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[Reprinted from the AMERICAN GYNÆCOLOGICAL AND OBSTETRICAL JOURNAL
for December, 1894.]

A CASE OF SUDDEN DEATH FOLLOWING CÆLIOTOMY.*

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Cases of sudden death following cœliotomy are of sufficient rarity to warrant their description. Especially is this so in cases in which the abdomen alone is opened with little or no disturbance of the abdominal contents.

In the following case nothing was done except separation of tubercular adhesions and the fixation of the uterus.

The patient died suddenly on the eleventh day without premonition. Her history is as follows :

Mary T., aged twenty-five years, fairly well nourished girl, of markedly nervous type, a dressmaker by occupation, single, was admitted to the Polyclinic Hospital, October 10, 1894. There was no history of tuberculosis in parents, grandparents, brothers, or sisters, nor was there evidence of pulmonary or cardiac disease. She denied having had any acute disease except measles, which she had suffered in her childhood. She menstruated for the first time during her twelfth year. Her menses were always irregular, sometimes anticipating, at other times postponing. For the past three years she had suffered from burning, dragging pains in the left ovarian region, the pain extending down the inside of the left thigh to the knee, dragging pain in the back, constipation, headache, and nervous debility. These symptoms were exaggerated at her menstrual epochs.

Upon examination, the uterus was found anteflexed and retroverted, fixed, both ovaries prolapsed behind the uterus, large, tender, and bound down by inflammatory adhesions.

On the 11th of October she was etherized, the abdomen opened by a median incision, and the fundus of the uterus freed from its adhesions, as were also the ovaries, when the fundus was directly fixed in the lower angle of the wound with two fine silk sutures.

* Read before the Philadelphia Obstetrical Society, November 1, 1894.



The first suture was introduced through the fibers of the rectus muscle, the lower half of the sheath of the rectus, subperitoneal fat, and the peritonæum on the one side of the abdominal wound, through the fundus of the uterus in a direct line between the emergence of the two Fallopian tubes, and through the peritonæum, subperitoneal fat, lower sheath of the rectus, and a few fibers of the rectus muscle on the other side.

The second stitch was similarly placed through the abdominal wall, but half an inch higher up, and passed through the uterus half an inch behind the other in the posterior surface. Dotted over the peritonæum, covering the fundus of the uterus, were a number of miliary tubercles; the adhesions binding the uterus to the posterior abdominal wall, and also the ovaries, were, no doubt, tubercular in character. The Fallopian tubes on both sides were pink in color, and apparently healthy. They were not included in the adhesions. The ovaries were large, scarred upon their surface with old cicatrices, but showed no miliary tubercular deposit upon their surfaces.

The wound was closed in the usual manner. For the first three days the patient did well, but complained of a diffuse tenderness over the lower part of the abdomen. On the fourth day the tenderness disappeared under free purgation. On the eighth day the stitches were removed. Union by first intention had taken place throughout. During the next three days the patient was lively, received her friends, ate heartily, and was apparently entirely recovered.

When seen at ten o'clock on the eleventh day after her operation she seemed in high spirits. Two hours later she was noticed by the nurse to throw up her hands and apparently to suffer an epileptic fit. The resident physician was immediately summoned, found her cyanosed, with Cheyne-Stokes respiration, strong pulse—80 to the minute. The patient was conscious and exclaimed that she was about to die.

In six minutes from the onset of these symptoms her respirations ceased. Artificial respiration was continued for some time afterward. The heart continued to beat several minutes after the respiration had ceased.

An autopsy not being permitted, the cause of death can be only a matter of presumption. The wound in the abdomen was opened, the uterus found adherent at its lower angle, the peritonæum healthy. The ovaries and tubes on both sides were removed for examination.

Macroscopically they showed no sign of tubercular disease. The tubes were patulous, of normal caliber, the peritonæum covering them uninvolved; they were apparently healthy.

The miliary tubercles upon the uterus were demonstrated to the gentlemen attending the operation, and were observed also by Dr. Bannister, who assisted me.

From the rapid onset of her death and the marked respiratory paralysis, one would conclude that the respiratory center in the floor of the fourth ventricle had been the seat of some rapidly occurring interference. It would seem probable that an embolus, having been separated by the patient, perhaps, turning in bed, had entered the general circulation, and plugging a terminal artery supplying the respiratory center, the patient had died from acute anæmia of the parts supplied, causing an almost immediate cessation of the respiratory function.

Where such a clot should have formed, as no vessels were ligated, is a matter of conjecture. The fact that there existed no heart murmur would seem to preclude the theory of the separation of a vegetation from one of the leaflets of the heart valves.

The case is interesting from two points of view : First, as showing that tubercular pelvic peritonitis may occur without apparent affection of the tubes, thus seemingly opposed to the theory lately advanced that the tubercular disease was of tubal origin. Second, as a case of sudden death from some unaccountable occurrence during convalescence.

