion, and because he advocated the operation upon rational grounds instead of failing to recognize its real nature and deprecating it, as was done by Burnham.

Kimball's original paper leaves it doubtful whether it was his first or second hysterectomy which was successful. There are three cases reported in this paper, and this point is open to question. One recovered and the other two died. Kimball operated a fourth time in 1855, also with a fatal result, making four operations with one recovery during the period covered by these investigations. During the same time Burnham performed five operations with one recovery.

In 1853 Washington L. Atlee⁴ published his essay upon the

¹ John C. Irish: "Hysterectomy for the Treatment of Fibroid Tumors." *Transactions of American Medical Association*, 1878, p. 447.

² Henry P. Perkins: "Three Hundred and Thirty-eight Cases of Abdominal Section in the Practice of Dr. Walter Burnham, Lowell, Mass., etc." *Annals of Gynecology and Pediatrics*, May, 1888.

³ G. Kimball: First "Successful Case of Extirpation of the Uterus" for Fibromyoma. *Boston Medical and Surgical Journal*, May 3, 1855, p. 249.

G. Kimball: "Extirpation of the Uterus." *Transactions of American Medical Association*, 1877.

⁴ Washington L. Atlee: Prize essay, "The Surgical Treatment of Certain Fibrous Tumors of the Uterus, etc." *Transactions of American Medical Association*, 1853, p. 559.

surgical treatment of fibroid tumors, hitherto considered beyond the resources of art, and strongly advocated operation for fibroid tumors, but his successes were largely obtained by attacking the tumors by the vaginal route. He operated by the abdominal route, removing pedunculated and sessile tumors, and was the first to do a myomectomy for a sessile tumor.¹ But the results secured by Atlee in his abdominal work were not such as to encourage followers.

This, then, was the status of abdominal operations for fibroid tumors of the uterus when, in 1864, Koeberlé published his historical paper upon hysterectomy and introduced his well-known method of securing the pedicle with the *serre-neud*.²

This paper is one of the landmarks in the history of hysterectomy, because it forced upon the attention of European surgeons the work which had been done in America and England, and in this way powerfully stimulated the progress of hysterectomy. This is the real merit of the paper, which is an excellent résumé of all that was known upon the subject at that time. A careful study of the paper shows that human nature was not different at that time from the present. For example, it is interesting to see how he makes it out that he himself was the first to have done a deliberate hysterectomy. For example, he admits the case of Burnham which was operated upon with a false diagnosis, and the two fatal cases of Kimball, but questions the successful case of Kimball and thus throws out the American cases. In the same way he eliminates the work of Clay by alleging that in Clay's successful abdominal hysterectomy, which antedated his own, the diagnosis by Clay was not entirely certain. A careful study of the cases of Koeberlé and Clay will show that both of them were somewhat doubtful about the diagnosis before operating, and that both of them undertook the operation with a determination to do whatever was best after the abdomen was opened. This makes Koeberlé the second European surgeon deliberately to undertake hysterectomy.

Those who performed hysterectomy deliberately appear to have been the following and in the order given: Bellinger, Kimball, Burnham, Clay, and Koeberlé.

It is hoped that the foregoing conclusions concerning the merits of the various early operators in the field of hysteromyomectomy may prove of interest to the Fellows.

Appended is a tabular list of all the operations.

¹ Loc. cit., p. 548.

² Loc. cit.

NOBLE: HISTORY OF THE EARLY

AMERICAN TABLE.

No.	Date.	a. Operator. b. Reporter.	Age. M. S. W.	Preliminary diagnosis.	Completed or incomplete.	Operative procedure.
1	Before 1831.	a. Nathan Smith. b. Nathan R. Smith.	.....	Probably ovarian.	Aban- doned.	Exploratory incision..
2	Aug. 28. 1844.	a. W. L. At- lee. b. W. L. At- lee.	24, S.	Ovarian. Had been previ- ously tapped.	Comple- ted.	Incision eight inches long. Pedicel transfixed and tied. Tumor re- moved. Ligatures brought out at the lower angle of the wound.
3	1844.	a. J. L. At- lee. b. W. L. At- lee.	42	.....	Probably comple- ted; not definite- ly stated.	Major incision. Hemorrhage from the slipping of ligatures.
4	June, 1846.	a. John Bellinger. b. John Bellinger.	30-35, Col- ored.	Uterine disease.	Comple- ted.	One long incision, with a second at right an- gles to it. Supra- vaginal hysterecto- my. Animal liga- tures used to tie many arteries.
5	Jan. 8, 1848.	a. Samuel Parkman. b. Samuel Parkman.	27, S.	Ovarian, but not positive. Previous ineffec- tual tap- ping.	"	Complete removal of tumor and upper part of uterus. Ute- rus transfixed and tied with waxed silk. Ligatures brought out through the wound. Ovaries not removed.
6	June 6, 1848.	a. J. Deane. b. John Deane.	43, M.	Ovarian, but was not sure that it was not a uterine tumor.	Incom- plete.	Incision from the left of umbilicus to pub- is. Operation abandoned. Intes- tines troublesome.

AMERICAN TABLE.

Description of tumor.	Result.	Bibliography.
Tumor constituting a large part of the uterus.	Not stated	(Ref. 1) Medical and Surgical Memoirs of Nathan Smith. Edited, with addenda, by Nathan R. Smith. Baltimore, 1831, p. 231.
Nodular, pediculated, non-adherent fibroid tumor weighing 1 pound 13 ounces.	Recovered. Died three years later of phthisis. Autopsy.	(Ref. 2) Case of Successful Extirpation of a Fibrous Tumor of the Peritoneal Surface of the Uterus, by Washington L. Atlee, Lancaster, Pa. American Journal of the Medical Sciences, April, 1845, No. 18 (new series), Art. 3, p. 809, vol. ix.
Supposed to be ovarian, but the ovaries were found to be normal at the autopsy.		(Ref. 3) Synopsis of Thirty Cases of Ovariectomy occurring in the Practice of the Author, by W. L. Atlee, Philadelphia. American Journal of the Medical Sciences, April, 1855, No. 58 (new series), vol. xxix., Art. 7, p. 387.
Four uterine tumors with thick, vascular pedicles and extensive adhesions.	Died on fifth day.	(Ref. 4) The General and Differential Diagnosis of Ovarian Tumors, etc., by Washington L. Atlee. Philadelphia, 1873, p. 249, Case 70. J. B. Lippincott & Co. (Ref. 5) A Table of all the Known Operations of Ovariectomy from 1701 to 1851, comprising 222 Cases, including their Synoptical History and Analysis, by Washington L. Atlee, M.D. (Extracted from the Transactions of the American Medical Association, 1851, p. 286.) Philadelphia, 1851, p. 8, Case 76.
Interstitial uterine tumor the size of a uterus at the fifth month of gestation.	Died fifth day; peritonitis. Autopsy.	(Ref. 6) John Bellinger, M.D. Art. 1: Operations for Removal of Abdominal Tumors. Southern Journal of Medicine and Pharmacy, vol. ii, No. 3, p. 244, 1847, Charleston, S. C.
Very soft interstitial uterine fibroid weighing 8 pounds 13 ounces, and showing degenerative softening in the centre.	Died eleven to twelve hours after operation, from hemorrhage.	(Ref. 7) Samuel Parkman, M.D.: Extirpation of a Peculiar Form of Uterine Tumor simulating Ovarian Disease, by the Large Peritoneal Section, followed by an Unsuccessful Result. American Journal of the Medical Sciences, Art. 9, p. 371, No. 30 (new series), April, 1848, vol. xv.
A large fibroid tumor involving the left half of the uterus and broad ligament. Right ovary normal; the left was not seen.	Recovered. Inflammation.	(Ref. 8) Fibrous Tumor of the Uterus; Gastrotomy, by J. Deane. Communication to the Boston Medical and Surgical Journal, vol. xxxix., 1849, p. 221.

No.	Date	a. Operator. b. Reporter.	Age. M. S. W.	Preliminary diagnosis	Completed or incomplete.	Operative procedure.
7	May 22, 1849.	a. W. L. At- lee. b. W. L. At- lee.	33, S.	Obscure. Supposed to be a pedicu- lated uterine or a fibrous ovarian tumor. Tapped two months before opera- tion. Only a teaspoon- ful of blood flowed.	Aban- doned.	Incision from four inches above umbili- cus to pubis. Nothing was removed.
8	Oct. 13, 1849.	"	43, S.	.....	Incom- plete.	Incision from one inch above umbilicus to pubis. Operation abandoned.
9	Nov. 24, 1849.	"	49, M.	"Doubt- ful." Ex- traute- rine tu- mor. Ovarian or ute- rine.	Comple- ted.	Incision from one inch above umbilicus to pubis. Tumor re- moved.
10	Dec. 29, 1849.	a. H. J. Bigelow. b. H. J. Bigelow.	22	?	"	Incision from umbili- cus to pubis. Fibroid tumor removed by ligature around its pedicle. Tumor of ovary removed. Ad- hesions divided. Had been previously tapped twice.

Description of tumor.	Result.	Bibliography.
A large, non-adherent, interstitial, degenerated fibroid tumor of the uterus, with subperitoneal cysts and diseased ovaries, the left ovary having the size of an orange, and the right ovary having three times its normal bulk.	Recovered, dying six months later from erysipelas after incision into the neck of the uterus and the use of ergot.	<p>(Ref. 9) Cases 4 and 5 of Large Peritoneal Section (this is Case 4), by Washington L. Atlee, American Journal of the Medical Sciences, vol. xix., 1850, No. 38 (new series), April, Art. 3, p. 318.</p> <p>Synopsis of Thirty Cases of Ovariectomy occurring in the Practice of the Author, by Washington L. Atlee, p. 388, Case 4. See Ref. 3.</p> <p>The Diagnosis of Ovarian Tumors, by W. L. Atlee, p. 243, Case 69. See Ref. 4.</p> <p>(Ref. 10) Prize essay: The Surgical Treatment of Certain Fibrous tumors of the Uterus heretofore considered beyond the Resources of Art, by Washington L. Atlee, M.D., Philadelphia. (Pamphlet from the Transactions of the American Medical Association for 1853.) Philadelphia, 1853, Case 4, p. 42.</p> <p>(Ref. 11) The History and Statistics of Ovariectomy, by George H. Lyman, p. 38, Case 8, Boston, 1856.</p> <p>A Table of all the Known Operations of Ovariectomy, by Washington L. Atlee, M.D. Philadelphia, 1851, p. 22, No. 197. See Ref. 5.</p> <p>Synopsis of Thirty Cases of Ovariectomy occurring in the Practice of the Author, by W. L. Atlee, p. 388, Case 6. See Ref. 3.</p>
<p>Non-adherent fibrocystic tumor involving the uterus.</p> <p>Died three or four years later, the mass then weighing 50 pounds.</p> <p>A pediculated, non-adherent fibroid tumor attached to the anterior face of the uterus, weighing 6 pounds.</p> <p>The ovaries were normal.</p>	<p>Recovered....</p> <p>Recovered, dying thirty-nine days later from cholera morbus.</p>	<p>Synopsis of Thirty Cases of Ovariectomy occurring in the Practice of the Author, by W. L. Atlee, p. 388, Case 6. See Ref. 3.</p> <p>Synopsis of Thirty Cases of Ovariectomy occurring in the Practice of the Author, by W. L. Atlee, p. 388, Case 7. See Ref. 3.</p> <p>Diagnosis of Ovarian Tumors, by Washington L. Atlee, M.D., Case 71, p. 251. See Ref. 4.</p>
<p>Ascites: pediculated fibroid tumor of the uterus weighing 3 1/2 pound.</p> <p>Cyst of left ovary, weight 8 pounds.</p> <p>Adhesions.</p>	<p>Death third day.</p>	<p>(Ref. 12) H. J. Bigelow (exhibited specimen the day it was removed): Boston Medical and Surgical Journal, No. 41, January 23, 1850, p. 503.</p> <p>Lyman's History and Statistics of Ovariectomy, p. 50, Case 84. See Ref. 11.</p>

No.	Date.	a. Operator. b. Reporter.	Age. M. S. W.	Preliminary diagnosis.	Completed or incomplete.	Operative procedure
11	1849, New York.	a. Not stated. b. Dr. Bib- bins.	.....	Not stated.	Not stated.	Uterus removed.....
12	April 13, 1850.	W. L. Atlee.	41, S. Col- ored.	Not given. Incom- Probably plete. incor- rect.		Anesthesia. Incision from umbilicus to pubis. Intestines forced out and re- placed with difficul- ty. Abandoned.
13	1850.	R. D. Mus- sey.	.....	Not stated. Evident- ly incor- rect.	"	Long incision. Ope- ration abandoned.
14	May 20, 1851.	a. W. L. At- lee. b. W. L. At- lee.	45, M.	Correct...	Com- pleted.	Anesthesia. Incision from two inches above umbilicus to pubis. Tumor re- moved. Intestines troublesome and re- mained out during operation.
15	June 12, 1851.	a. John B. Hayes. b. John B. Hayes.	42. Col- ored.	Not stated.	"	No anesthetic. Inci- sion eight inches long. Pedicle trans- fixed, tied, and tu- mor removed. In- testines trouble- some.
16	Dec. 20, 1851.	a. W. L. At- lee. b. W. L. At- lee.	42, M.	"Ob- scure." "Fi- brous." "Prob- ably ex- traute- rine."	Incom- plete.	Anesthesia. Incision from one inch above umbilicus to pubis. Abandoned.
17	March 3, 1853.	"	40, M.	Not stated.	Com- pleted.	Incision from two inches above umbili- cus to pubis. Tu- mors removed. In- terstitial tumor enu- cleated.

Description of tumor.	Result.	Bibliography.
Account meagre....	Died on the table.	(Ref. 13) Report of the New York Pathological Society, stated meeting, November 27, 1867. Discussion by Dr. Bibbins, after the presentation of a tumor removed by Atlee. The Medical Record (New York), vol. ii., February 15, 1868, p. 571.
Uterine tumor. adhesions.	No Recovered. Health improved.	Synopsis of Thirty Cases of Ovariotomy (Case 11, p. 389), by W. L. Atlee. See Ref. 3.
Interstitial tumor of the uterus.	Died fourteen hours after operation. ("Exhaustion.")	(Ref. 14) Ovariotomy in Ohio; being a Report of a Special Committee of the Ohio State Medical Society, by Dr. J. W. Hamilton. The Ohio Medical and Surgical Journal, November 1, 1859, vol. xii., No. 2, Case 46, p. 113.
An "extrauterine" fibroid tumor attached by pedicle to the fundus of the uterus, weighing 6 pounds. Several other fibroids in the uterus, evidently not removed.	Died third day. Hemorrhage.	(Ref. 15) Letter to W. L. Atlee in the Transactions of the American Medical Association, iv., 1851, p. 308. Synopsis of Thirty Cases of Ovariotomy (Case 16, p. 390), by W. L. Atlee. See Ref. 3. Diagnosis of Ovarian Tumors, by W. L. Atlee, p. 253, Case 72. See Ref. 4.
Lobular fibro-cartilaginous tumor attached to posterior portion of fundus by pedicle 1 inch long. Weight 3¼ pounds. Adhesions to the omentum.	Recovered....	(Ref. 16) Gastrotomy; Successful Extirpation of Fibro-cartilaginous Tumor, by John B. Hayes, M.D. American Journal of the Medical Sciences, vol. xxxiii., No. 66 (new series), April, 1857, p. 322, Art. 5.
A subperitoneal extrauterine fibroid with firm adhesions. An abdominal abscess was opened and discharged during the operation.	Recovered. A secondary operation through the vagina, followed by diminution in the size of the tumor by eremacausis.	Synopsis of Thirty Cases of Ovariotomy (Case 17, p. 390), by W. L. Atlee. See Ref. 3. Prize essay (Case 12, p. 83), by Washington L. Atlee. See Ref. 10.
Two pediculated fibroid tumors and one interstitial fibroid tumor of the uterus weighing 4 pounds.	Died on the third day from peritonitis.	Synopsis of Thirty Cases of Ovariotomy, by W. L. Atlee, p. 391, Case 21. See Ref. 3.

No.	Date	a. Operator. b. Reporter.	Age. at N. W.	Preliminary diagnosis.	Completed or incomplete.	Operative procedure.
18	June 26, 1853.	a. W. Burnham. b. W. Burnham. b. J. C. Irish. c. H. P. Perkins.	38, S.	Left ovarian tumor.	Completed.	Incision six inches long. Tumors, uterus, and appendages forced out by the patient vomiting, and removed because they could not be replaced. (This is not mentioned in the original report.) Pedicle of fundal tumor first tied, and this tumor removed. Spermatic arteries ligated, left ovarian tumor removed, and right ovarian tumor incised. Supravaginal removal of the uterus, only the uterine arteries now requiring ligation.
19	Prior to Sept., 1853.	a. G. Kimball. b. G. Kimball.	.....	Ovarian tumor.	"	Removal of the uterus and tumor.
20	Sept. 1, 1853.	"	34, M.	Uterine tumor.	"	Incision four inches long. Uterus incised, tumor enucleated, and cervix then transfixed by a needle "doubly armed," when the cervix was tied in halves and a supravaginal hysterectomy performed.
21	Sept. 21, 1853.	a. E. R. Peaslee. b. E. R. Peaslee.	35, W.	Right ovarian tumor.	"	Incision four inches long. A trocar was thrust into the tumor, but only blood flowed. The bleeding trocar wound seems to have impelled the hysterectomy. Incision increased to six inches in length. Lower portion of the uterus transfixed with four threads of saddler's silk, tied, and the uterus and left ovary cut away. Ligatures brought outside through the wound. Gum elastic drainage tubes.

Description of tumor.	Result.	Bibliography.
The principal portion of the tumor was attached to the fundus by a pedicle one inch in diameter. The uterus filled the pelvis. The left ovary was fibrous and the size of the fist, while to the right ovary was attached a cyst containing 6 or 8 ounces of dark fluid.	Recovery.....	(Ref. 17) Extirpation of the Uterus and Ovaries for Sarcomatous Disease, by Dr. Walter Burnham, Lowell, Mass. Nelson's North American Lancet, vol. viii., January, 1854, Art. 36, p. 147. (Ref. 18) Hysterectomy for the Treatment of Fibroid Tumors, with a Report of Fifteen Cases, by John C. Irish, M.D., Boston. The Transactions of the American Medical Association, vol. xxix., 1878, p. 448, Case 1. (Ref. 19) Three Hundred and Thirty-eight Cases of Abdominal Section in the Practice of Dr. Walter Burnham, Lowell, Mass., with a brief Report of his Life and Methods, by his grandson, Henry P. Perkins, Jr., M.D. (Harv.), Canandaigua, N. Y. The Annals of Gynecology, May, 1888, vol. i., No. 8, p. 369.
An enormous, irregular, lobulated tumor of the uterus	Died tenth day.	(Ref. 20) Successful Case of Extirpation of the Uterus, by G. Kimball, M.D., Lowell, Mass. Boston Medical and Surgical Journal, vol. lii., May 3, 1855, p. 254, No. 13.
An interstitial fibroid tumor of the uterus, enlarging abdomen equal to a six months' gestation. Weight not exceeding 10 pounds (Storer), shape globular, with a diameter of about 7 inches.	Recovery.....	(Ref. 21) Successful Case of Extirpation of the Uterus, by G. Kimball, M.D., Lowell, Mass. The Boston Medical and Surgical Journal Thursday, May 3, 1855, vol. lii., No. 13, p. 249. See Ref. 20. (Ref. 22) Successful Removal of Uterus and Ovaries, by H. R. Storer, M.D. The American Journal of the Medical Sciences (new series), vol. li., January, 1866, Art. 8, pp. 124 and 138.
Interstitial fibroid tumor of the uterus showing central degeneration, and weighing 18 ounces. The left ovary was diseased.	Death on the fifth day, the intestines having been strangulated in two places by being forced through the wound.	(Ref. 23) A Case of Removal of the Entire Body of the Uterus by the Large Abdominal Section, by E. R. Peaslee, A.M., M.D. The American Journal of the Medical Sciences, No. 58 (new series), vol. xxix., April, 1855, p. 393, Art. 8.

No.	Date.	a. Operator. b. Reporter.	Age. M. S. W.	Preliminary diagnosis.	Completed or incomplete.	Operative procedure.
22	Oct. 12, 1853.	a. G. Kimball. b. History by Dr. Cutter, of Woburn. Exhibited by Dr. J. S. B. Jackson.	33, S.	Not stated.	Incomplete.	Incision nine inches long. The tumor was incised, but bled so freely as to require ligature. Operation abandoned.
23	Aug. 12, 1854.	a. Dr. Herff, Texas. b. Dr. J. D. B. Stillman.	43, M.	Ovarian..	Completed.	Incision five inches long. Tumor enucleated from the uterus, and wound coaptated by four uterine sutures.
24	Aug., 1854.	a. Dr. W. Burnham. b. J. C. Irish. b. H. D. Perkins.	M.	.....	"	Incision eight inches long. The broad ligaments were tied in sections, and a double ligature was passed through the cervix.
25	Sept. 30, 1854.	a. W. L. Atlee. b. W. L. Atlee.	59, M.	Not stated.	"	Incision about six inches long. Both ovaries and an independent pelvic tumor removed.
26	Between Sept., 1853, and May 1855	a. G. Kimball. b. G. Kimball.	.....	Evidently uterine fibroma.	"	Removal of the tumor and the uterus.
27	Nov 13, 1856.	a. William J. Baker. b. John M. Boyd.	M.	Obscure, but considered to be attached to the uterus.	"	Incision from one and a half inches above the umbilicus to the pubis. Cervix transfixed and tied and adhesions separated. Uterus, tumor, and appendages removed. Pedicle secured to the lowest point of the incision.

Description of tumor.	Result.	Bibliography.
An adherent, interstitial, multinodular uterine fibroma weighing 3½ pounds and involving both the fundus and the cervix.	Death on twelfth day.	(Ref. 23) Fibrous Tumor of the Uterus; Exploratory Gastrotomy. Specimen showed by Dr. J. S. B. Jackson. Extracts from the records of the Boston Society for Medical Improvement, in the American Journal of the Medical Sciences for April, 1854, No. 54 (new series), vol. xxvii., Art. 8, p. 341.
A hard, adherent uterine fibroid weighing 4 pounds and 3 ounces	Recovered....	(Ref. 24) Fibrous Tumor of the Uterus successfully removed by Abdominal Section, and Recovery of the Patient, by Dr. Herff, San Antonio, Texas. Reported by Dr. J. D. B. Stillman, the New York Journal of Medicine, vol. xvi., No. 2 (new series), March, 1856, p. 167, Art. 2.
Interstitial uterine fibroid tumor impacted in the pelvis. Weight 8 pounds.	Death on the fifth day from septicemia.	Hysterectomy for the Treatment of Fibroid Tumors, by John C. Irish, M.D. See Ref. 18, Case 2, p. 450. Three hundred and thirty-eight Cases of Abdominal Section, by Henry D. Perkins, M.D. See Ref. 19, p. 369.
The right ovary was hard and fibrous, with a short, thick fibrous pedicle. The left ovary was fibrocystic, and a fibrous pelvic tumor of bony hardness was found. Weight of the tumor 20 pounds. Firm and extensive adhesions.	Death on the fifth day from secondary hemorrhage.	Synopsis of Thirty Cases of Ovariectomy by W. L. Atlee, p. 392, Case 27, 1855. See Ref. 3. Lyman (History of Ovariectomy, Ref. 11) gives date as September, 1850.
Fibroid tumor of the uterus.	Died the third day from hemorrhage due to the slipping of a ligature.	Successful Case of Extirpation of the Uterus, by G. Kimball, M.D. See Ref. 20, p. 254. Successful Removal of Uterus and Ovaries, by H. R. Storer, M.D. See Ref. 21.
An interstitial fibrous uterine tumor weighing 46 ounces avoirdupois, and adherent to the lumbar and sacral regions.	Recovered....	(Ref. 25) An Operation for the Removal of a Uterine Tumor, together with the Extirpation of the Entire Organ and its Appendages, by William J. Baker M.D., Knoxville, Tenn. Reported by John M. Boyd, who assisted. Addendum, Art. 9, in the American Journal of the Medical and Physical Sciences, January, 1857, vol. v., p. 71. (Ref. 26) Baker's case in the January number, on p. 220, March, 1857, of the same volume.
(Ref. 27) Reprint in the American Journal of the Medical Sciences, No. 66 (new series), April, 1857, vol. xxxiii., Domestic Summary, p. 572. Title, Extirpation of Uterus and its Appendages, by Dr. John M. Boyd. (Of course Boyd was not the operator.)		

No.	Date.	a. Operator. b. Reporter.	Age. M. F. W.	Preliminary diagnosis.	Completed or incomplete.	Operative procedure.
28	June, 1857.	a. Walter Burnham. b. J. C. Irish. b. H. P. Per- kins, Jr.	....	Correct...	Evidently com- pleted.	Operation performed as a last resort. De- tails are meagre.
29	Nov., 1857.	a. Walter Burnham. b. J. C. Irish.	33, S.	"	"	Supravaginal hyste- rectomy.
30	Previ- ous to 1857.	a. Bradford and Dun- lop. (Ope- ration in Iowa.) b. J. C. Bradford.	.....	"	Comple- ed.	Details meagre. The operation was done under protest. Brad- ford considering ute- rine tumors as un- suitable for abdomi- nal section.
31	Feb., 1858.	a. Walter Burnham. b. J. C. Irish.	44, M.	"	Evidently com- pleted.	Abdominal hysterec- tomy, amputating through the cervix.
32	June 8, 1859.	a. A. F. Sawyer. b. A. F. Sawyer.	43, M.	At first thought to be ute- rine, but after- ward consider- ed to be ovarian.	Comple- ed.	Incision from a little above umbilicus to pubis. Transfixed and tied off below the cervix. Uterus and tumor removed. Ligatures brought out through the wound.
33	Previ- ous to Nov., 1859.	a. G. C. Blackman. b. J. W. Hamilton.	.....	Ovarian..	Incom- plete.	A short exploratory incision.
34	Previ- ous to 1860.	a. Dr. Nel- son. b. A. F. Sawyer.	.....	.....	.....	.....
35	June 18, 1862.	W. L. Atlee.	40, S.	Ovarian. Tapped March 22, Oijj.	Comple- ed.	Removal of tumor....
36	Oct. 26, 1863.	Packard....	21, S.	Ovarian..	Incom- plete.	Incision four inches long. Tumor tapped, producing hemor- rhage, which was controlled by liga- tures and sutures. Wound closed.

Description of tumor.	Result.	Bibliography.
An impacted interstitial uterine fibroma weighing 6 pounds.	Death in fifty-two hours.	J. C. Irish: American Journal of the Medical Sciences, p. 451, Case 3. Hysterectomy for the Treatment of Fibroid Tumors. See Ref. 18. Henry P. Perkins, Jr.: Annals of Gynecology May, 1888, p. 369. Three hundred and thirty eight Cases of Abdominal Section. See Ref. 19. Same references as for last case. See Refs. 18 and 19. J. C. Irish, Case 4, p. 451.
An interstitial fibroid tumor weighing 12 pounds.	Death the fourth day from "shock" and nervous exhaustion.	Same references as for last case. See Refs. 18 and 19. J. C. Irish, Case 4, p. 451.
.....	Death	(Ref. 28) Selections from a Report on Ovariectomy. Read before the Kentucky State Medical Society at its annual meeting at Louisville, April, 1857, by J. Taylor Bradford, M.D. Reprint, p. 54. Published in the Louisville Medical News.
A subperitoneal fibrocystic tumor involving the entire fundus and weighing 25 pounds.	Death the day after the operation from shock.	Henry P. Perkins, Jr.: Three hundred and thirty-eight Cases of Abdominal Section. See Ref. 19; J. C. Irish, Hysterectomy for the Treatment of Fibroid Tumors. See Ref. 18, Case 5, p. 451.
A non-adherent interstitial fibroid tumor of the fundus uteri weighing 7½ pounds.	Death on the sixth day from peritonitis, probably following secondary hemorrhage.	(Ref. 29) Carcinoma of the Uterus; Extirpation, by A. F. Sawyer, M.D., San Francisco. The American Journal of the Medical Sciences, No. 79 (new series), p. 46, vol. xl., July, 1860.
A tumor of the uterus and ovaries in which some intestines were embedded.	Death a few days after the operation.	Ovariectomy in Ohio, by J. W. Hamilton. See Ref. 14.
Large uterine fibroid separated from its pedicle.	Recovered....	Carcinoma of the Uterus, by A. F. Sawyer See Ref. 29.
Fibrocystic, pediculated tumor of the uterus (?), with myxomatous pedicle. Solid portion weighed 40 pounds, fluid 15 pounds.	Death on the fourth day.	Diagnosis of Ovarian Tumors, by W. L. Atlee, 1873. See Ref. 3.
Fibroid tumor weighing 13 to 14 pounds, pediculated, possibly developing from the left ovary and uterus.	Death on the fifteenth day from peritonitis.	(Ref. 30) Operation for Supposed Ovarian Tumor, by Dr. Packard. Summary of Transactions of College of Physicians of Philadelphia, in the American Journal of the Medical Sciences, vol. lxxvii., 1871, p. 433, No. 124 (new series), October, 1871, p. 433, Art. 19.

ENGLISH TABLE.

No.	Date.	a. Operator. b. Reporter.	Age.	Preliminary Diagnosis	Completed or incom- plete.	Operative procedure.
1	1825, April 24.	a. John Lizars. b. John Lizars. b. Dr. Myrtle. b. Dr. Taylor.	34	Evidently ovarian. Diagno- sis not correct- ed until autop- sy 25 years later.	Aban- doned.	Incision from ster- num to pubis. Tumor punctured with trocar and scalpel, but only blood flowed. Wound stitched and held with adhesive strips.

ENGLISH TABLE.

Description of tumor.	Result.	Bibliography.
<p>The abdominal distension exceeded that of nine months' gestation. Tumor seemed "fibrous and cartilaginous." The omental vessels were very large. At the autopsy, twenty-five years later, the ovaries were found to be normal and the tumor, diagnosed by Simpson to be a fibroid, was found attached to the fundus by a pedicle 2 or 3 inches long. The tumor then had the size of the pregnant womb at five months.</p>	<p>Recovered. (Peritonitis, for which bleeding, 111 ounces in 36 hours or so, and seton through anterior abdominal wall, were used.)</p>	<p>(Ref. 1) Observations on Extraction of Diseased Ovaria, by J. Lizars, Esq. Edinburgh, 1825, pp. 19, 20.</p> <p>(Ref. 2) Case of Tumor for which the Operation of Ovariectomy was attempted more than twenty-five years ago, with Dissection, by Dr. Myrtle. (Read in Dr. Myrtle's absence by Dr. Taylor.) Report of the Edinburgh Medico-Chirurgical Society, Meeting II., December 18, 1850, in the Monthly Journal of Medical Science, vol. xii., February, 1851, pp. 198-229.</p> <p>(Ref. 3) Case of Tumor, for which the Operation of Ovariectomy was performed more than twenty-five years ago, by John Young Myrtle, M.D., F.R.C. (full article). The Monthly Journal of Medical Science (Edinburgh and London), vol. xii., 1851, March, Art. 6, p. 229.</p> <p>(Ref. 4) Diseases of the Ovaries, their Diagnosis and Treatment, by T. Spencer Wells. London, J. & A. Churchill, 1872, or New York, 1873, D. Appleton & Co., p. 184.</p> <p>(Ref. 5) An Analysis of 108 Cases of Ovariectomy which have occurred in Great Britain, by Robert Lee, M.D., F.R.S. Read November 12, 1850. Medico-chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, vol. xxxiv., p. 14, Case 4. London: Longmans, Green & Longmans, 1851. Also copied in</p> <p>(Ref. 6) Clinical Reports of Ovarian and Uterine Diseases, with Commentaries, by Robert Lee, M.D., F.R.S. London: John Churchill, 1853, p. 88, Case 4.</p> <p>(Ref. 7) Chapters on Diseases of the Ovaries, translated by permission from Kiwisch's Clinical Lectures, etc., by John Clay. London: John Churchill, 1860. Appendix p. 166, Table iv., Case 13.</p> <p>(Ref. 8) Horatio R. Bigelow in "A Review of the Operation of Gastrotomy for Myofibromata of the Uterus, with Complete Statistical Tables." Reprint from AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN for 1883, pp. 46 and 47, Case 52.</p> <p>(Ref. 9) The History and Statistics of Ovariectomy and the Circumstances under which the Operation may be regarded as Safe and Expedient (prize dissertation of Massachusetts Medical Society, May, 1856), by Geo. H. Lyman. Boston: John Wilson & Son, 1856. Case 199, p. 72.</p> <p>(Ref. 10) Observations on the Extraction of Diseased Ovaria, by John Lizars. Review in the Edinburgh Medical and Surgical Journal, vol. xxiv., 1825, part ii., Art. 4, p. 176, Case 4.</p>

No.	Date.	a. Operator. b. Reporter.	Age.	Diagnosis	Completed or incom- plete.	Operative procedure.
2	1842, Oct. 26.	a. Chas. Clay. b. Chas. Clay.	47, M.	Evidently ovarian.	Incom- plete.	No anesthetic. Free abdominal incision. The tumor was punctured with a fine stiletto, but only blood flowed. The operation was abandoned and the incision united by sutures and plasters.
3	1843, Oct. 19.	a Hy. Walne b Hy. Walne	45, S.	Ovarian. Dropsy.	Incom- plete.	Incision 15 inches long. Left ovarian tumor removed. Ligatures brought out through the wound, which was coaptated with 18 sutures and adhesive plaster.
4	1843, Nov. 17.	a. Chas. Clay. b. Chas. Clay.	45, M.	Evidently ovarian.	Com- pleted.	No anesthetic Incision 13 inches long. Ligatures were placed around Fallopian connections and central uterine attachment and hysteromyomectomy performed. The vessels were secured with difficulty.
5	1843, Nov. 21.	a. A. M. Heath. b. A. M. Heath.	46, S.	Ovarian, believed to be at- tached to the ute- rus.	Com- pleted.	Incision from a little below ensiform to an inch and a half of pubis. Two double ligatures passed through the cervix below tumor by aneurismal needle and so tied as to include the broad ligaments. Supravaginal hysterectomy. Wound closed with 7 interrupted sutures and adhesive plaster.

Description of tumor.	Result.	Bibliography.
<p>A firm, highly vascular, very adherent tumor, estimated to weigh 35 pounds.</p> <p>Two pints of thick, bloody fluid had flowed on tapping two years previously.</p> <p>After operating Clay considered it "was not an ovarian disease." Positive proof that this was a uterine fibroma not found.</p>	<p>Died sixth day. No postmortem.</p>	<p>(Ref. 11) Cases of Peritoneal Section for the Extirpation of Diseased Ovaria by the Large Incision from Sternum to Pubis. Successfully Treated, with Other Cases of Extirpation of Anomalous Tumors etc., etc., by Chas. Clay. Case the third. The Medical Times, London, Saturday, November 26, 1842, No. 166, vol. vii., p. 139.</p> <p>(Ref. 12) Published also in pamphlet, 4to, pp. 18, London, 1842.</p> <p>(Ref. 13) See also critical review of this pamphlet in the British and Foreign Medical Review, vol. xvi., Art. 10, October, 1843, p. 387, for an opinion of Clay's observations.</p>
<p>Two interstitial uterine fibroids; the larger, involving the fundus and posterior wall of the uterus, occupied the pelvis. The smaller, of the size of a French walnut, was in the anterior uterine wall.</p> <p>The ovarian cysts weighed 14 pounds, while there were 5 gallons of ascitic fluid.</p>	<p>Death nine days after operation. Autopsy.</p>	<p>(Ref. 14) Cases of Dropsical Ovaria removed by the Large Abdominal Section. Fourth Case, by Dr Henry Walne. The London Medical Gazette, vol. i., new series, 1843-44, p. 723, Friday, March 1, 1844.</p> <p>(Ref. 25) On Tumors of the Uterus and its Appendages, by Thomas Safford Lee, M.R.C.S.E. London: John Churchill, 1847, p. 268, No. 70.</p>
<p>Solid, highly vascular tumor, weighing 13 pounds. The uterus formed part of the tumor, while the Fallopian tubes were attached along their entire length.</p>	<p>Died about one and a half hours after operation, from "shock."</p>	<p>Cases of Peritoneal Section, etc., by Chas. Clay. See refs. 11 and 12.</p> <p>The London Medical Times, No. 167, vol. vii., London, Saturday, December 3, 1842, p. 153.</p> <p>An Analysis of 108 Cases of Ovariectomy, etc., by R. Lee. See refs. 5 and 6. P. 21, Case 47.</p>
<p>Submucous glandular fibrous tumor weighing 6 pounds. Vertical diameter, 7 inches; circumference, 20 inches.</p>	<p>Death from hemorrhage seventeen hours after the operation. About 14 ounces of blood found in peritoneal cavity post mortem.</p>	<p>(Ref. 15) A. M. Heath: Case of Excision of the Uterus by the Abdominal Section. London Medical Gazette, 1843, p. 309, December 8, new series, vol. i.</p> <p>R. Lee: Analysis of 162 Cases of Ovariectomy. Medical and Surgical Transactions, vol. xxxiv., 1851, p. 25, Case 90. See refs. 5 and 6.</p>

No.	Date.	a. Operator. b. Reporter.	Age.	Diagnosis.	Completed or incom- plete.	Operative procedure.
6	1844, Jan. 16.	a. Chas. Clay. b. Chas. Clay.	52. M.	Ovarian ..	Com- pleted	Incision 12 inches long. Uterus and both ovaries removed, converting vagina into a cul-de-sac. (The first abdominal panhysterec-tomy.)
7	1847.	a. S. Lane..	22. S.?	Not found.	Incom- plete.	Incision from umbilicus to pubis. Too great connection with the uterus for removal.
8	1854. Oct. 11.	a. Mr. Eddison. b. John Sloane.	33. S.	Ovarian ..	Com- pleted.	Chloroform. Incision from umbilicus to pubis. Pedicle transixed with whipcord and the four ends tied. Tumor removed.
9	1860, May 15.	a. Baker Brown.	45. S.	Ovarian ..	Incom- plete.	Operation abandoned....
10	1861, June 21.	a. Baker Brown. b. Baker Brown.	34. W.	Right ovarian fibroma.	Com- pleted.	The broad ligaments were secured with calipers and uterus transixed with double ligature, tied, and cut away. About one-third of uterus was thus removed. A small fibroid remaining in cervix was also tied off.
11	1861, Oct. 14.	a. T. Spen- cer Wells. b. T. Spen- cer Wells.	33. M.	"Ovari- an" (Clay and Wells), although there was some doubt be- fore the opera- tion.	Com- pleted.	Incision 10 inches long. Supravaginal removal of tumor, uterus, and ovaries. Ecraseur tried, but it bent. Clamp tried, but it broke. Bleeding vessels then tied. Ligatures from pedicle brought out at lower angle of wound.
12	1862, May 14.	a. F. D. Fletcher. b. F. D. Fletcher.	40. W.	Ovarian ..	Com- pleted.	Incision about 9 inches long. Pedicle divided with écraseur. A few spouting vessels ligated with iron wire. Pedicle returned to abdomen and ligatures left in its cavity. Skin united with wire sutures and harelip pins.

Description of tumor.	Result.	Bibliography.
Uterus enlarged to nearly 20 lbs., left ovary to 4 lbs.; cystic deposit, 8 lbs.; total, 32 lbs. Kind of tumor not stated.	Death fifteenth day. Patient dropped to floor by nurse.	(Ref. 16) Chas. Clay, Manchester: Observations on Ovariectomy, Statistical and Practical; also a Successful Case of Entire Removal of the Uterus and its Appendages. Transactions of the Obstetrical Society of London, vol. v, p. 66, March 4, 1863.
Tumor the size of uterus at term, connected with the uterus.	Recovered. Died suddenly five weeks later; no evidence of inflammation.	R. Lee: Analysis of 162 Cases of Ovariectomy (see refs. 5 and 6), p. 19, Case 31. Chapters on Diseases of the Ovaries, translated by permission from Kiwisch's Clinical Lectures by John Clay. London: John Churchill, 1860. Appendix, Table iv, Case 11, p. 166. (Ref. 7.)
"Cystic fibrous tumor" (Mr. Paget), weighing 50 oz., attached by pedicle. 1½ inches in diameter, to the fundus. Ovaries not enlarged. Had been tapped 7 pints, October 7?	Death five hours later.	(Ref. 17) Nottingham General Hospital. Gastrostomy: Removal of Fibrous Tumor of the Uterus: Death. By John Sloane, M.D. (read before the Leicester Medical Society, February 2, 1858). British Medical Journal, London, Saturday, February 27, 1858, No. 61, new series, p. 159.
Fibrocyst of uterus, extensive adhesions. Ovaries not involved.	Death twenty-four days after operation: erysipelas.	(Ref. 19) De la Gastrotomie dans les Cas de Tumeurs fibreuses utérines, etc., par le docteur Boinet. Gazette hebdomadaire de Médecine et de Chirurgie, 18 Juillet, 1873, No. 29, p. 462. Case 14, deuxième série, tome x. (Communicated by M. Routh.)
Interstitial multinodular myoma of fundus weighing 7 pounds 5 ounces.	Death eighth day; pyemia; pus in iliac and uterine veins.	(Ref. 20) History of a Fibrous Tumor within the Abdomen: Exploration by Abdominal Section; Removal, Examination of Tumor, and Autopsy, by T. Baker Brown, F.R.S.C. London Medical Review or Monthly Journal of Medical and Surgical Sciences, vol. ii., January, 1862, p. 320.
Non-adherent interstitial uterine fibroma weighing 27 pounds.	Death from exhaustion, fourth day.	(Ref. 21) (Do not confuse with ref. 4.) Diseases of the Ovaries, by T. S. Wells. London, vol. i., 1865, p. 350, John Churchill & Sons. Ovarian and Uterine Tumors, by T. Spencer Wells, Case 1, p. 512. See ref. 23.
Fibrocystic adherent tumor, the size of the uterus at term, attached by pedicle. 1½ inches in diameter, just below fundus on posterior surface of the uterus to the left of the median line.	Recovered...	(Ref. 22) Uterine Tumor Successfully Removed. F. D. Fletcher. Transactions of the Liverpool Medical Society, Thursday, October 16, 1862, in British Medical Journal, vol. ii, 1862, No. 8, p. 499.

No.	Date.	a. Operator. b. Reporter.	Age.	Diagnosis.	Completed or incom- plete.	Operative procedure.
13	1863, Jan. 2.	a. Chas. Clay. b. Chas. Clay.	S.	At first consider- ed to be uterine, after- ward thought probably ovarian.	Com- pleted.	Incision about 11 inches long. Broad ligaments and the cervix ligated with hemp ligatures. Supravaginal hyste- rectomy with removal of ovaries. Ligature ends brought out through the wound. Duration 15 minutes.
14	1863, Jan. 12.	a. T. S. Wells. b. T. S. Wells.	35, S.	Correct...	Com- pleted.	Incision 6 inches long. Tumor removed by enucleation, and ute- rine incision closed by uninterrupted suture.
15	1863, April 7.	a. T. S. Wells. b. T. S. Wells.	33, S.	Probably uterine(?) as Wells states that he consider- ed it in- operable and ope- rated to satisfy his friends.	Incom- plete.	Short exploratory inci- sion. Solid tumor punctured, but no fluid escaped.
16	1863, April 30.	a. T. S. Wells. b. T. S. Wells.	53, S.	Ovarian...	Com- pleted.	Incision 9 inches long. Ligatures passed below Fallopian tubes. Tu- mor, right ovary, and two small uterine fibroids removed. Ligatures brought out through wound. Ute- rus not removed.
17	1863, July 28.	a. T. S. Wells. b. T. S. Wells.	55, S.	Ovarian...	Com- pleted.	Incision 4 inches long. Clamps to ovarian and écraseur to uterine pedicle. Tumors re- moved.
18	A few years prior to Dec., 1865.	Meadows...	.....	.....	Incom- plete.	Celiotomy.....

Description of tumor.	Result.	Bibliography.
Interstitial uterine fibroid weighing 11 pounds. Multinodular, without adhesions.	Recovered	Observations on Ovariectomy. Chas. Clay. Transactions of Obstetrical Society of London. v., 1864, p. 67. See ref. 16.
Intramural fibrous tumor, weighing 17 pounds, forming the right half of body and fundus of uterus, and containing 1 or 2 pints of serous fluid in its interstices.	Death in four hours from hemorrhage and chloroform.	Diseases of the Ovaries, their Diagnosis and Treatment, by T. Spencer Wells, vol. i., p. 363. John Churchill & Sons, London, 1865. See ref. 21. (Ref. 23) On Ovarian and Uterine Tumors, their Diagnosis and Treatment, by T. Spencer Wells. London: J. & A. Churchill, 1882, p. 512, Case 2.
At autopsy, sixteen months later, a uterine fibroid weighing 25 pounds, and surrounded by 34 pints of fluid, was found.	Recovered from operation. (Died August 26, 1864.)	Diseases of the Ovaries, their Diagnosis and Treatment, by T. Spencer Wells. London, 1865, vol. i., p. 353. See ref. 21. Ovarian and Uterine Tumors, by T. Spencer Wells. See ref. 23.
Fibrocystic outgrowth of uterine fundus, with some parietal and omental adhesions. Weight, 16 pounds 5 ounces. Its cysts contained 26 pints of fluid and 4 pounds of "clot." Right ovary adherent to tumor.	Death in three or four hours from shock and chloroform. Autopsy. Peritoneum almost cartilaginous from thickening.	Diseases of the Ovaries, by T. S. Wells, vol. i., 1865, Case 3, p. 354. See ref. 21. Ovarian and Uterine Tumors, by T. S. Wells, p. 512, No. 3. See ref. 23.
Uterine fibroid, the size of a small orange, springing by a pedicle 1 inch long from posterior surface of the uterus. Left ovarian cystoma.	Death forty-four hours later; no hemorrhage or peritonitis found.	Diseases of the Ovaries, by T. S. Wells. 1865, vol. i., p. 186, Case 72. Ref. 21.
Two tumors, one uterine and one omental.	.....	(Ref. 24) Extrauterine Pregnancy, its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis, and Treatment, by John S. Parry, M.D., chapter viii., p. 173. Henry C. Lea. Philadelphia, 1876.

CONTINENTAL TABLE.

FIBROMYOMAS.

No.	Date.	Operator.	Age, M., S., W.	Preliminary diagnosis	Completed or incom- plete	Operative procedure.
1	Feb. 28, 1859, Paris.	A.A. Boinet.	29, M.	Incorrect.	Com- pleted.	Removal of tumor....
2	Aug. 31, 1861.	E. Koeberlé	34.	.....	Com- pleted.	Incision 33 centimetres long. Ligature, cau- tery, and serre-neud employed. Dura- tion, two and a half hours.
3	March 14, 1863.	"	24, S.	.....	Com- pleted.	Incision 55 centimetres long. Tumor re- moved by ligature and serre-neud. Previously tapped several times.
4	April 20, 1863.	"	30, M.	Correct...	Com- pleted.	Incision 26 centimetres long. Supravaginal amputation, two lig- atures to cervix and clamps to broad lig- aments, which were brought outside.
5	July 22, 1866.	Gayst	38, M.	.....	Com- pleted.	Long incision. Tumor removed. Ligatures and écraseurs in the wound. Duration of operation, five and a half hours.
6	Nov. 15, 1863.	A.A. Boinet.	43, M.	.....	Com- pleted.	Incision 10-12 centi- metres long. Supra- vaginal amputation of cervix. Silk lig- atures used and brought out at the lower wound angle. Duration, one hour.
7	Nov. 21, 1863.	E. Koeberlé.	.....	.....	Com- pleted.	Tumor removed
8	Dec. 5, 1863.	"	35, M.	.....	Com- pleted.	Incision 16 centime- tres. Serre-neud. Tumor removed. Previously tapped thirty times.
9	Dec. 19, 1863.	E. Koeberlé.	36, S.	Correct...	Com- pleted.	Incision 25 centimetres long. Serre neud and ligatures used and brought outside. Tumor and greater part of uterus re- moved.

CONTINENTAL TABLE.

FIBROMYOMAS.

Description of tumor.	Result.	Bibliography.
Fibroid tumor with a cyst, adherent to omentum and intestines.	Death.....	(Ref. 1) A. A. Boinet. Gaz. hebdom. Méd. et Chir., No. 8, 1873, p. 462. Case 14. Bull. de la Soc. de Chir., vol. ii, second series, p. 688.
Fibroplastic periuterine tumor of uterine fundus, weighing 14½ kilos.	Recovered....	(Ref. 2) (Orig. Rep.) Gaz. hebdom. Méd. et Chir., 6, 1869. Larry, Bull. Acad. Méd. Paris, 34, 1869, p. 113. (Ref. 3) Demarquay, <i>ibid.</i> , 1, 1872. (Ref. 4) Med. Times and Gazette, Feb., 1865, p. 209. Also Ref. 10.
Fibroid pediculated tumor attached to left angle of fundus, weight 33 kilos. Everywhere adherent.	Death from exhaustion third day.	(Ref. 5) Koeberlé, Gaz. méd. Strass., 1864, p. 160. (Ref. 6) Gastrotomie, 1866, p. 2. Also Ref. 1.
Fibroid uterine tumor weighing 7 kilos. Adhesions to omentum. Right ovary diseased.	Recovery.....	(Ref. 7) Koeberlé, Gaz. méd. Strassburg, 1863, p. 153. (Ref. 6) Gastrotomie, 1866, p. 47.
Nodulated fibroid tumor attached to right lateral side of uterus. Weight, 13 (½) kilos.	Death; shock.	(Ref. 8) Lyon. Méd., 1869, p. 323, No. 5. (Ref. 9) Pozzi, Paris, 1875, p. 88.
Fibroid of uterine fundus weighing 4 kilos and 250 grammes.	Death fifth day, peritonitis	(Ref. 10) A. A. Boinet. Traité prat. des Malad. des Ovaires, 1867, p. 420.
Vascular pediculated tumor of uterus. Ascites	Death; peritonitis.	(Ref. 1) Boinet, p. 462. (Ref. 11) Caternault, p. 28. (Ref. 9) Pozzi, p. 45.
Vascular pediculated uterine fibroid with a broad pedicle, complicated with ascites.	Death in eight hours.	(Ref. 12) Koeberlé, Gaz. méd. Strass., 1865, p. 79. (Ref. 11) Caternault, p. 4. (Ref. 13) Boinet, Gaz. hebdom. Méd. et Chir., 1873, No. 18, p. 258.
Fibrocyst of uterus. Weight, 4½ kilos. Appendages healthy.	Died; hemorrhage.	(Ref. 14) Koeberlé, Gaz. méd. Strass., 1865, p. 165. (Ref. 11) Caternault, p. 165.

AMERICAN TABLE

FIBROID OPERATIONS

No.	Year.	Month and day.	Operator.	Diagnosis correct. Diagnosis not defi- nite, but not strictly incorrect.	Diagnosis incorrect.	Completed hys- terec- tomy.	Completed myo- nectomy.	Abandoned or ex- ploratory.	Result.		Cause of death.	Bibliography.
									Rec.	Dth.		
1	Before 1831		N. Smith...	0	0	1	0	0	1	?	?	1.
2	1844	Aug. 28...	W. L. Atlee...	0	0	1	0	1	0	R.	0	2, 3, 4.
3	1844	.....	J. L. Atlee...	?	?	?	0	1	0	0	D.	5.
4	1846	June.....	John Bellin- ger.	1	0	0	1	0	0	0	D.	6.
5	1848	Jan. 8....	Samuel Park- man.	0	0	1	1	0	0	0	D.	7.
6	1848	June 6....	J. Deane....	0	1	0	0	0	1	R.	0	8.
7	1849	May 22...	W. L. Atlee...	0	1	0	0	0	1	R.	0	9, 3, 10, 11, 5.
8	1849	Oct. 13...	"	0	0	1	0	0	1	R.	0	3.
9	1849	Nov. 24...	"	0	1	0	0	1	0	R.	0	3, 4.
10	1849	Dec. 29...	H. J. Bigelow	?	?	?	0	1	0	0	D.	11, 12.
11	1849	.....	"	?	?	?	1	0	0	0	D.	13.
12	1850	April 13...	W. L. Atlee...	0	0	1	0	0	1	R.	0	3.
13	1850	.....	R. D. Mussey	0	0	1	?	0	1	0	D.	14, 15.
14	1851	May 20...	W. L. Atlee...	1	0	0	0	1	0	0	D.	3, 4.
15	1851	June 12 .	John B. Hay- es.	?	?	?	0	1	0	R.	0	16.
16	1851	Dec. 20...	W. L. Atlee...	0	1	0	0	0	1	R.	0	3, 10.
17	1853	March 3...	"	?	?	?	0	1	0	0	D.	3.
18	1853	June 26 ..	W. Burnham	0	0	1	1	0	0	R.	0	17, 18, 19
19	Before 1853	Sept.	G. Kimball...	0	0	1	1	0	0	0	D.	20.
20	1853	Sept. 1...	"	1	0	0	1	0	0	R.	0	20, 21.
21	1853	Sept. 21...	E. R. Peaslee	0	0	1	1	0	0	0	D.	22.
22	1853	Oct. 12...	G. Kimball...	?	?	?	0	0	1	0	D.	23.
23	1854	Aug. 12...	Dr. Herff...	0	0	1	0	1	0	R.	0	24.
24	1854	August...	W. Burnham	?	?	?	1	0	0	0	D.	18, 19.
25	1854	Sept. 30...	W. L. Atlee...	?	?	?	0	1	0	0	D.	3.
26	Be- tween 1853 and 1855	Sept. 5...	G. Kimball...	1	0	0	1	0	0	0	D.	20, 21.
27	1856	Nov. 13...	Wm. J. Baker	0	1	0	1	0	0	R.	0	25, 26, 27
28	1857	June.....	W. Burnham	1	0	0	1	0	0	0	D.	18, 19.
29	1857	Novem- ber.	"	1	0	0	1	0	0	0	D.	18, 19.
30	Before 1857	.....	Bradford and Dunlop.	1	0	0	1	0	0	0	D.	28.
31	1858	February	W. Burnham	1	0	0	1	0	0	0	D.	18, 19.
32	1859	June 8...	A. F. Sawyer	0	0	1	1	0	0	0	D.	29.
33	Before 1859	Novem- ber.	A. C. Black man	0	0	1	0	0	1	0	D.	14.
34	Before 1860	.....	Dr. Nelson...	?	?	?	0	?	?	R.	0	29.
35	1862	June 18...	W. L. Atlee...	0	0	1	0	1	0	0	D.	3.
36	1863	Oct. 26...	Packard.....	0	0	1	0	0	1	0	D.	30.
				5	14	15	10	10	13	22		

OPERATIONS FOR FIBROID TUMORS.

31

ENGLISH TABLE.

No.	Year.	Month, day.	Operator.	Age—M., S., W.	Diagnosis correct.	Diagnosis obscure or incorrect.	Completed.	Exploratory abandoned, or	Hysterectomy, supravaginal.	Hysterectomy, total.	Myomectomy.	Recovered.	Died.	Cause and time of death.	Bibliography. Numbers refer to bibliography of large table.
1	1825	April 24.	John Lizars.	34 S.	0	1	0	1	0	0	0	1	0	0	1, 2, 3, 4, 5, 6, 7, 8, 9, 10.
2	1842	Oct. 26.	Chas. Clay.	47 M.	0	1	0	1	0	0	0	0	1	6th day...	11, 12, 13.
3	1843	Oct. 19.	Hy. Walne.	45 S.	0	1	0	1	0	0	0	0	1	9th day...	14, 25.
4	1843	Nov. 17.	Chas. Clay.	45 M.	0	1	1	0	1	0	0	0	1	Hemor-rhage.	5, 6, 11, 12
5	1843	Nov. 21.	A. M. Heath.	46 S.	0	1	1	0	1	0	0	0	1	Hemor-rhage.	15, 5, 6.
6	1844	Jan. 16.	Chas. Clay.	52 S.	0	1	1	0	0	1	0	0	1	Dropped 15th day.	16.
7	1847	.....	Lane	22 S.	0	1	0	1	0	0	0	1	0	0	5, 6, 7.
8	1854	Oct. 11.	Eddison	33 S.	0	1	1	0	0	0	1	0	1	5 hours.	17.
9	1860	May 15.	Baker Brown.	45 S.	0	1	0	1	0	0	0	0	1	?	19.
10	1861	June 21.	Baker Brown.	34 W.	0	1	1	0	1	0	0	0	1	Sepsis....	20.
11	1861	Oct. 14.	T. S. Wells.	33 M.	0	1	1	0	1	0	0	0	1	Exhaustion 4th day.	21, 23.
12	1862	May 14.	F. D. Fletcher	40 W.	0	1	1	0	0	0	1	1	0	0	22.
13	1863	Jan. 2.	Chas. Clay.	— S.	0	1	1	0	1	0	0	1	0	0	16.
14	1863	Jan. 12.	T. S. Wells.	35 S.	0	1	1	0	0	0	1	0	1	Hemor-rhage.	21, 23.
15	1863	April 7.	T. S. Wells.	33 S.	1	0	0	1	0	0	0	1	0	0	21, 23.
16	1863	April 30.	T. S. Wells.	53 S.	0	1	1	0	0	0	1	0	1	Shock, 3 hours	21, 23.
17	1863	July 28.	T. S. Wells.	55 S.	0	1	1	0	0	0	1	0	1	Asthenia, 41 hours.	21.
18	About 1863	.....	Meadows.	?	0	1	0	1	0	0	0	?	?	?	24.
					1	17	11	7	5	1	5	5	12		

32 NOBLE: EARLY OPERATIONS FOR FIBROID TUMORS.

CONTINENTAL TABLE.

FIBROID OPERATION.

No.	Year.	Month and day.	Operator.	Age.	M.	S.	W.	Diagnosis correct.	Diagnosis obscure or incorrect.	Operation completed.	Operation, exploratory or abandoned.	Hysterectomy, supravaginal.	Hysterectomy, total.	Myomectomy.	Recovered.	Died.	Cause of death.	Bibliography.
1	1858	June 17.	A. A. Boinet	29	M					1	0	1?		0	0	1		1.
2	1861	Aug. 31.	E. Koeberlé.	34						1	0	1	0		1	0		2, 3, 4.
3	1863	Mch. 14.	E. Koeberlé.	24	S					1	0			1?	0	1	Exhaustion 3d day.	5, 6.
4	1863	Apr. 20.	E. Koeberlé.	30	M	1				1	0	1	0	0	1	0		6, 7.
5	1863	July 22.	Gayst.	38	M					1	0			1?	0	1	Shock.	8, 9.
6	1863	Nov. 15.	A. A. Boinet	43	M					1	0	1	0	0	0	1	5th day. Peritonitis.	10.
7	1863	Nov. 21.	E. Koeberlé.							1				1	0	1	Peritonitis.	9, 10, 11.
8	1863	Dec. 5.	E. Koeberlé.	35					1?	1	0	0	0	1?	0	1	18 hours.	11, 12, 13.
9	1863	Dec. 19.	E. Koeberlé.	36	S	1				1	0	1	0	0	0	1	Hemorrhage 12 hours.	11, 14.
						2	1?			9	0	5	0	4?		2	7	

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