

McIntyre (G. H.)

+ Eggers (G. C.)

# Laparotomy

WITH REMARKS

(McIntyre.)



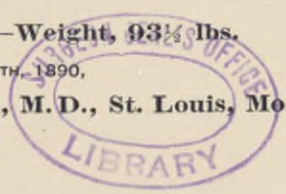




**CEDEMATOUS MYOMA—Weight, 93½ lbs.**

REMOVED DEC. 7TH, 1890,

By Jno. H. McIntyre, A. M., M. D., St. Louis, Mo.





# "A Report of Ten Selected Cases of Laparotomy, with Remarks."

*Read in the Section of Obstetrics and Diseases of Women, at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D. C., May, 1891.*

**BY JNO. H. McINTYRE, A.M., M.D.,**  
**OF ST. LOUIS, MO.**

The following brief report of laparotomies is made in the hope that its variety may not be wholly devoid of interest :

*Case 1.*—Mrs. D., æt. 38, presented herself at my office in the early part of April of last year, suffering considerable pain and inconvenience from a rapidly-growing tumor in the abdomen, situated immediately to the right of the umbilicus. The growth was somewhat movable, and the size of a foetal head.

She presented an anxious expression, suffered from insomnia, and was rapidly losing flesh. A short time previous to this interview, a council of several gentlemen had decided that her trouble was floating kidney, and had advised, and she had submitted to, tight bandaging with compresses, to keep the supposed floating kidney in place ; this was worn for several days, until she rebelled, on account of the pain which it occasioned.

As at that time there was no suspicion of anything of a malignant nature, and as I was on the eve of my departure for a month's absence, and she evidently needed "toning up," I left her in the care of my assistant, but advised removal of the growth by abdominal section, immediately upon my return home—which I may mention was hastened several days on account of news of rapidly increasing unsatisfactory condition.

May 29 she was anaesthetized, and the abdomen opened in the linea alba, the incision extending from the umbilicus to near the symphysis pubis. Upon passing my hand within the abdomen,

over and around the tumor, I found extensive attachments. The ventral wound was extended three inches upward, and to the left of the umbilicus, and the growth turned out. It was attached to the mesentery, the intestines and the lower lobe of the liver by an intricate mass of adhesions, and was carcinomatous. Of course there was but one thing to be done, and that was to return it to the abdominal cavity and close the wound.

She rallied nicely from the operation, and much to my surprise the abdominal wound healed throughout nearly its whole extent by first intention, only a sinus remaining at the lower angle of the wound to give us trouble. I scarcely need say she has since died.

*Case 2.*—On June 13th, just fourteen days after my very unpleasant experience with the case above referred to, Mrs. A. E. A., æt. 32, who had long been a sufferer from ovarian irritation, with all its attendant ills, was placed on the table, and both ovaries and the Fallopian tube of one side were removed through a two and one-quarter inch incision in the linea alba. Each ovary was not only inflamed and enlarged, but one furnished more than a tablespoonful of pus. The reaction was prompt, and the wound healed by first intention, all stitches being out by the seventh day. The cure in this case is complete; the lady goes into society, does shopping, and now superintends her household affairs, and is again the bright star in the beautiful and refined home over which she presides.

*Case 3.*—Mrs. R. C., æt. 29, rather fleshy, though always pale, had been a sufferer from ovarian irritation since she was fourteen years of age. Her spine had been many times blistered, cupped and painted with iodine, croton oil, tartar emetic, etc. Her womb had been dilated—though for what reason Heaven only knows. She had been sent to Colorado, to the Hot Springs of Arkansas, Eureka and many others, but to no advantage.

She was anæsthetized with bichloride of methylene, used in a Junker's inhaler. An incision, two and one-half inches in extent, was made in the linea alba, and both ovaries, and both Fallopian tubes were removed. She also rallied well, the ventral wound healing by first intention. She walked out, a block away, to the corner grocery, on the sixteenth day; she is now in the enjoyment of excellent health, and, so far, with the sexual instinct the same as before operation. In both these cases of Battey-Tait operation, there has been no return of the menstrual flow.

*Case 4.*—Mrs. S. G., æt. 44; an anæmic, bed-ridden sufferer, with an enormous sub-peritoneal fibroma. Bowels could not be moved, even by powerful cathartics and rectal injections, oftener than once in twelve to sixteen days, when they would suddenly run off for two or three days. This condition was occasioned by mechanical pressure, which produced irritation and inflammation, and caused many adhesions. The growth was removed through an incision extending almost from the xyphoid cartilage to the symphysis pubis. While breaking up adhesions very gently with my finger, I had the misfortune to split the softened gut to the extent of two and a half inches; fecal matter poured into the abdominal cavity, which was quickly cleansed by sponges squeezed out of a 1:2,000 mercuric bichloride solution. Placing my finger in the rent, the tissues were so softened that the tear extended at least another inch in extent, making three and a half in length. It was closed up with silk, using the Lembert suture.

When the operation was completed she was almost moribund. About a dozen and a half hypodermic syringefuls of brandy were thrown under the skin in the arms and legs, she was put to bed and her body and limbs surrounded by hot water. Reaction was obtained slowly, but perfectly, and recovery was uneventful. A stitch-hole sinus gave the only real trouble, and did not close for over four weeks.

*Case 5.*—October 16, 1889, I received a letter by messenger from a medical gentlemen, urging me, if possible, to meet him, together with two others, in consultation, immediately upon the arrival of the train. He said, "my diagnosis is uterine tumor, probably fibrous. She is suffering intensely from tenesmus of the bladder and rectum; something must be done early, and I hope you will be able to come this evening."

I found the doctor's fears to be indeed well founded. A lady of culture and refinement, surrounded by every evidence of luxury, but was in a semi-unconscious state, with a temperature of 103°, suffering excruciating agony, which the most heroic doses of morphia only relieved by being frequently repeated. A tumor, to all appearances hard and solid, protruded at the front of the abdomen, yet was jammed down in the pelvis, and its lower segments could be distinctly felt in the retro-uterine space.

Matters were indeed desperate, and although abdominal section gave but a ray of hope, yet it was decided to give her this slender chance. It was done the next morning, and we found a suppurating tumor, broken down in its entirety, which sprang from the left ovary, and pus, pus, pus everywhere. The operation lasted fifty minutes; she rallied gradually, and with no nausea, but although the temperature came down almost to normal, she died of exhaustion and previous septic infection, on the fifth day after the operation.

*Case 6.*—Mrs. E. D. H., *æ*t. 37. Since the birth of her only child, now fourteen years of age, has never been “just well.” About four years ago began to suffer much pain, and an unusual loss of blood at her menstrual periods. Matters went on from bad to worse, during which time she had gone the “grand rounds,” consulting “regulars,” irregulars and defectives. At the time of my first interview, I found a woman nervous anæmic and pale from loss of blood, spending one-half of her time in bed, and losing blood three weeks out of four, thus having only one week in the intermenstrual period in which to recuperate. Examination revealed the uterus enlarged to a size of that between the third and fourth month of pregnancy, the os quite low down, and the fundus and part of body easily felt through the abdominal parietes. By bimanual palpitation was easily made out its hard, nodular and irregular outline. The removal of the ovaries to bring about the menopause was promptly advised, and as promptly declined, coupled, however, with the request that something be done other than a surgical operation. Much against my own judgment I consented to retain the management of her case, and during a period of four months following, subjected her to many hypodermatics of ergotine, introduced in the linea alba, with the advantage of producing two painful abscesses, and no control of the hemorrhage. I now informed her that temporizing, at least at my hands, was at an end, and that she must be governed wholly and absolutely by my advice, or I should retire from the further management of her case. A family council was held, which resulted in their acquiescence, and a laparotomy was performed the next day, bichloride of methylene in a Junker's inhaler being the anæsthetic used. An incision, five inches in length, was made in the linea alba; introducing the hand into the abdomen, it was easy to make out six or seven hard multiple myomatous tumors, varying in size from that of an almond to that of a goose

egg, imbedded in and protruding from the walls of the uterus; the ovaries were found and removed, without difficulty, and the ventral wound closed with silk-worm gut sutures. Recovery prompt and uneventful. Some show of blood at two or three menstrual periods following, but no hemorrhage; cure complete. She is not now a believer in hypodermic medication.

*Case 7.*—Mrs. R. O., *æ*t. 25, was first a mother at the age of nineteen. Had been an invalid since the birth of her youngest child, now four years of age. Suffered from albuminuria; had "sinking spells," together with an enormous distention of the abdomen, for the relief of which, she sought, not the Pool of Siloam, but the healing and rejuvenating waters of Lebanon, Mo., where she came under the professional care of my friend, Dr. J. M. BILLINGS, of that place, who recognizing her real condition, referred her to me for operation.

The doctor arrived the next day, but I suggested to him that on account of her unsatisfactory condition, it might be well to postpone the operation for a few days, (her temperature being two degrees above normal,) when he replied, "you may as well proceed with the operation, for you will never get her in better condition; only a short time ago, her husband was sent for to come to Lebanon to see her die." Accordingly, the operation was performed the day after his arrival.

Our diagnosis was unilocular cyst of the left ovary. Circumference of the abdomen, over the umbilicus, was thirty-nine inches. Time of operation, one hour; weight of tumor, thirty-six pounds; it was multilocular, instead of unilocular, as we had supposed.

There were extensive but not firm adhesions, which were abdominal rather than pelvic, the most troublesome being in the region of the liver. Pedicle was transfixed, ligated and pocketed. The ventral wound was closed with sixteen silk-worm gut sutures. External dressings, antiseptic gauze, compresses, and the time-honored flannel bandage.

Much to my surprise, I found her at 7 P. M. on the evening of the day of the operation, with a temperature of 98°, and no vomiting. The temperature did not go above 100° until after the tenth day. Ten sutures were removed on the seventh day, and the remaining six on the eighth, the wound having healed throughout by first intention,

On the evening of the tenth day, the temperature suddenly went up to 102.5°, and by the twenty-second, in spite of antipyretics, had reached 103°, after which it steadily and rapidly declined to 98° within the space of five days.

I accounted for the above condition as follows: At the time of the sudden rise of temperature, the skin assumed a yellow tinge, and within twenty-four hours had presented the dark yellow hue of a typical case of jaundice, continuing until the twenty-second, in spite of all the medication which had been used.

I now became convinced that the trouble was occasioned by occlusion, more or less complete, of the ductus communis choledocus, on account of contraction of the raw surfaces, which had been produced by breaking up adhesions in its vicinity, and that my patient would die if not relieved. So I resorted to no very gentle massage over this particular region, and with the most happy effect, for, within twenty-four hours the skin and conjunctiva had sensibly cleared up, and rapidly continued to do so, until they had assumed their natural hue.

The temperature, within the first twenty-four hours, had fallen nearly 3°, and as I before stated, was normal by the end of the fifth, after which she went on to a rapid and satisfactory recovery.

*Case 8.*—Mrs. F. C., æt. 45. When in good health, a large, fleshy woman. Mother of several children. About four years ago, noticed some change in her menstruation, it being increased both in duration and quantity. At first she gave it little thought, as she supposed she was reaching the climacteric.

Later on, she noticed a small lump in the right ovarian region, together with an increase in the size of her abdomen. Yet, as she expressed it, she thought she must be again pregnant "in spite of herself." The abdomen continuing to enlarge, and the period of pregnancy having passed, she realized the possibility of abdominal tumor of some kind.

Her general health now began to fail. She lost flesh, suffered from indigestion, and had many profuse uterine hemorrhages, together with a rapidly increasing abdomen, and at the time I saw her, the *facies ovariana* was well marked.

At the preliminary examination of this case, I was at first a little undecided, on account of the uterine hemorrhages and the nodular and somewhat irregular outline of the abdomen, whether it was an

enormous subperitoneal fibroma, or a multilocular cyst. I finally, however, decided that it was a multilocular cyst, and had the satisfaction of confirming my diagnosis at the operation.

A tumor, of thirty pounds weight, was removed, which was partly solid, but having many compartments, the solid part furnishing a most beautiful specimen.

The pedicle, which contained two unusually large vessels, was transfixed, ligated and dropped back into the abdomen.

Wound closed by silk-worm gut sutures, and antiseptic dressings applied. Time of work, fifty minutes. Some nausea but no vomiting followed. Abdominal wound was inspected on the morning of sixth day, it having healed by first intention, without a drop of pus or a blush of inflammation. No rise of temperature at any time of over 2° above normal.

*Case 9.*—On December 10th, 1890, Mrs. M. B., set 38, height five feet, one inch, weight, ninety pounds, was sent to me from a distance to have an unilateral laceration of the cervix restored.

She first menstruated at the age of twelve. Was married at twenty-five. Is the mother of two children, the youngest now being seven years of age, from the birth of which she dates her ill-health. For the past five years she has been absolutely unable to endure marital relations. Has suffered great pain and tenderness in right ovarian region, and, in a lesser degree, also in the left, together with weight and dragging in lower part of abdomen. Has suffered much from insomnia, palpitation of the heart, and is very melancholy. Has been often confined to her bed for weeks at a time, the longest being from January to June of last year, at which time, as she expressed herself, she was "past pain."

She suffered much from menstrual headaches, and was seldom free from the peculiar sense of heat and weight upon the vertex, so characteristic of uterine and ovarian irritation. At the time of my first interview, I found a woman just upon the verge of insanity. One of the first things I did was to remove a horse-shoe pessary from her vagina, which she had worn for many months. The little tear in the cervix amounted to next to nothing.

Some granular erosion existed on the os, and the uterus was inflamed and congested. With the right index finger in the vagina, and the left hand upon the abdomen, I could easily make out the soft, baggy, and irregular rounded tumors, sausage-like, in the

ovarian region, the right larger than than left, both being exquisitely tender, and although the examination was conducted with care and gentleness, yet she complained of nausea and faintness. She was therefore advised to submit to laparotomy for removal of both ovaries and Fallopian tubes.

After one week of rest and preparation, the operation was performed on December 17th, 1890. Bichloride of methyline in a Junker's inhaler being the anæsthetic which I always use in my abdominal operations, was of course the choosen one. Through a two and one-half inch incision in the linea alba, the left tube and ovary was easily removed. Not so, however, with the right, as it was prolapsed deeply into Douglass cul-de-sac, and was bound down by many and rather strong adhesions. After being brought out through the ventral wound, I found not only an enlarged tube, but also a beautiful specimen of hæmatoma of the ovary, in size about as large as a turkey's egg.

The ventral wound was closed with silkworm gut sutures introduced from within outwards. The patient rallied nicely, and, as is usual in my experience with the anæsthetic used, with no nausea.

Her recovery was eventful, the temperature at no time going above 101°. Sutures were all out by the seventh day, and she returned to her home in one month after the date of operation.

A gratifying feature in this case was the prompt amelioration of all her unpleasant nervous symptoms—within a week after operation the expression of her countenance was markedly changed. She became bright and cheerful, and proved herself to be a woman of far more intelligence than I at first supposed her to be. I shall watch the after-results of this case with much interest.

*Case 10.*—Mary A. J., single, æt. 38, height 5 feet 5½ inches, weight before operation, 199½ pounds. American, of rather masculine appearance, large bones, coarse features, having hair on the upper lip and chin. I found her in the poor house near Trenton, Grundy County, Mo., on November 26, 1890, suffering with a colossal growth of the abdomen, a good idea of which may be obtained from the photograph which I took at the time of my first interview.

Measurements taken at that time were as follows: Circumference at largest part just below umbilicus, 50 inches. Circumference just below the mamma, 35 inches. From xyphoid cartilage,

to symphysis pubis, 32 inches, not including the pendant appendum which is shown in the picture. From xyphoid cartilage to umbilicus 13 inches; from right anterior superior spine of ilium, to umbilicus, 14 inches; left anterior superior spine of ilium, 13½ inches. Circumference of pendulous portion of growth at neck just below symphysis pubis, 27 inches. Circumference at its base, 30 inches. The surface was smooth, tense and slightly elastic, large tortuous veins passing in various directions.

Percussion imparted a slight wave that almost suggested fluid within a sac. The uterus was drawn up to the extent of twelve or fourteen inches. She walked with great difficulty and with a waddling gait, bending far backward, the better to keep "the center of gravity within the base," and thereby be better able to sustain the enormous weight of her abdomen. She was compelled to pass her urine while standing upon her feet.

Attempts had been made six and two years respectively, before my first examination to tap her, and although a large trocar was thrust into the growth at several points, yet nothing came out but a few drops of blood.

*Diagnosis.*—Either multilocular ovarian cyst or œdematous myoma of the uterus.

At the beginning of her enlargement she was supposed to be *enciente*, was spurned and cast off by her family and friends, and after suffering many privations and hardships finally brought up in the poor-house, where I first saw her, at the solicitation of two prominent ladies from whom I had, during the past summer, removed large ovarian tumors.

Their attention being called to this poor unfortunate, and being actuated by that bond of sympathy "which makes all the world akin," they provided the means for her care and transportation to St. Louis, for operation, provided I thought best to do so. Although she was at the time failing rapidly, I saw that she had not the slightest ray of hope from anything but an operation, and believing that the justifiableness of any operative procedure consists in its necessity, I advised her to accept the only chance, though a slender one, for her life, which she promptly did.

A few days later she was brought to this city by Dr. H. H. Wilson, of Trenton, Mo., and one of the ladies above referred to, and placed in the hospital.

During the few days of rest and preparation before operation, I requested Mr. Thompson to have her weighed. The following was received from him :

ST. LOUIS, December 6th, 1890.

*Dr. McIntyre* :—Your case, Miss Mary A. Johnson, in room No. 10, was weighed by me at 9:50 A. M., and tilts the beam at 199½ lbs., good weight. Respectfully, F. P. THOMPSON.

On the morning of December 7th, 1890, the operation was performed with the assistance of Drs. Broome, Marks and Nichols of this city, and Dr. H. H. Wilson, of Trenton, Mo.; Drs. Gib. W. Carson, R. A. Quarles, P. S. O'Reilly, Moore and medical students Charles Lewis and F. P. Thompson of this city being present.

Bichloride of methylene in a Junker's inhaler, was the anæsthetic chosen. Anæsthesia was easily and promptly induced, and was maintained during the one hour and five minutes that the operation lasted, five and one-half drachms being used.

An incision fourteen inches in length was first made in the linea alba, below the umbilicus, and afterwards extended up to near the xyphoid cartilage. The hemorrhage made by the incision in the abdomen wall was very free, and the enormously distended vessels required the application of a large number of pressure forceps. Adhesions were found almost everywhere, the most difficult to manage being those attached to the liver and diaphragm. The broad ligaments and Fallopian tubes were ligated on either side, the tumor turned out, the thick heavy pedicle transfixed and ligated, and the tumor cut away.

It is a matter worthy of remark, that at the time of detachment of adhesions to the diaphragm the patient sank rapidly, and as it was thought that she might die on the table, hypodermics of whiskey were freely used before she rallied, and several minutes of time lost during the interval.

A stream of hot water was kept playing upon the wound during the whole time of operation.

The toilet of the peritoneum was necessarily hurried, and was greatly facilitated by pouring pitcher full after pitcher full of distilled water heated to a temperature of 110°, into the abdomen. The ventral wound was closed with silkworm gut sutures, adhesive straps applied across the abdomen; compresses and the time-honored binder completed the dressing.

As she was being carried from the operating room, through the hall to her bedroom, the stretcher was allowed to rest upon the platform scales for a few moments, and we found that we had 106 pounds of woman left, and as her weight before operation in the same clothing was 199½ pounds, we found that the weight of the tumor was 93½ pounds. Placed in bed she was surrounded by bottles filled with hot water, and free hypodermics of whiskey used. Within a few hours she had rallied well and with no nausea.

This case was manifestly one for drainage, but on account of the vast expanse of lax abdominal tissue, I did not believe that red serum would gravitate into Douglass' space sufficiently to remove it through the Keith tube. I therefore remarked to the gentlemen present that if at any time the temperature went up so as to require it, we would cut a few ventral sutures and flush out the abdominal cavity. By the morning of the second day, forty-eight hours after the operation, the temperature in spite of antipyretics went up to 103.5. She was taken into the operating room and the abdomen flushed with hot distilled water, and many blood-clots and much serum removed, with the result that within six hours the temperature had fallen to 101°. A drainage-tube being now introduced furnished but little serum afterwards. Temperature did not go above 102° for the succeeding twenty-four hours. Within another forty-eight hours, symptoms of septicæmia became manifest, together with septicæmic vomiting, and she died at 4 A. M., December 12th, the fifth day after operation.

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#### REMARKS.

The lesson which I learned, and the regret which I have in the after-management of this case, especially after witnessing the lowering of the temperature and the amelioration of unpleasant symptoms after the flushing of the abdomen with a large quantity of hot water, is that I did not resort to it again, or indeed as often as might seem necessary, for she became bright and cheerful, took liquid nourishment well, and flatus passed the bowels, and I began to have high hopes of her recovery.

The ordinary drainage-tube did comparatively little good, as the enormously distended abdominal walls favored collections of serum in pockets, it did not gravitate into Douglass' pouch; consequently the peritoneum with its wonderful absorbing powers, which at once constitute its safety and its danger, took up septic material with fatal results.

In looking over the literature of this subject I find no mention of any solid tumor of this size being removed.

Keith, late of Edinburgh, now of London, successfully removed an œdematous myoma, together with the uterus, which was of 42 pounds weight, on the 18th of April, 1881.

Mr. Lawson Tait, of Birmingham, England, reports in Vol. 1, of his recent work, "Diseases of Women and Abdominal Surgery," page 187, that the largest uterine myoma which he ever removed in his life was of 68 pounds weight, and that it grew after the menopause. So, I believe that this one of my own, 93½ pounds, is the largest yet reported.

In all laparotomies, I carry out the strictest antiseptic precautions, although I abandoned the spray six years ago, and I now get better results without it than I did with it. All instruments are placed in a large, shallow photographer's dish, containing a one to forty carbolic acid solution, before and at the time of operation. Plenty of the finest quality of sponges, cup and flat, are kept for this operation alone, and are used in no other, and I give their cleansing and preparation my own personal attention. Bleeding points are ligated with fine Japanese cable silk. The pedicle is always ligated and pocketed. The ventral wound I always close with silk-worm gut, threaded upon two long veterinary needles, and pass the needles from within outward, always including the peritoneum. The idea of its use I received more than ten years ago, from Geo. Granville Bantock, of London. It is very strong and smooth, and can easily be made antiseptic; being somewhat stiff, it should be steeped for a few hours before being used, in a solution of some kind, so that there may be no difficulty in tying it tightly. It is the ideal suture, not only in closing the ventral wound in laparotomies, but also in lacerations of the cervix and perineum.

For inducing anæsthesia, I use exclusively bichloride of methylene in a Junker's inhaler, and now, with an experience in its use in over three hundred operations of various kinds, while I have not infrequently seen nausea, I have only seen vomiting five or six times. When in doubt, I always drain, and prefer Keith's glass tube to all others.

I wish here to call the attention of my professional brethren to the excellence and safety of Mr. Lawson Tait's Staffordshire knot in the ligation of the pedicle.

I use little opium or morphia, for the reason, that this drug, by locking up the secretions, limits the power of elimination, and thereby favors septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature was present, I have used Antikamnia, in ten grain doses, with the happiest effects.

After doing the Battay-Tait operation a large number of times, I wish here to add my testimony to that of others, that removal of the uterine appendages does not entail a loss of sexual feeling; excitability of the genital organs still remains, the voice is unaltered, and the womanly attributes are no less after the artificial than after the natural menopause.

61½ Olive Street.