

BERNAYS, (A.C.)

October 31st, 1887.

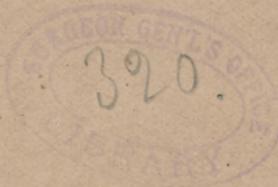
CLINICAL REPORT
OF
SURGICAL CASES

OPERATED UPON BY
PROF. A. C. BERNAYS.

Reported by Dr. W. V. Kingsbury.

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SURGICAL CLINIC,
ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS

SERVICE OF

PROF. A. C. BERNAYS.

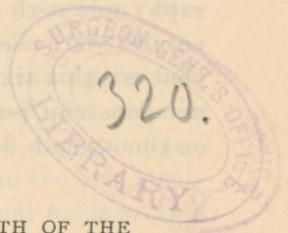
CASES OPERATED ON DURING THE FIRST MONTH OF THE
WINTER SESSION, 1887-88.

REPORTED BY DR. W. V. KINGSBURY, ASSISTANT TO THE CHAIR OF ANATOMY.

The following cases comprise the important operations performed from Sept. 22 to Oct. 22, which appeared of sufficient interest to be worthy of publication: —

CASE I.

CARIOUS RIB — RESECTION. — L. S., age 15, female. The patient gave history of tuberculosis in some members of the family. Two years ago a cold abscess developed upon the back, which, after reaching the size of a baby's head, was opened and left several sinuses, which discharged freely and led to a carious rib. On Sept. 22 an incision seven inches long, parallel with, and down to the ninth rib, was made. The periosteum was found much thickened, and was easily raised from the diseased and roughened bone by means of elevators. The vertebral end of the rib was cut off at its angle by means of a chain saw, and four inches of the rib was excised. The wound was carefully washed with a solution of bi-chloride (1-4000), and a drainage tube was inserted, after which the wound was closed with silk sutures.



The end of the drainage tube led out of the vertebral incision. The old sinuses were carefully scraped with a curett, all the pyogenic membrane and cheesy deposits being carefully removed.

The wound healed by first intention in its entire extent. The sutures were removed on the fifth day and the drainage tube on the eighteenth day. There was no elevation of temperature during the healing process, and the patient was discharged, cured, on Oct. 16.

CASE II.

LACERATION OF THE CERVIX — OPERATION. — Mrs. D. F., 22 years old, from St. Joseph, Mo., received bilateral laceration of the cervix during her first confinement. This was followed by chronic metritis, sometimes falsely called sub-involution of the uterus, which caused severe menstrual molimina. Emmett's operation of trachelorrhaphy was performed on Sept. 22d, at the Pius Hospital. Four silk sutures were used on each side. The patient was kept in the recumbent position six days, and a vaginal douche with a solution of permanganate of potassium used twice daily. The stitches were removed on the seventh day, complete union having been achieved.

CASE III.

CANCER OF THE TONGUE — TOTAL EXTIRPATION. — L. E., male, age 66, had cancerous tumor at the root of the tongue. It had begun to ulcerate on the right margin and back of the tongue in the region of the circumvallate papillæ. The tumor was as large as a lemon and caused great pain as well as impairment of speech, and also of the act of deglutition. The operation, total excision of the tongue, was performed on Sept. 22d. The first step was performing prophylactic tracheotomy and the introduction of Trendelenburg's tampon-canula. Next two silk ligatures were passed through each side of the tongue in its middle third by means of which traction could be made in any desired direction. Then Kocher's incision corresponding to the course of the digastric muscle was made and the flap containing the skin and platysma myoides was turned up over the face. After this the fibres of the hyo-glossus muscle were cut through and the lingual artery was ligated. Then the floor of the mouth was cut through parallel to the jaw-bone, and the right half of the tongue was drawn down through the opening, and detached from its origin at the hyoid bone. This manœuvre immediately made plenty of room for the removal of the left half of the tongue, the only difference being that the lingual artery was ligated after it was cut through. The incision was closed by silk sutures after a large drainage tube had been introduced near the angle of the jaw. At the conclusion of

the operation, Prof. Bernays called attention to the vast difference between total and partial resections of the tongue. The total resection is a capital operation of the first magnitude, whereas, partial resection can be performed through the mouth with scissors, and is a minor operation. The tracheotomy tube was allowed to remain *in situ* for forty-eight hours. The patient was fed through an œsophageal tube for two weeks. His recovery was uninterrupted. He was discharged from treatment after three weeks and expressed himself as being greatly relieved.

CASE IV.

CANCER OF THE INFERIOR MAXILLARY — OPERATION. — W. B., 38, from Burlington, Iowa, had epithelial cancer of the floor of the mouth and the mental portion of the inferior maxillary bone. Was operated upon Sept. 30 at Pius Hospital. The operation consisted in the resection of a little more than the middle third of the jaw-bone. A median incision, splitting the lip and extending down to the hyoid bone was made, the two flaps were turned back and the jaw-bone was divided on the right side by means of a circular saw and the dental engine, and on the left side just behind the first bicuspid tooth by means of a Jeffries saw. The patient made a rapid recovery. The remaining portion of the jaw-bone on the right side was displaced outward and upward by muscular traction. Myotomy of the temporal and masseter muscles was performed in order to facilitate the reduction. The patient was discharged cured on Oct. 20.

CASE V.

CANCER OF THE UTERUS — OPERATION. — C. G., female, aged 32, cancer of the neck of the uterus, not suitable for total extirpation on account of the immobility of the organ. Was operated upon Oct. 4. The operation consisted in *evidement* with Simon's curettes, followed by the supra-vaginal amputation with scissors. The Paquelin cautery was freely used to stop hemorrhage and to destroy suspicious looking tissue in the para-metria. The wound in the laquear of the vagina was partially closed by silk sutures. Dr. R. T. Stoffel, who conducted the after-treatment, reports the patient doing well.

CASE VI.

LACERATION OF THE PERINÆUM — OPERATION. — Mrs. M., age 38, from Joplin, Mo., almost total laceration of perinæum and a large labial abscess of the right side. The os uteri was almost destroyed by numerous ovula-Nabothii. Operation at the Pius Hospital, Oct. 7. The first step consisted in enucleation, or incision of the

ovula-Nabothii. The labial abscess was laid open by an incision beginning at the duct of Bartolini's gland and extending half an inch backwards into the vagina. The ruptured perinæum was pared and sutured by Goodell's method. The patient made an uninterrupted recovery. One of the principal complaints of the patient was pain during coition. Dr. Bernays called attention to the fact that in his experience this symptom was due to the chronic dilatation, or as it were, a cystic purulent degeneration of Bartholini's gland, and could be promptly relieved, in most cases, by incising the sac of the diseased gland.

CASE VII.

GENU-VALGUM — PES PLANUM — OPERATION. — E. J., from Flora, Ill., age 13 years, male, was a sufferer from a congenital contraction of the muscles supplied by the sciatic nerves. This condition had given rise to an extreme Genu Valgum and Pes Planum. The rectification of deformity consisted in tenotomy of the hamstrings and Achilles tendons. Eight tenotomies were made at one session and the lower extremities and pelvis fixed in their normal positions and held by a plaster of Paris casement. After one week the upper part of the plaster of Paris pants was removed and the patient allowed to walk by the aid of crutches. The patient made a painless and a febrile recovery and is doing well.

CASE VIII.

RUPTURE OF THE PERINÆUM — OPERATION. — Mrs. K., age 32. Complete rupture of the perinæum, of four years' standing, extending about three-fourths of an inch into the vagina. Operation at Pius Hospital, Oct. 11. The operation was a modification of Simon's. The paring and the vaginal sutures were made after Simon's method, and the body of the perinæum restored according to Goodell's method, the same as in Case VI. No rectal sutures were employed. The silk sutures were used in this case. The patient made a complete recovery.

CASE IX.

LAPAROTOMY. — Mrs. H., 44 years old, ovarian tumor. The tumor was known to be adherent and of rapid growth. It was suspected to be malignant. Dr. Schwartz, who had seen the patient some months previously, stated that he was then able to make out distinct adhesions of the tumor to the right iliac fossa. The bladder was crowded backward and downward by the growth. Under these conditions, Prof. Bernays thought it advisable to make the explorative incision on the right side, parallel to Poupart's ligament. The abdomen was

opened in the transverse direction from the conjoined tendon to the anterior superior spine of the ilium, one inch above Poupart's ligament. The introduction of the hand proved the tumor to be a soft, lobulated carcinoma of the right ovary, firmly adherent to the iliac fossa, to the sacrum, to the bladder and to the uterus, and its radical extirpation impossible. The peritoneal cavity was closed by a continuous cat-gut suture, over which the abdominal incision was closed by eight deep and numerous superficial sutures. Fifteen days after the operation the patient's pulse and temperature are normal, and she may be considered reconvalescent from the operation. The operation could have no influence on the fatal disease, either for better or for worse.

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CASE X.

PORRO'S OPERATION. — M. T., female, age about 35, colored, from Lewisburg, Mo. Fibroid tumors of uterus, complicating a pregnancy. Porro's operation. Patient was sent to St. Louis by her physician for operation, with the diagnosis of abdominal tumor. An examination proved the presence of numerous hard, slightly moveable tumors, one of which had grown into the umbilicus, distending the umbilical ring, and much resembling a hernia. With the exception of the large nodules, the tumor was well rounded and free from adhesions. Digital exploration of the vagina showed a virginal os uteri, and a large tumor in the uterus, filling out the vesico-uterine excavation to within an inch of the portio. Although the patient absolutely denied the possibility of a pregnancy, Prof. Bernays was of the opinion that there was a pregnancy existing of about 7 or $7\frac{1}{2}$ months' duration. Dr. Bernays, Sr., and Dr. Crosswhite made an examination of the patient, in order to either verify or contradict the diagnosis of pregnancy, but were unable to positively assert either one way or the other. Some of the most trustworthy signs of pregnancy were absent, for instance, the cessation of menses, development of breasts, nor could the sounds of the foetal heart be heard. Palpation of the abdomen was also unsatisfactory on account of the fibroid tumors. The vaginal examination, in addition, was not conclusive on account of a large fibroid in the lower segment of the uterus. On Oct. 15, at the Pius Hospital, laparotomy was performed. After the incision in the linea alba was made, Prof. Bernays introduced his hand into the abdomen, and feeling numerous fibroid tumors in the distended walls of the pregnant uterus, one of which, just behind the neck of bladder, would form an impediment to the delivery of the child *per vias naturales*, and all the others being most liable to produce a rupture of the uterus during labor, determined to perform Porro's operation. A medium-

sized trocar was introduced and a part of the fluid contents of the uterus evacuated. Then the uterus was lifted out of the abdominal cavity and turned forward over the pubes, so that none of its contents could fall into the abdomen after the organ was incised. The uterus was cut in the median line on its anterior surface and the fœtus extracted and taken charge of by an assistant. The uterus was constricted by Tait's wire clamp and the ligatures applied to the uterine vessels near the cervical portion on either side. The organ was then cut off, and the stump united by deep muscular sutures, over which was placed a row of Lembert sutures. The toilet of the peritoneum was carefully performed, a drainage tube inserted into Douglas' cavity, and the abdominal incision closed in the usual manner.

The child was a girl of about seven months, and is prospering. The mother rallied from the operation. Her temperature never rose above 99.5 F. until her death occurred on the fifth day of collapse. The autopsy revealed nothing abnormal in the abdominal cavity, excepting the adhesive inflammation surrounding the stump of the uterus. No sepsis.

At the conclusion of the operation, Prof. Bernays stated that the operation was neither new nor original. *Hofmeister*, of Berlin, the first assistant of Schroeder, has stated among the indications for Porro's operation (*Deutsche Med. Wochenschrift*, 1886, No. 30), "cases in which the body of the uterus is so altered that its removal appears desirable, especially on account of fibromatous neoplasms."

He reports a successful case, mother and child both being saved.

CASE XI.

LACERATION OF THE CERVIX — OPERATION. — Mrs. M. W., age 28, from Calhoun County, Ill., sent for operation on account of a laceration of the cervix and a rupture of the perinæum. This is a rare case of laceration of the cervix, the rent running up the posterior lip into Douglas' cul de sac. The two halves of the posterior lips of the os uteri stood apart like the folded ends of a standing collar. They were freshened and united by five deep silk sutures. First intention, and the patient is now ready for the operation upon the perinæum. Prof. Bernays will perform Tait's operation in this case before the class at the next clinic.

CASE XII.

FRACTURE OF THE FORE-ARMS AND DISLOCATION OF THE SHOULDER. — F. B., age 45, was brought from Grafton, Ill., on Oct. 16th. Ten days previously he had been thrown from a wagon and dragged by the horses for a long distance. He received a fracture of both bones

of the left fore-arm and a dislocation of the same shoulder. This latter accident was overlooked or misjudged by the attending physician, probably on account of the enormous swelling of the limb. The patient was seen at the Pius Hospital by Prof. Bernays and, after an examination, it was found that the head of the humerus was completely dislocated into the axilla. The patient was suffering intensely. Administered 1-2 gr. morphine hypodermically, but failing to secure relief, the patient was chloroformed and the reduction performed. The ordinary methods of extension and manipulation, and Schinzinger's method of rotation failed to reduce the head of the humerus, it being firmly fixed in its false position by adhesions and exudations. Simon's pendulum method was next employed, and succeeded in bringing the humerus back to its place with a snap, at the first attempt. This method was practiced in the following manner: An assistant stood up on a chair and took hold of the wrist of the dislocated arm, lifting the body of the patient off the floor and holding it there while Prof. Bernays gave the body a swinging motion, when the head of the humerus soon slipped back into its place. After the reduction the pain immediately left and the swelling gradually subsided.

CASE XIII.

GASTROSTOMY. — Mrs. T., age 58, of this city, has been suffering with a difficulty of swallowing for about one year. Was treated for the last two or three months by different physicians of this city, the last one of which diagnosed cancer of the œsophagus and recommended gastrostomy. The patient called on Prof. Bernays, on Oct. 16th, and an examination demonstrated the impossibility of introducing the smallest œsophageal sound; even liquids, such as milk, could not pass the stricture and the patient had lost over fifty pounds in weight during the past summer. On Oct 18th, the operation of gastrostomy was performed, according to the method of Prof. Bernays, an accurate description of which will appear in the near future. The patient now, ten days after the operation, is regularly fed through the gastric fistula. Twenty-four years ago the patient had a piece of bone lodged in her œsophagus and the attending physician, after failing to extract it, pushed it further down in the œsophagus hoping to make it enter the stomach. Prof. Bernays believes that this piece of bone is the cause of the stricture, and that it is lodged one and one-half inches above the cardia. As soon as the borders of the gastric fistula will permit it, an attempt will be made to extract the bone through the stomach.

CASE XIV.

CANCER OF THE KIDNEY—OPERATION.—J. W., female, age 61; diagnosis of cancer of the kidney was made and on Oct. 19th the operation of extirpation of the kidney was performed. The incision was made in an oblique direction directly over the tumor; a modification of König's lumbo-abdominal incision. The organ was enucleated. The operation was a very bloody one. The tissues around the renal vessels were so degenerated that three ligatures, one behind the other, had to be applied before the hemorrhage could be stopped. The upper third of the kidney was normal; but the lower two-thirds had degenerated into a large cancerous tumor, weighing about five pounds, which, to the naked eye, appeared to be of the medullary variety. The patient never rallied, but died of shock about eighteen hours after the operation.

CASE XV.

CANCER OF THE UTERUS—OPERATION.—Supra-vaginal amputation of the cervix uteri for cancerous growths. J. S., age 43, was suffering from cancer of the cervix. The stench was one of the most offensive the operator ever encountered. The case seemed unsuitable for Kolpo-hysterectomy on account of glandular involvement. The operation was similar to that performed in Case V., with the exception that much more tissue was removed with the knife and the scissors. Eight sutures were applied to close the vaginal vault. The patient made an a-febrile recovery.

All of the above operations were performed under the strictest antiseptic precautions. The chloroform-morphine narcosis was used in each case.

NOTE.—Physicians who are residents or visitors in the city are invited to make their desire known to witness surgical operations, when they will be promptly notified to assist at interesting cases that are always at the command of Dr. Bernays. The four Laparotomies, cases 9, 10, 13 and 14, together with two ordinary ovariectomies from private practice, will be reported in detail by Dr. A. C. Bernays as soon as the final results are known.

903 OLIVE STREET.

