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A REMARKABLE RECOVERY FROM ABDOMINAL SECTION.

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Mrs. L., a young and healthy woman, has borne two children. The first was born in June, 1871; the second, April 9th, 1873.

In July, 1872, a tumor was discovered in the abdomen, on the right side, half way between the ribs and groin, as large as a butter-nut, and movable under the skin. It slowly increased, but did not interfere with pregnancy. The last child was a male, weighing nine pounds. The labor was natural. The mother was up and dressed ten days after the labor. She nursed the child one month, when it died suddenly, in convulsions, in May, 1873.

The tumor began to grow rapidly after the birth of the last child. The patient suffered chiefly from weight and distention, but not from pain.

June 20, 1873, she was sent to consult me, by Dr. A. C. Walker, of Greenfield.

On examination, it is found that an oval, hard mass, somewhere between an ostrich egg and a small musk-melon in size, occupies the right side and part of the centre of the abdomen. At one point, near the umbilicus, it seems adherent to the thinned skin. Otherwise, it is freely movable, and can be swung from side to side. There is no sign of softening, œdema or fluid. It is dull on percussion, though the resonant sound of the bowels is transmitted through it. When the patient tries to rise, while lying on her back, thereby putting the abdominal muscles in contraction, the tumor becomes firmly fixed. The hand can be pressed in between the tumor and the pubes. The pelvis is empty. The uterus is normal in size, position, depth and mobility. There is no bad symptom from the bladder, or rectum. The patient is otherwise in pretty good health, though a little anæmic. She is very urgent for an operation, as some physicians have told her that the tumor could be taken out with ease. The important points to determine are these: Is the tumor extra- or intra-peritoneal? Is it under the abdominal muscles? Is it adherent to the abdominal walls? Can it be removed?

There appears no evidence of any pedicle, or attachment deeply. It is manifestly neither ovarian, nor uterine. A tumor of the parietes, it may or may not involve the peritoneum.

In response to the earnest solicitation of the patient, it was finally decided that an exploratory operation should be tried; that if the tumor was outside the peritoneum its delivery should be attempted; otherwise, that it should be left alone.

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Operation, June 26, 1873.—In a farm-house, in a mountainous region, where the hygienic surroundings were excellent. I was assisted by Drs. A. C. Walker, H. Temple and J. R. Fairbanks. The patient was etherized, and carefully wrapped in blankets. The place selected for the incision was about two inches to the right of the umbilicus. Here, a vertical cut, about four inches long, was made. My design was to cut over the rectus, rather than in the linea alba, that I might thus see the relation of the muscular fibres to the tumor. The knife penetrated at once into the tumor, without any appearance of muscle. Everything here was absorbed by the growth. The substance of the tumor was sarcomatous, firm, whitish and homogeneous. There was no fluid. As it was found impossible to reach the edge of the tumor through the single vertical incision, this was prolonged to six inches, and a cross cut was made to the right, four inches. Here, by careful dissection, the aponeurotic sheath was made out, lying over the tumor, and it was demonstrable that the foreign growth was beneath, or in the abdominal muscles. Was the peritoneum involved? Dissecting towards the right, the edge of the tumor was reached, and it was found that it could be lifted and separated from its bed. While conducting this enucleation as gently as possible with the hand, two fingers slipped, without warning, into the peritoneal cavity. The peritoneum was here and farther beneath adherent to the under surface of the tumor.

The tumor could now be demonstrated to be free from internal attachments, except to the peritoneum. What course should be pursued? The alternative was a very trying one. To leave it was almost certainly fatal. It had been so scored and disturbed that it must slough; and it communicated beneath, by a lacerated wound which it was impossible to close, with the peritoneal cavity. On the other hand, to remove it would take away a portion of the abdominal wall, muscles and peritoneum. The patient's general condition was good; breathing quiet; pulse full; no syncope or vomiting. I decided to complete the operation.

Proceeding now with excusable boldness, it was easy to remove the tumor, by free cutting and dissecting. This was at once done. On the left side, the rectus muscle was not much disturbed. On the right, it was quite destroyed. A strip of peritoneum, fully four inches wide at its widest part, and, perhaps, six inches long, tapering down at its extremities, was removed with the tumor. The abdominal cavity was now largely uncovered. The colon and stomach, as well as the small intestines, were visible. As quickly as possible, two large, warm sponges were put in the site of the tumor, and the hernial protrusions repressed. Warmth was applied to the chest, and a brandy enema given. The patient vomited, but soon rallied. A considerable time was consumed in securing vessels all around the incision, of which a great number had to be tied, including the epigastric artery. The cavity of the abdomen was sponged free of clots, and long, deep, silk sutures were passed. It was impossible to bring the peritoneal edges within two inches of each other in the centre of the wound. The ligature-ends were all brought outside, and a separate set of sutures closed, without tension, the three flaps of skin, which had been dissected off the deeper parts of the tumor, where it was not incorporated with the skin. Broad, adhesive strips were

firmly applied; then cotton wadding and a binder. The patient was immediately lifted into a warmed bed, between blankets, without sheets, and as soon as she roused and complained, she received one-fourth of a grain of morphia subcutaneously. Her pulse was excellent. She was now left in charge of Dr. Temple, of Charlemont, whose subsequent history of the case is subjoined.*

The pulse, from 130, ran down to 104, the first week. The bowels were tense and tympanitic for two days, when they began to subside, and at the end of a fortnight had diminished four inches in girth. From the third to the seventh day, a dark, thin, offensive discharge came in quantities from the wound. Bromo-chloralum was used as an antiseptic. Most of the stitches were taken out the fifth day; and by fourteen days, all the ligatures had come away, but two. The sound of gas in the intestines was very distinct over the wound. The two other ligatures came away, one the thirty-second day, and the last not until fourteen weeks after the operation. The urine was drawn for ten days. The bowels moved after two weeks. The patient was able to take nourishment from the beginning; and her hope and courage were marked, as they were before the operation. She also suffered very little pain. A subcutaneous injection of morphia was given every six to eight hours, for twelve days; for the next six days, twice a day.

Menstruation came on seven weeks after the operation. The patient lay upon her back four weeks. She sat up at the end of six weeks. She walked the tenth week.

Sept. 2d.—She sent for an abdominal supporter, which was applied, and she rode about, over rough roads, after twelve weeks.

January, 1874.—Six months after the operation, she looks well, rides about, and does some house-work.

On leaving the patient, the afternoon of the operation, I expressed the opinion that, if she should live, her salvation would be due to the removal of stitches and of tension, when it occurred; and to a free vent for the discharges from the pent-up fluids in the peritoneal cavity, with disinfectants and cleanliness. Nature, it proved, relieved her by a copious discharge from the wound, coming on the third day, and lasting profusely until the seventh day.

In her favor were previous health, youth, fortitude, hope, and superb hygienic surroundings, in a mountainous region, in the full glory of summer.

Against her were the shock of a large uncovering of the abdominal cavity; the loss of a broad strip of peritoneum; the closing in of the peritoneal cavity with the raw surface of the dissected skin; the presence of a multitude of ligatures; the chance of hæmorrhage, and the necessity of suppuration.

CYSTICERCI IN THE BRAIN.—At the autopsy of a man, aged 38, three hydatids, each the size of a pea, were found imbedded in the cortical substance of the cerebrum. Although the presence of these parasites in the brain usually gives rise to severe mental disturbance, in the present instance no symptoms of disease of the brain had ever been manifested.—*Centralblatt für die Medicinischen Wissenschaften*, December 13, 1873.

* The tumor proved to be a spindle-celled sarcoma.