

## GYNECOLOGY

UNDER THE CHARGE OF

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**Importance of Careful Peritonization After Carcinoma Operations.**

—BUMM (*Zentralbl. f. Gyn.*, 1913, xxxvii, 1) believes that most careful and thorough covering with peritoneum of all raw areas left after any operative procedure is of the greatest importance, but especially is this true after the radical abdominal operation for carcinoma of the uterus. In his own experience, the effect of a gradual adoption of this principle with corresponding reduction in the amount of drainage used, has been well shown by the coincident steady fall in his mortality. His worst results from this operation were obtained when he routinely drained the pelvic cellular tissue by means of gauze packs brought out through the vagina, the mortality of 138 cases operated on in this manner being nearly 30 per cent. In almost a third of the cases suppuration and sloughing occurred in the tamponed cavities, with resulting necrosis of the peritoneum over them, and ascending peritonitis. Somewhat better results were obtained after he abandoned gauze drainage of the cellular tissue, uniting the loosened bladder and rectum with the edges of the vagina, and closing the raw areas in the broad ligaments on each side with a running suture. Even with this technique, however, he could not get away from the idea of drainage completely, but now placed the drain in the lower angle of the pelvic peritoneum, still bringing it out through the vagina. During this epoch his mortality was 21 per cent., most of it due as before, to ascending peritonitis. All this has been changed, however, since omitting drainage of any sort. Bumm's technique at present is to close all raw surfaces from the free peritoneal cavity by means of a double layer of sutures, the first uniting the edges of the peritoneum, and the second reinforcing these by folding it over a little more, on the same principle that two layers of sutures are placed around any intestinal opening. By following out this technique, Bumm has reduced his mortality in his last 100 cases to the remarkably low figure of 6 per cent., a result which he ascribes solely to the improved method, as the cases were in all respects similar to those of the earlier series. He thinks that the gauze drain only serves to collect wound secretion, which forms an excellent culture medium for the pathogenic organisms which are always present in carcinomatous tissue. When, however, the peritoneum is carefully closed at all points, leaving nothing but a smooth surface, in which no raw areas are to be seen, it is able to take care of considerable quantities of even highly virulent organisms, and to destroy them. One point of importance when following out this technique, however, is to avoid as far as possible spreading infection from the carcinomatous area during the operation, and also never to operate on these patients while they are running a temperature even slightly above normal.