

Six cases of laparotomy / by John H. Packard.

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Packard, John H. 1832-1907.
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Publication/Creation

[Philadelphia] : [publisher not identified], [1890]

Persistent URL

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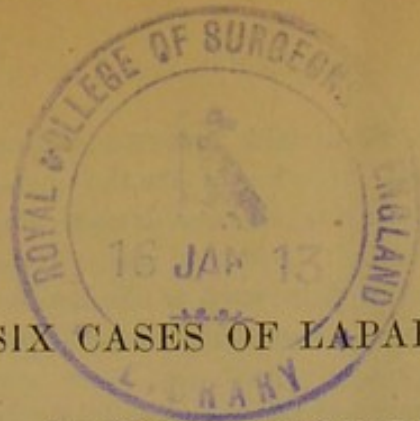
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27.

SIX CASES OF LAPAROTOMY.

By JOHN H. PACKARD, M.D.

[Read before the Philadelphia County Medical Society, February 26, 1890.]

THE clinical histories to which I shall ask the attention of the Society this evening have seemed to me to present features of sufficient interest to warrant their being placed upon record. My own comments upon them will be very brief, but I shall be glad if the facts stated should elicit expressions of opinion on the part of others :

CASE I. was one in which the operation was exploratory. The patient, May O., æt. twenty-three, was admitted into the Pennsylvania Hospital October 16, 1889. Menstruation began at fourteen, and was always profuse and painful, often lasting ten days. She generally had leucorrhœa between times, the discharge being sometimes thick and yellow. Married at eighteen, she had a difficult but not abnormal labor one year afterward, getting up on the eleventh day, and nursing the child until it was eighteen months old. Her menses came on about six weeks after her confinement, and have recurred regularly since.

Three years ago she began to feel pain in the right ovarian region, and detected a small swelling there. The pain and tenderness extended over most of the abdomen, but in less degree. There had been a steady growth in the tumor, which seemed to be about the size of a small orange. For about six months she had been failing in general health, losing over twenty pounds in weight. Her appetite was capricious, and her sleep much disturbed.

An exploratory laparotomy was decided upon, and performed October 21st. The abdomen being opened in the median line, the uterus and appendages were found to be normal, except that the left ovary was studded with small cysts. The tumor was found to be connected with the abdominal wall only, like a hemisphere attached by its flat side. The median opening was closed, the peritoneum being sewed separately with fine catgut. Next, the tumor was removed through an incision made parallel to Poupart's ligament. In dissecting it away, the peritoneum was again opened, and this wound was also sutured with fine catgut.

The patient reacted well from the ether; temperature in the evening 100°. She complained of severe abdominal pain.

On the 22d the menstrual flow reappeared, and the pain passed away.

On the 30th, the ninth day, the dressings were changed, and both wounds

were found perfectly united. She could now extend the right thigh completely, which had been impossible to her before the operation.

November 10th, the twentieth day, she was dressed and going about the ward.

On the 14th she complained of pain, such as she had formerly had. This was thought to be symptomatic of a menstrual flow, but passed off apparently spontaneously.

She had no further symptoms, and left the hospital on November 18th.

CASE II.—*Ectopic gestation ; retro-uterine hæmatocele.*

This patient, Fanny G., æt. twenty-seven, married, was admitted into the women's surgical ward of the Pennsylvania Hospital, October 3, 1889, at the request of Dr. L. F. Flick. She has had four children, the last one born two years ago. Her statement was, that four months previously she began to have bearing-down pains, especially when her bowels were moved ; and there was a constant sense of something in the rectum, which she desired to expel and could not. On examination there was felt just posterior to the os uteri a very large, tense, uniform, fluctuating swelling. The woman looked very ill ; her temperature, however, was only 101°.

I punctured the swelling in the median line, through the posterior wall of the vagina, and evacuated a small amount of blood, partly coagulated ; a drainage-tube of soft rubber was introduced, but there was very little discharge through it, and it was retained with difficulty.

Five days afterward, there was a very free bloody flow from the vagina, supposed to be menstrual. She had severe pain in the hypogastric region, and frequent micturition, the urine containing pus. Evening temp. 102°.

The next night there was a profuse hemorrhage, the origin of which was uncertain ; it was checked by a tampon of iodoform gauze and a T-bandage.

October 11th, the next day, a drainage-tube was again inserted into the cavity posterior to the uterus, and a tampon was kept in the vagina.

On the 12th the discharge became very offensive, and she had a good deal of abdominal pain, as well as nausea and vomiting. There was a considerable degree of fever, which lasted for several days.

A solution of permanganate of potassium was used to wash out the supposed abscess-cavity, and by the 17th the discharge had ceased. I suspected that the case was one of extra-uterine pregnancy, and the same idea occurred to Dr. Goodell and to Dr. Joseph Price, both of whom examined the patient with me on occasions when they happened to be at the hospital.

On the 26th another severe hemorrhage took place, and was checked as before.

On the 11th of November, the woman's condition being fairly good, she was etherized, and an abdominal section made. The mass behind the uterus was small, and there were a number of coils of intestine adherent to it ; these were carefully separated. The left ovary and tube were normal. The right ovary was enlarged, and embraced by the fimbriated extremity of the distended tube ; both were removed. Closure of the abdomen was effected by suturing the peritoneum separately with fine catgut, the muscular layer and skin with silk-worm gut, and a few superficial stitches.

The discharge through the glass drainage-tube was at first pure blood,

then bloody serum, and, finally, serum alone; the tube was removed on the third day.

Nothing further of note occurred in this case, and the patient left the hospital in good condition on the 9th of December, just four weeks after the operation.

Upon examination of the removed ovary it was found to have appended to it a sac containing a mass composed of loose meshes, like the villi of the chorion; under the microscope corresponding appearances were presented, and the case is, therefore, shown to be one of ectopic gestation. The minute embryo was probably carried away when there was a hemorrhage from the sac into the substance of the broad ligament, and escaped in the mass of blood evacuated from the hæmatocele.

CASE III.—*Rupture of old cicatrix.*

Sarah Jane R., æt. thirty-four, colored, was brought into the Pennsylvania Hospital December 4, 1889, in the evening, with a mass of small intestine upon the surface of the abdomen. Upon inquiry, she stated that in June last she was operated upon by Dr. Penrose for an abdominal tumor, the complete removal of which was impossible. She had had ever since then a sinus discharging on the front of the belly, and several large fibroids were distinctly to be felt within the cavity. For several months her general health had been failing, with loss of flesh, severe cough, and purulent expectoration.

On the evening of her admission to the hospital she had a violent fit of coughing, and the cicatrix gave way, allowing the protrusion of the intestine. The exposed peritoneal surfaces were deeply congested, and the coils of bowel were lightly glued together with plastic lymph; the peristaltic movements were very plainly seen. The patient's condition was not one of shock, although the temperature was below the normal. There was no constriction of the protruded mass.

Between the time of her admission and my arrival at the hospital, towels wrung out of hot sublimate solution were kept constantly applied to the exposed bowel. The patient was then etherized, and the orifice in the abdominal wall carefully enlarged. The cicatrix seemed to be extraordinarily soft, giving way almost like wet paper. The bowels were attached rather firmly to the uterine tumors, which were of large size and irregular shape. In the manipulations necessary to returning the intestines, some of these adhesions were separated, and copious hemorrhage ensued from the surface of the tumors. This bleeding came from various points, some low down in the pelvis; and it was so free, and all attempts at ligation of the vessels failed so completely, that it seemed as if the woman must die on the table. Finally, by packing with iodoform gauze, the flow was checked; the bowels were carefully replaced; the abdominal wound was closed with large pins, and figure-of-8 turns of braided silk, and the usual dressings were applied.

On the 5th there were no signs of bleeding or of peritonitis, and the woman said she was very comfortable. She drank peptonized milk with a relish, and the only unfavorable symptom was a subnormal temperature.

In the evening she vomited a little, and delirium came on, sometimes mild but occasionally violent. At midnight she grew worse, her temperature fell still further, and her pulse lost in force. Death occurred at 6 A. M., about thirty-four hours from the time when the rupture of the cicatrix took place.

Perhaps I need hardly say that in this case the condition presented was a desperate one. But it seemed to me that as interference was imperatively demanded, the proper course was to make it as effectual as possible, and hence that some examination of the cavity of the abdomen should be made before returning the protruded mass. The manipulations were conducted with extreme care and gentleness, and I think that if the opening had not been enlarged, the hemorrhage would have taken place just as certainly, but, of course, without the possibility of any measures being adopted to check it, unless a section had then been resorted to.

CASE IV.—*Uterine fibroid; removal of appendages.*

Minnie B., æt. thirty, was admitted into the Pennsylvania Hospital, December 9, 1889, at the request of Dr. T. H. Bradford. She has two children, aged ten and four years respectively. Ever since the birth of the first she has had pain. Menstruation is very frequent and profuse. A mass about the size of an orange exists between the uterus and the rectum. The uterine cavity is readily felt, as if the organ were somewhat anteflexed.

This woman's general condition was bad; she was pale and thin; there was a double mitral murmur, and a very forcible apex-beat. Her appetite was poor, and she slept badly. There was slight albuminuria.

After two weeks of general treatment, an operation for the removal of the ovaries was decided upon, and was performed December 26th. It presented no unusual features, but there were some adhesions of the intestines to the appendages, as if there had at some time been a local peritonitis. These adhesions were easily broken up, and both ovaries and tubes were removed.

The day following the operation a severe cough came on, with very copious expectoration, moist râles all over the chest, and urgent symptoms of heart-failure. This condition of things continued, in spite of energetic treatment, for three days. She had a high temperature every evening, was delirious and unmanageable, tearing her dressings off; yet the wound did well, and on the third day the glass drainage-tube was removed and a rubber one was inserted.

On the fourth day, January 1st, she got up and walked about the ward, and had to be strapped in bed.

January 3d, she had a temperature of only 99°, and her cough was very much lessened; wound almost wholly united.

On the 15th, nineteen days after the operation, she was up and dressed, and although still pale and weak, was gaining steadily. A small sinus still remained where the drainage-tube had passed.

On the 1st of February, when I turned the wards over to my colleague, Dr. Ashhurst, this patient was ready to be discharged.

CASE V.—*Appendicitis and salpingitis; removal of appendix and of the uterine adnexa.*

Annie F., æt. twenty, was admitted into St. Joseph's Hospital, January 6, 1890, complaining of severe pain in the belly, most marked in the right iliac region, where there was great tenderness also. The whole abdomen was swollen, but at the part named there seemed to be more decided fulness and indistinct fluctuation. Her temperature was 104.2°; her pulse 120; she lay on her back, with her knees drawn up. The only history obtainable was that, four days previously, she had been seized with intense

pain and vomiting, and that her bowels had been obstinately constipated from that time.

There were reasons for suspecting the existence of salpingitis in this case.

On the 7th, the next day, the patient was etherized, and I performed an abdominal section. There was peritonitis, but not in an advanced stage; all the coils of intestine in the right iliac region were deeply congested, swollen, and coated with flakes of lymph. The appendix vermiformis was thickened, stiffened, and so brittle that it came away in my fingers as I was examining it; its mucous lining was softened, and had a worm-eaten appearance, like that of the colon in a case of ulcerative dysentery. It had contained several white concretions, which escaped and were lost. A catgut ligature was tied firmly about the stump, which was then left to itself.

Both ovaries, with their thickened and tortuous tubes, were removed. The right one was about the size of a hen's egg, and contained a large mass of dark clot, constituting the chief part of its bulk; the left one was fibro-cystic.

After flushing the abdominal cavity with hot water, the wound was closed in the usual way, a glass drainage-tube being used, and the peritoneum being sutured separately with fine catgut. For the first twenty-four hours the patient was troubled with hiccough, which was relieved by f3j doses of tincture of musk. On the evening of the day of the operation the temperature was 102.2°; the next evening 99°.

On the fourth day the drainage-tube was removed, and a cotton rope substituted for it. On the tenth day there was some gaping in part of the line of the wound, and a good deal of discharge, with a somewhat offensive odor, not distinctly fecal, but suggestive of it; but this had disappeared on the following day. Balsam of Peru was now employed as a dressing, and by the twentieth day the healing was complete.

It should have been mentioned that on the third day after the operation the bowels were very freely moved, and that thereafter there was no difficulty in this respect.

The patient has now been for over two weeks up and dressed every day, and only remains in the hospital from choice.

I would say, in regard to what seems to me the most important feature in this case—the manner in which the appendix was dealt with—that the condition of the intestinal walls in the vicinity was such that I did not think they would bear any unnecessary handling, nor did I believe that sutures could be put in without risk of tearing. The certain and immediate danger attending a prolongation of the operation, and the slight prospect of benefit from a more elaborate procedure as to the appendix, determined me to take the chances of the simpler course.

CASE VI.—*Uterine fibroid; removal of appendages; death.*

Mary J., æt. thirty-two, colored, single, was admitted to the Pennsylvania Hospital, January 17, 1890, on account of a uterine tumor, of which she had been conscious for about twelve months. She had previously noted that her menstrual flow had become much more copious and prolonged; her general health had failed, and she had lost flesh and strength.

On examination, the tumor, which could be distinctly felt through the abdominal wall, was found to occupy the posterior wall of the uterus, the

cavity of which was three and a half inches in depth, and encroached upon by the mass.

Removal of the ovaries was decided upon, and performed on the 22d, five days after her admission. Both ovaries were cystic, and both tubes enlarged and tortuous. The uterine tumor was found as before described, one portion of it softened and bulging. Owing to the involvement of the broad ligaments, the uterus was too firmly fixed to admit of a hysterectomy. After the ligature, in a Staffordshire knot, had been tied on the left side, the tissues gave way, and there was very free bleeding, which was only controlled with great difficulty by catching the tissues in a large clamp, and including the whole mass in a strong gut ligature.

The abdominal wound was closed and dressed in the usual way. At first only blood came from the drainage-tube, but by the next day there was clear serum. The patient complained very little, but seemed drowsy and apathetic; her pulse ran up to 130, but her temperature did not exceed 100°.

On the evening of the second day, as there was some nausea, small quantities of milk and lime-water were given by the mouth, and \mathfrak{m} v of tincture of digitalis hypodermically.

On the 24th her temperature was 101°; there was not much pain, but frequent gulping up of bile-colored liquid. She lay quietly most of the time. A rubber tube was substituted for the glass one.

On the 25th the condition was about the same, but the temperature had risen to 102°. The dressings were removed, and it was found that a knuckle of intestine had protruded; it was deeply congested, and adherent to the dressings by a layer of lymph. It was returned, and two new sutures applied. There was a very offensive vaginal discharge, apparently of decomposed blood.

On the 26th the temperature was 103°, the pulse almost imperceptible, and the breathing rapid and shallow. At about noon there was stercoraceous vomiting, and death took place at 1.30 P.M.

After death the wound was opened, and a good many adhesions, probably of various dates, were found; there was no general peritonitis. In Douglas's pouch there was a mass of blood resembling that discharged from the vagina, but no opening into that canal could be detected.

