Marcy (H. O.)

Exploratory Laparotomy.

BY
HENRY O. MARCY, A.M., M.D., LL.D.,
OF BOSTON, MASS.
President of the Section of Gynecology, Ninth International Congress; late President of the American Academy of Medicine; Member of the British Medical Association; Member of the Massachusetts Medical Society; Member Boston Gynecological Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; late Surgeon U. S. Army, etc.

Read in the Section on Surgery, at the Thirty-ninth Annual Meeting of the American Medical Association, May, 1888.

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EXPLORATORY LAPAROTOMY.

The safety of laparotomy by modern surgical methods has so greatly increased the utility of the operation, that the time has arrived when it may be advantageously discussed as a means of diagnosis. Although the clinical differentiation of abdominal disease has been much advanced in later times, it is clearly conceded by those of the widest experience that many important conditions can only be approximately determined by all the other means at our disposal.

As if in mockery of my own views, only within the week have I made two autopsies upon my own patients which serve pointedly as an illustration. The one, a sufferer from obscure abdominal symptoms, died from a sudden hemorrhage caused by the rupture of a post-uterine vascular growth, which could have been diagnosticated in no other way than by exploratory section. The second, a chronic sufferer for months from severe local pains about the pylorus, where the diagnosis of an eminent consultant, as well as myself, lay between impacted gall-stones, or cancer. Symptoms of an acute peritonitis supervened, causing death in a few days. This, viewed in the light of an autopsy of a week previous, where somewhat similar symptoms had been produced by an actively developing cancer, seemed to settle the case as malignant. To our utter surprise, the post-mortem revealed an acute apendicitis caused by a fœcal concretion which had supervened with ulcerative perforation as the cause of the acute

peritonitis. A stenosis of the pylorus was found, caused by old adhesions about a degenerated gall bladder, full of concretions, but this had nothing to do with the immediate death of the patient.

We have all of us, in our years of experience, more or less often met with abundant illustration of the uncertainty and obscurity which marked the progress of the fatal issue from intestinal obstruction, tuphlo-enteritis, extra-uterine fœtation, abdominal tumors, etc., and, until recently, considered we had exhausted our skill in symptomatic treatment, where the autopsy has shown, could we have known earlier the changes taking place, surgical aid might have saved life and restored health.

The dangers attendant upon laparotomy are still considered so great, and the fear of results are so fixed in the general opinion of the profession, that it is yet looked upon as a *dernier ressort*. Most of us in middle life have watched the development of the operation almost from its inception, and some keenly remember the opposition, which assumed even a personal type, in daring to put into execution our convictions.

In the development of modern surgical methods, the experience of the profession is now sufficiently ample to warrant a revision of its teachings, and the object of this paper will be accomplished by your active participation in the discussion of the subject, to which I contribute the following report of laparotomies, which includes only and all the cases where I have opened the abdomen, and finding conditions which did not warrant further operative measures, closed without surgical interference.

Case 1.—Female, æt. 30. Opened abdomen in 1880. Interstitial myoma. Five years since it first gave the patient trouble. Filled pelvic basin.

On account of the vascular supply, deemed it unwise to remove ovaries or growth. Recovery easy and rapid. Patient living and far more comfortable since.

Case 2.—June, 1885. Child, æt. 4 years. Seen in consultation with Dr. Adams of Framingham, and aided him in operation two days later. Case supposed malignant, acute. Temperature 105°, pulse 150. Suffering severe, abdomen distended with fluid looking like pus, odorless, creamy, which, on examination, was shown to be a pure development of micrococci (after cultured to several generations). Operation determined upon because of character of fluid. Abdominal cavity carefully washed out with a weak mercuric bichloride solution. Perfect recovery followed. Patient living and growing finely.

Case 3.—May, 1886. F., æt. 60. Slow development of an enormous abdominal distention. Uterine myoma filled the pelvis, but diagnosis uncertain. Fifty pounds of fluid removed. Recovered from operation and was greatly relieved, but died a few weeks later.

Case 4.—Nov., 1886. Male. Subject to frequent attacks of illness, with great pain in region of appendix. Temperature reaching to 104°. Localized soreness and tenderness. Appendix not involved, but bands of adhesion at head of cœcum were divided. Recovery complete, followed by a gain in weight of over thirty pounds. Remains well.

Case 5.—Nov., 1886. F., æt. 30. Under observation in hospital for some months. Severe pain and emaciation. Uterus fixed. Perhaps a case of old tubal disease. Laparotomy showed disseminated tubercle mesenteric and over the abdominal walls. Resected a small portion for examination. Washed out with mercuric bichlo-

ride solution and closed the abdomen. The miliary masses proved to be colonies of tubercular bacilli, and cultivations were made which reproduced true. Recovery followed, with an improvement of all symptoms. Patient sailed for Europe the following spring, and in a letter under date of August, 1887, she writes, "Am enjoying at present very good health, being able to work again."

Case 6.—February, 1887. Female, æt. 28. Patient confined to bed with severe abdominal pains. Tumor on right side, reaching nearly to umbilicus, accompanied with many of the symptoms of pregnancy. Uterus evidently merged in the growth. Proved an ectopic pregnancy. Closed the wound. Miscarriage followed. Recovery complete and patient remains well.

Case 7.—April, 1887. F., æt. 30. Patient ill four weeks. Tumor on right side, growing rapidly. Exploration revealed cancer of omentum. Closed wound. Autopsy later showed round cell sarcoma. Thought result not materially changed by operation.

Case 8.—April, 1887. F., æt. 33. Pulse and temperature high, with severe pains caused by a tumor of right side extending to umbilicus. Although from subsequent history probably cystic, it was found everywhere adherent and judged malignant. Patient still living, but for the most part confined to the bed for the year. Tumor increasing in size, and again I have advised exploration with the hope of removal.

Case 9.—July, 1887. Dr. W., æt. 72. Sufferer for years from gall stones. Now *in extremis* from biliary obstruction. Laparotomy and found adhesions to ascending colon and the parts about. Could feel and probably dislodged, in a measure, a calculus, size of a walnut. It was thought not

safe to proceed further, so closed the abdomen and improvement followed for a short period. Wound healed perfectly. Symptoms of obstruction returned and death supervened within a month. Autopsy showed a large impacted calculus and conditions which warranted the conclusion that the duct adhesions prevented a safe removal.

Case 10.—August, 1887. Boy, æt. 12. Perityphilitis. Freely separated adhesions. Patient recovered well from operation. Wound healed. Death about six weeks later from undetermined cause. Autopsy showed the intestine unobstructed, and only delicate bands to determine place of the extraordinary plastic effusion.

Case 11.—October, 1887. Child, æt. 2. Temperature 104° and pulse 140 to 150. Opened and washed out a large pus cavity involving appendix, drained. Improvement most marked from time of operation. Some weeks later enlarged the incision on account of return of fever, etc. Closed a fistula of the bladder by a continuous tendon suture and two openings in the large intestine which admitted finger, also the abdominal wall. Recovery complete and rapid. Child growing finely, and seems as strong as before her long illness.

From this report it will be seen, although the list of cases is small, that life was not seriously endangered by the operations, and in more than one instance, although seemingly only exploratory, the recovery was dependent upon the surgical interference. To write the opposite side of my experience would be to narrate a long series reaching over more than twenty years of active clinical study, where the post-mortem revelations have taught the shortcomings of our art, and with regretful sadness caused us, at least, the contemplation of what might have been.

I am well aware that I am not alone in the consideration of exploratory laparotomy as to the views taken of the subject in this brief paper. Prominent among the contributions upon this subject, I take pleasure in citing an able article recently written by Dr. T. Gaillard Thomas, of New York City. In the light of the criticisms of a certain considerable and highly respectable class of the profession, raising the protest against what they deem an unjustifiable resort to laparotomy for abdominal disease, I can but believe that it emanates, as a rule, from men only theoretically interested in the subject. Of the quite large number of surgeons, in Europe as well as America, with whom I am personally acquainted, I know of no men more conservative in opinion, or who review with greater care and precision the premises upon which they base the advisability of operative interference, and only a long experience and extended observation has led them to accept exploratory laparotomy as, at times, the only means of a correct diagnosis.

Let us hope those younger in the profession who have entered upon its labors under more favorable auspices, will take heed to such warning, profit by the lesson it teaches, and remember that the future, if not the present, will regard the sins of omission in the same stern light as those of commission.