

ESSAY ON DESPERATE SURGERY IN ITS RELATIONS TO WOMEN; THE PROPER PLACE FOR IT; WHO SHOULD, AND WHO SHOULD NOT ATTEMPT IT.

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MR. PRESIDENT AND GENTLEMEN:

By desperate surgery I mean operations that endanger the life of the patient.

As they relate to women, such operations are largely intra-abdominal.

That the opening of the cavity of the peritonæum is desperately dangerous, will be denied alone by persons ignorant of American statistics tabulating the results of this kind of surgical interference.

That this subject is worthy of intelligent and intense investigation, is claimed by all who honor the profession of medicine, desire to ameliorate the condition of suffering humanity, and wish to prolong life.

The presentation of a tabulated statement of the intra-abdominal surgical operations performed more or less frequently, will serve to bring the subject clearly before our minds. These are:

- 1, Normal ovariectomy, Battey's operation.
- 2, Removal of the ovaries and tubes, Hegar-Tait operation.
- 3, Ovariectomy for cystic ovaries, McDowel's operation.
- 4, Enucleation per vaginam of the entire uterus, Langenbeck's operation.
- 5, Supra-vaginal hysterectomy, Clay's operation.
- 6, Enterotomy, Ramdohr's operation.
- 7, Gastrotomy, Sedilott's operation.
- 8, Resection of the pylorus, Billroth's operation.
- 9, Removal of the gall bladder, Langenbeck's operation.
- 10, Cholecystotomy, Marion Sim's operation.
- 11, Hepatotomy for hydatids, Lawson Tait's operation.
- 12, Nephrectomy, Simon's operation.
- 13, Nephrotomy.
- 14, Radical operations for hernia.
- 15, Laparotomy for pelvic abscess, Lawson Tait's operation.
- 16, Laparotomy for splenic abscess.
- 17, Laparotomy for hepatic abscess.
- 18, Laparotomy for chronic peritonitis, Lawson Tait's operation.
- 19, Laparotomy for acute peritonitis, Lawson Tait's operation.
- 20, Laparotomy for hydatids of peritonæum.
- 21, Laparotomy for extra uterine foetation, Tait's method.
- 22, Supra-vaginal hysterectomy in pregnancy, Porro's operation.

In this enumeration there are twenty-two operations within the peritoneal sac, and it is probable that this number will be increased in the near future.

These, with laparotomy for diagnostic purposes, are included in my definition of desperate surgery in relation to women.

May I proceed a step further and characterize this class of surgical operations as a special field of work?

May I affirm that abdominal surgery constitutes a great and growing specialty?

May I predict the gradual limitation of that now ascendant specialty, gynecology, caused by the special surgeon usurping its abdominal prerogatives?

Is not this the form we see outlined in the shadow of coming events?

It is an admitted fact that when certain organs within the cavity of the peritonæum become diseased, the surgeon's knife is the only available medicament.

Truly the successful gynecologist is the one that handles the implements of the surgeon skilfully, and

he who does not possess this aptitude, is, in this department, a failure.

For illustration :

The cervix is no longer ulcerated ; it is lacerated, and a surgeon only can treat it successfully.

Yes, gentlemen, I am bold to predict that, within a few years, the specialty of abdominal surgery will be established, and limit the place and prerogatives of that other specialty, out of which it is rapidly growing.

This new specialty is already challenging the attention of intelligence ; and if it secure the might of mind, courage of heart, and dexterity of hand its work requires, it will command universal admiration.

In our country, this branch of surgery is in a most unsatisfactory condition.

From this sweeping assertion, I except the city of Boston, Mass., in so far as ovariectomy is concerned.

And because of the many favorable opportunities with foreign operators of great success, that have been enjoyed by me, I feel that a special obligation to seek its advancement by public discussion, rests upon me.

This is my purpose in this paper.

The second topic proposed is the inquiry : What constitutes a proper place for this kind of surgical operations ?

Is it the general hospital with its pus-soaked wards and atmosphere laden with all sorts of deadly germs ?

Is it the modern city residence with its malodorous environment, defective sewerage, and coterie of curious relatives and acquaintances, that refuse to be kept at a distance by quarantine regulations ?

Is it the cottage by the roadside, with its freedom from noxious gases, and bathed with clover scented air, delightful and health-giving ?

Shall we select the hermitage on the secluded mountain slope, with its widely varying temperature, or the lodge in some vast wilderness of forest, with its continuity of shade and moist coolness ?

Viewed from these points, these rural retreats may each be denominated an elysium ; but the indispensable nurse is not found there, and the doctor is a league away.

With the nurse present and the physician within prompt call, any one of these places would satisfy the most scrupulous surgeon ; but the absence of these elements of success, renders them forbidding.

And even with these disadvantages, men of experience give them a decided preference over the general hospital.

We will be materially aided in replying to this inquiry, if we enumerate the elements of safety required in every house, in which abdominal section is contemplated.

These are :

- a. A large airy apartment properly prepared.
- b. Freedom from the presence of all zymotic germs.
- c. An edifice exposed to the sun, and surrounded with a capacious air space.
- d. Perfect sewerage.
- e. If in a city, a house located in a quiet neighborhood.

f. A population that will respect the quarantine of the patient for at least a week after the operation.

These desirable conditions should be under the control of a conscientious nurse, and the surgeon should be near his patient, so that everything may be under his constant supervision.

Gentlemen, I firmly believe, that these provisions of safety are best secured in a private hospital, and that when all engaged in this line of work so decide and act, our statistics, now so deplorably bad, will greatly improve, and possibly may attain those of Dr. Keith and Mr. Tait, who perform their operations largely in private hospitals.

The ground for my belief that the private hospital is, as a rule, the best place for abdominal surgical operations, is the fact that the statistics of this class of surgery show, that by far the best results have been obtained in private and special hospitals.

Our third topic relates to the persons performing these operations.

Who ought, and who ought not to undertake them ?

The general practitioner, who daily passes from scarlet fever to diphtheritic or erysipelalous cases, has no warrant for opening the abdominal cavity.

On the other hand, the accumulated testimony relating to infection from these sources, render it probable that he who does this, will destroy life and make himself liable to criminal prosecution.

The general surgeon, at a time when he is attending foul wounds, or engaged in any pathological work, is, in the light of knowledge gathered from experience, criminally careless, if he open the abdomen.

The obstetrician attending cases of puerperal peritonitis, or other zymotic disease, has no right to imperil a woman's life by exposing her vital organs to noxious infection.

The gynæcologist in attendance upon a patient with a fetid cancer of the uterus, would probably be a minister of death to a woman, whose abdomen he would presume to open.

Men laboring among infectious diseases should know that their clothing becomes a magazine filled with deadly missiles, and their surgical case a quiver stocked with poisonous arrows, and if they attempt these operations, the result will be almost certain failure.

The history of the past and the best judgment of the present, unite in declaring that a specialist for abdominal surgery is the man who should attempt this dangerous work.

He ought to be excluded from general practice and other surgery, avoid all causes of infection, and when accidentally exposed, should sacrifice his clothing, and employ the best germicides thoroughly and repeatedly before resuming his work.

He should shun all sorts of zymotic diseases as scrupulously as did the Jewish High Priest bodies of the dead.

I am aware, gentlemen, that this doctrine has the appearance of puritanism, but it should be borne in mind that the successful abdominal surgeon is a literal purist.

It may be objected that it debars the young practitioner from exercising his gifts, as it is not practicable for him to abstain from general practice for the

sake of the few abdominal sections that he may have opportunity to make.

But let me address a word of advice to these worthy men.

If you cannot afford to abjure the rewards of other kinds of professional service, to stand by the operating tables of specialists until you have acquired the knowledge and skill to make you a specialist, the interests of suffering human beings, of the honor of the profession, and of your own financial condition, require you to send cases needing such surgery to the men who have made the sacrifice and endured the toil of acquisition that fits them for this kind of work.

Emergencies may occur when a specialist is not within reach. Then it is wise to select the best man, put him in the best condition possible as to cleanliness and assistance, and commit the case to his care.

Above all others, this specialty is intolerant of mistakes and mismanagement.

The laws of nature forbid that men who treat zymotic diseases in city practice, and dress sloughing wounds so frequent in railroad and factory cases, should obtain good results, and write a high rate of recoveries in abdominal surgery.

Your speaker is unable to name a single man who has made a fair reputation, who has not made it in a specialty.

If there be a general surgeon in this country who can show a record of 83 recoveries in 100 cases of ovariectomy, let him speak out and challenge the truth of this assertion.

Both Dr. Keith and Mr. Tait have shown 98 per cent. of recoveries.

It is admitted that Dr. Keith has done some general practice; not much, however; and his opinion is in favor of the secluded surgeon.

Mr. Tait is a thorough specialist.

My own experience, in a private hospital, is limited; but I am able to say, that all my operations performed in my private hospital since it was opened, last September, have recovered, and some of these are graver than those I constantly lost previous to obtaining this essential condition of success.

There, during the past winter with its unfavorable weather, I have made seven abdominal sections, viz.: one supra-vaginal hysterectomy for deformed uterus; one supra-vaginal hysterectomy for fibroid tumors; one double ovariectomy for cystic tumors, and a supra-vaginal hysterectomy on the same patient, and four ovariectomies. All these have made good recoveries.

Previous to opening my hospital, my results were bad; now they are very encouraging.

Mr. Tait in his early operations, without a private hospital, was very unsuccessful, and his present excellent results are due to seclusive hospital privileges, and abstaining from general practice.

Mr. Tait's colleague, Dr. Savage, of Birmingham, who, in his last published 85 cases of abdominal section, lost but four patients, said to me, when speaking of Mr. Tait's success, "He is not mixed up with diseases in general practice."

Said Dr. Keith to me, referring to abdominal surgery, "When you begin to do these operations, all other practice will leave you."

Speaking of those who succeeded and those who failed in ovariectomy, he said to me, "Before I began to operate, ovariectomy ruined a number of surgeons in Edinburgh."

Why did it not ruin Keith?

It was because he bought a flat of desirable rooms on the top of a well located building, and there fixed his private hospital, despite threats of prosecution.

Sir Spencer Wells owes his success to the seclusion of the Samaritan hospital, and Martin of Berlin, in his private hospital, has had a line of more than fifty operations without a death.

And Mr. Thornton reports seventy (70) operations without a single fatal result at the Samaritan hospital.

I challenge the production of a single operator outside of a private or special hospital, who can show better than eighty-two recoveries in one hundred cases.

On the other hand, I ask you to observe that every man who can produce better results, and is able to exhibit a better record, has either a private hospital, or similar exclusive facilities.

I conclude this paper with the assertion that to be successful abdominal surgeons, we must keep ourselves free from the infection of zymotic diseases and foul wounds, and give scrupulous attention to every detail of cleanliness in ourselves, assistants, nurses, sponges, instruments, patient and her environs.

If men are not prepared to do all this, they have no warrant for opening the abdomen of any woman, except in a case of emergency, where they alone can make an effort to save imperiled life.

DISCUSSION.

Dr. McLean, of Michigan.

Mr. Chairman:—This subject of ovariectomy is one to which I have given a great deal of attention. I have not only performed it a considerable number of times myself, but I have seen distinguished operators perform it. I have watched the whole subject from its very inception. I was a student in Edinburgh at the time that Keith performed his first operation before that Faculty. I have watched with very great interest and with very great care the progress of professional opinion with regard to ovariectomy, and I have watched the career of the great ovariectomists very closely indeed.

While, no doubt, there is theoretically a great deal of truth in the doctrines laid down in the paper which we have just listened to, there is (and I am sure very many of you will agree with me) a great deal that is utterly impracticable and discouraging. It may be all very well in a small country like Great Britain, where a few hours of railway travel will carry the passenger to Edinburgh, to London, to Manchester, or to Liverpool, and where there is, besides that, a great deal of concentrated wealth,—it may be all very well to lay down the doctrine as to who shall perform ovariectomy, and where it shall be done. But in this vast and comparatively poor country—a country of "magnificent distances"—it is impossible to place all our patients under these favorable circumstances. We have to do the best we can with them. I ask you, Where did ovariectomy spring from? Not

from London. It did really spring from Edinburgh, not practically but theoretically, from Dr. Bell, of that city. But where was it performed? In the back-woods of Kentucky. And at this very day there are many cases where patients have but one of two things to do—to go down to death, or to submit to the operator who has the courage and the heart to operate upon them. Now, I say, for any person who happens to live in the city, and happens to have the means to establish a private hospital, who happens to be in a railroad centre, to come forward here and lay down the doctrine to this great nation of surgeons and practitioners, "You shall not perform ovariectomy; let your patients die or send them to me!" such a proposition is, to say the least, presumptuous! (Applause.)

I do not live in a great railway centre. I live in Detroit. I am a general practitioner, a general surgeon and railroad surgeon. Since the first of October last, I have performed five cases of ovariectomy—one at the University of Ann Arbor, in the presence of the class; one in a "cottage by the roadside," and three other cases. And my five patients have recovered. (Applause.) Now, am I, in view of these theoretical doctrines, to abandon my privilege of performing ovariectomy? It would take a great deal more eloquence and much more high-sounding sermons to convince me of that doctrine!

What was Dr. Keith's statement to me? That he went directly from two cases of diphtheria to perform ovariectomy! He complained to me of private practice having left him. He said, "Ovariectomy is a very poor-paying business." He told me what he had made since the 1st of January, and it was very small in proportion. Dr. Keith is a general candidate for practice of all kinds, and when I was in his office he examined a case of suppurating ear. This was in the month of August, 1880.

Now, I do not wish to enter upon any discussion here, to make any hard feeling of any kind whatever. But I do want to protest, with all the force of which I am capable, against any such centralization, any such discouraging, and any such monopolizing doctrine as the one we have listened to! (Applause.) For my part, it shall have no weight with me. I shall go on with my general practice, my general surgery, and my railroad surgery, with my best antiseptic precautions, and I shall encourage my students to perform ovariectomy when they are able to do it. I say, no man has a right to say I shall not perform ovariectomy, any more than that I shall not sing a song or make a speech! It is a matter for a man's own conscience to decide for him. (Applause.)

Dr. Englemann, of Missouri.

Mr. Chairman:—One of the difficulties we meet with in the practice of medicine and surgery, is to blend the theory and the practice. I am certain that what Dr. Sutton has told us is theoretically most true. I have seen it for years in my own city. I mention it, because I believe the gentleman of whom I now speak, (and you will appreciate the force of the statement), Dr. Hodgkin—now dead—was acknowledged, outside of St. Louis also, as an able surgeon. Almost every case of ovariectomy in his practice died. He

was a successful surgeon and, I think, a skilful surgeon. His cases of ovariectomy died, one after another. I think he had but two or three successful cases. I have always attributed it to the fact that he practiced surgery and medicine, and had a very large practice and a practice involving many difficult cases. He was consulted far and wide, and had serious cases of old wounds and difficult amputations, besides other cases that would bring infection. His cases of ovariectomy were failures.

I believe that the law which Dr. Sutton wishes to lay down is, that absolute cleanliness is necessary. It is not carbolic acid or listerine. It is CLEANLINESS, that can be had in a village as well as in the city. But it is less difficult if we have the facilities of a hospital, such as he mentions. We are better situated. We have the opportunities. The surgeon himself keeps free from contamination, from diphtheria and typhoid fevers, all possible cases which might injure his surgical success. He has nurses—I will not say "trained" nurses, but "clean" nurses—and he is better able to do that. These surgeons who are engaged in the general practice of medicine, have not got those opportunities. Such a surgeon can do the same thing, but he does it with difficulty; and I have seen an entire hospital laid open to serious injury, to a perfect influx of sepsis, I believe, from the uncleanness of one gentleman who was present at an operation. Where every care had been exercised, one gentleman who had been present at post-mortems and the visits in general hospitals came, and it is presumed that is the reason so many cases of sepsis appeared at once. It is the hospital of Dr. Martin, to which Dr. Sutton has referred, where I saw, in wards and rooms, cases of the removal of the uterus and the extirpation of fibroids, patients lying side by side with laceration of the perinæum and extirpation of the uterus for cancer, and other cases of serious operations—and hardly an elevation of temperature in one of them—some six in a room and three in a room, and not an elevation of temperature anywhere. A case of lacerated perinæum began to show symptoms of sepsis, and the surgeon had to suspend the operation. Whether it was in the atmosphere or not, it was a most remarkable case. These serious operations—two or three cases of the extirpation of the uterus for cancer and fibroids—were without an elevation of the temperature; simply these little operations showed fever and high fever! There were three or four cases, two of them for laceration of the perinæum, which at once rose rapidly up in temperature, and no more operations were done for a few weeks.

The surgeon in one of these small places, and the general surgeon, is almost obliged to take men out of active practice for his assistants—to take men who are constantly treating cases of all kinds—and he injures his patients. It is ABSOLUTE CLEANLINESS which we wish to reach; and if any one is so fortunately placed as to be able to give up room and assistants for that, in one way I think he is doing good work. At the same time these operations are such as every surgeon and almost every physician is called upon to perform. He is obliged to do it often, and

then it is wrong for him to believe that only under certain circumstances can it be done.

A case of the kind is one whom a gentleman in New Mexico wished to send me—a case where inflammation set in, and the patient would have died, and of course, he had to do it there. I believe we should lay down the law of Absolute Cleanliness, and then let every one exercise it to the best of his ability. But I believe, if any one limits himself to it, and has the means for it, he is doing work in the right direction, and it may lead us to attempt doing—as closely as possible, at least—the same thing. The only law, I believe, for abdominal surgery, is ABSOLUTE CLEANLINESS! But, certainly, the skill and constant attention to a patient will facilitate materially, and that is only to be had by him who will devote himself more exclusively to it. If we could attain these conditions—if it were possible to attain these conditions which are striven for—it would give us better success; but, even in hospitals, I believe there is much to improve, and that, at present, these conditions are only in a few instances attained. It is only in a new hospital that Dr. Martin is building that I believe he will have such facilities. The location that he now has is in the second story of a tenement house; and I have always considered that the doctor's success was not due to his location, but due to his skill—was due to his CLEANLINESS. His present location is in the second story of a tenement house in a large city. The window of the operating room opens on a small yard where the filth of the house is deposited, where there are closets, and which receive the odors from the kitchen and other parts of the building. It is by no means what we should expect as a hospital; and his success, I may say then, is not due to location at all, but to the cleanliness of himself and assistants. The hospital that he is now building has an operating room for abdominal surgery, which has better advantages, and which can be flooded and washed with carbolic acid and other antiseptics. But at present, his work has been done under circumstances as little favorable as regards location as any one could possibly be situated. A tenement house is not a cleanly place; and I do not think that in his case we should lay stress upon that, but upon the cleanliness of himself and assistants—the nurses and everyone. But I should wish to see these conditions carried out here, if possible; and it will enable us to achieve similar success to that which is achieved abroad, though we must admit that in our abdominal surgery we do not obtain results which are achieved abroad. Originating in this country, we are now left behind. (Applause.)

Dr. Beach, of Ohio.

Mr. Chairman:—I simply rise to say, that I think the Section would be glad to hear from Dr. Alexander Dunlap, of Ohio, who has performed cases of ovariectomy more times, I believe, with one single exception, than any other surgeon in the United States. (Applause.)

Dr. Dunlap, of Ohio.

Mr. Chairman:—I will give my experience in the treatment of diseases, when called upon. I have

been engaged on this subject for over forty years; and, theoretically, the paper that was read to you is true, but one in which, as I look at it, the main part of the successes of these operations is entirely left out, and is always left out when you take the patients away from their homes to the hospital,—and that is, the condition of the mind. You take a patient who is thoroughly convinced herself that if the tumor is removed, the operation is performed, and she survives the operation, she is able and is going to get well,—you can place her almost in any position and she will get well. You may nurse her in almost any manner, and she will get well.

I had one patient who had been to three physicians and surgeons. They had all the time to operate, but they said it would be certain death to her. But she said she was going to be operated upon. She heard of me and came to Columbus. I would not put her in the general hospital there—the doctor had no place to put her, because there were cases of infectious inflammation in the hospital. I told her to go to some other place, and she afterwards informed me that she had got a room. It was in one of the lowest hovels in Columbus—negroes. I went there and operated on her, but that night the whole of them had got drunk and wanted to have a dance there. Two young men were the only ones there were left with her. I had to go home and came away. I did not know how bad the place was until I came back the next day—but it did not disturb the patient at all. She made a rapid and easy recovery. Now, the conditions around that patient were about the worst—but she showed confidence in me, and I would not operate upon a patient who supposed she was going to die. Place her in the best conditions or surround her with the best nurses, she must come to the conclusion that she is able to bear the operation and can get well; and if you can inspire the patient with that kind of confidence, she is going to get well!—nine cases out of ten! (Applause.) Yes, more than that will get well! All that the patient needs is quiet; and the operator who has the most time to give to it and gives to the patient every advantage, but takes her away from her home, away from her friends and to a hospital, will have that mental condition to contend against.

I do not believe so much in this doctrine that has been stated by Dr. Surton. I do not believe in it at all. (Applause.) I am very careful to have my hands clean. I am careful when I go into a sick-room; but I am not afraid to go into any sick-room, for I know that within one or two hundred yards the atmosphere of it will be gone. In most contagious cases of small-pox—if you do not get that pus daubed on your clothes or on your hands—the atmosphere will be gone from your clothes before you shall have gone 200 yards from that house.

But there are times when misfortunes will follow the operators—follow them severely and closely, too. Now, in 1883, 1881 and 1882, almost every patient that I had in general surgery, as well as ovarian surgery—my ovariectomies died right off as fast as I could operate upon them. It made me so sick, that I could scarcely bear to hear of a case of ovariectomy.

I could stand one death, but when it came to about three in six weeks I became sick of it. (Laughter.) Now, within the last fourteen months I have performed twenty-three cases of ovariectomy, and lost only two; and of those two, one was 70 and the other 64 years of age, and so broken down in their conditions that I could scarcely have expected them to get well. (Applause.)

Now, I am not afraid to go to scarlet fever and then go to a case of ovariectomy, if I have only one day's time in which to air my clothes. But I am very particular about my hands and instruments, and not only that, but about cleansing the wound—to dry it up to the very bottom of it, to see that there is nothing left in that cavity of the abdomen. And I prefer that the patient shall be left in such a position that the drainage from the lumbar region shall go down to the pelvic region, so that I can know that I have got it all out. If you have the patient in a half-reclining position, the whole of it is drained right down into the pelvic cavity, into the sac, where you can get at it. It is very difficult, when you have the patient lying on the back and the loin is sprung up and the pelvic cavity is on one side and the drainage away up in the lumbar region, to get the intestines away so that you are sure that you have got it all out; and when I speak of "cleanliness," it is to see that there is none of the fluid left there. I have always opposed the use of carbolic acid in the abdominal cavity. Any one in the habit of putting the hand into a weak solution and holding it there awhile, will experience the sensation of numbness—you have paralyzed those nerves; and if you turn in and wash out the abdominal cavity with carbolic acid, you paralyze those nerves and cause the absorption of the fluid as it is borne out of the cavity. And at the same time you will notice that the kidneys, after using the carbolic acid frequently, are very slow in their movements. (Dr. Dunlap was here notified by the chairman that his time had expired.)

Dr. Bartlett, of Wisconsin:

Mr. Chairman:—Before Dr. Dunlap takes his seat, I would like to ask him a question. Can you give any reason, doctor, for the death of those three successive cases of ovariectomy? What was your explanation of it?

Dr. Dunlap: There were atmospheric influences passing over a large section of country—I do not know what they were. The weather was warm.

Dr. Bartlett (interposing): Did that same fatality occur in the same locality?

Dr. Dunlap: Yes, sir; I was practicing over the whole State of Ohio, and nearly all my operations were unfavorable.

The chairman, at this point (3:45 P. M.), announced that he had received information of the death of Dr. S. D. Gross, of Pennsylvania. It was moved by Dr. Bartlett that, out of respect to the deceased, the Section adjourn, to meet again at 4 o'clock P. M. Said motion, being seconded, was unanimously adopted, and the Section thereupon adjourned.

The Section was re-convened at 4 o'clock P. M., pursuant to adjournment, Dr. Gordon, of Maine,

presiding during the temporary absence of the chairman, whereupon the discussion upon the paper read by Dr. Sutton was resumed.

Dr. Quimby, of Jersey City, New Jersey.

Mr. Chairman:—I would like to say a few words in regard to the extremes of treatment and precaution. We have, on the one side, those who contend that a person should be almost set apart for certain operations—be kept in an atmosphere free from the fears of germs. We have, also, on the other side, those, with large experience, who say that they are not so very much alarmed,—they do not believe they are walking-magazines filled with bacteria and other things, and carry destruction all around them. I belong to that class, sir, who rather try to get the medium, and believe there are certain dangers to be avoided, and that cleanliness, of course, is the great thing to be observed. But I do not coincide with those who believe that any person should be set apart, as it were, on account of the danger of communication—provided that person is sufficiently cleanly.

I merely wish to make this remark: In our city, at one time, we had quite an epidemic of small-pox, which I think is considered pretty contagious. At that time, I attended a good many cases of small-pox, and attended, also, a good many obstetrical cases at the same time. It is a well-settled opinion that a person should not go from a small-pox case to an obstetrical case. I believe that to be true. Nevertheless, I attended all my small-pox cases and all my obstetrical cases (and I had some twenty of each on the list at one time), in their regular order, and all the precaution I took was to visit all my small-pox cases first, and then, after changing my clothes, I went and made my other visits, and even attended ladies in confinement, with no bad results. Of course, I was particular about cleansing my hands, changing my clothes, and even washing out my hair.

Now, I think that in any of these abdominal operations, all that is necessary is to observe strict cleanliness, and then we may adopt the Lister method or any other method as we may elect. Now, if there was so much danger of carrying these germs with us, it seems to me that in cases of small-pox they would have been carried. And while I think you should be cautious about cleanliness, I do not think there should be that fear, referred to in the paper that has been read here, by any person not exclusively engaged in such practice. I do not believe that anything is necessary except this cleanliness.

A Member: How often have you opened the abdomen?

Dr. Quimby: Well, I cannot say. For abdominal trouble, not more than six or seven times, and only about one half of them recovered. (Laughter.)

Dr. Robertson, of South Carolina.

Mr. Chairman.—I did not have the pleasure of hearing the paper that was read, nor much of the discussion upon it, but I had the pleasure of hearing the remarks of the gentleman who last spoke, and I was very much pleased, because I think there is a bacterio-mania in New York, and the remarks of the gentleman will, I presume, have some influence toward arresting it.

I have witnessed a few cases of ovariectomy, and apparently the most unpromising of cases; and particularly one of the most unpromising cases was supposed to be ovarian tumor, but turned out to be a fibroid. The physician (Dr. Hanneman, of Winchester) was afraid. There was considerable abdominal effusion, which was supposed to be an ovarian dropsy. When they opened the abdomen, it turned out to be nothing but an abdominal effusion and a fibroid of the uterus. The surgeon was rather taken aback, and hesitated for some time whether to proceed; but he concluded, having gone that far, to remove the fibroid, which he did, excising as near to the uterus as he could. He excised the fibroid near the uterus; the patient had a profuse hæmorrhage, and he was unable to apply a ligature. Now, what I wished to say was, that it was one of the most unpromising cases. There was no Listerism practiced at all. This was in a negro cabin—a negro woman. There was no ligation of the pedicle, no antiseptics; there were sponges dipped in Monsel's solution, and applied freely in the cavity of the abdomen, not knowing where it was going, but, of course, intending to go to the cut surface. The sutures were closed up, and the physician went the next day prepared to wash it out with a solution, a fountain syringe, drainage tubes, etc., but found the woman so well and the wound so well united that in two weeks she was up and attending to her duties. That was a fibroid of the uterus, excised without any antiseptics whatever, excised in a negro cabin. Of course, there was great cleanliness observed—cottons applied, cleanliness—but no antiseptic treatment whatever. I also witnessed two cases of ovariectomy by my distinguished friend, Dr. Darby, of New York, where no antiseptics were used, and both succeeded. In one of these cases he removed the uterus and ovaries with a number of fibroids, and there was no antiseptics practiced whatever. A month after the operation, the woman wished to know if she could have sexual connection. (Laughter).

Dr. Sutton, in reply.

Mr. Chairman.—There are two assertions which I have made in my paper, against which no proof has been adduced. I will read them again: 1. "If there be a general surgeon in this country who can show a record of eighty-three recoveries in a hundred cases of ovariectomy, let him speak out, and challenge the truth of this (the preceding) assertion"; and, 2. "I challenge the production of a single operator outside of a private or special hospital, who can show better than eighty-two recoveries in one hundred cases."

Now, gentlemen, we know that European operators have ninety-eight, ninety-seven and ninety-three per cent. of recovery right along. In this country, the best statistics are, eighty-three per cent. by Holman, of Boston, and a little over eighty-two per cent. by Dr. Alexander Dunlap. Now, if these gentlemen get eighty-one and eighty-two per cent. as against ninety-eight and ninety-seven and ninety-three per cent. by foreign operators, what is the cause of the difference? What is the reason that there is a difference between the statistics of these men and the statistics of foreign operators? Is it because the foreign

operator is a better surgeon? I deny that. There are as good surgeons in America to-day as ever carved with the knife in Great Britain or upon the continent of Europe. (Applause.)

But it is not the man who can do ovariectomy skilfully, but it is the man who can make his patient get well after ovariectomy; not the man who can cut, but the man who can cut and save his patient. (Applause.)

They tell us that precautions are not necessary. Is it worth while to stop for a moment to consider what the results have been in a few operations? Is it necessary to stop to consider when Dr. Quimby says he has performed six or seven cases with fifty per cent. of deaths? He does not consider that antiseptics are necessary; he will go from small-pox to a woman in labor. Is it a wonder that he has statistics showing fifty per cent. of mortality in ovariectomy? (Applause.)

Let me say to you that every man can decide his work by his own conscience. If he chooses to do an ovariectomy in the amphitheatre, in the presence of one hundred medical students, with dust flying about, with their clothes filled with the zymotic influences of the dissecting room, I say that, if that woman gets well in spite of all that, the Almighty is to be given more credit than the operator. (Laughter and applause.)

Now, gentlemen, again I put the proposition before you. European physicians succeed in America's own operation. What is the reason? The reason is in the direction I have pointed out. Let the wise follow, and let those who will, take the other course—it is nought to me! (Applause.)

Dr. Quimby: I wish to correct a statement made by Dr. Sutton. I did not say that antiseptic precautions were not necessary. The gentleman misunderstood me. Of course they are necessary, but not strained to the point that gentlemen have sought.

Dr. Seymour, of Troy, New York.

Mr. Chairman.—I wish to correct a statement Dr. Sutton has made in regard to Dr. Holman. Dr. Holman has eighty-seven per cent. The first five cases were fatal. Those were without antiseptics, and the next one hundred, under strict antiseptics, of which eighty-seven recovered. Dr. Holman is a general surgeon attached as surgeon to the Massachusetts General Hospital.

Dr. Hurd: What are Dr. Sutton's own statistics?

Dr. Sutton: Dr. Holman, in his published tabulated statement, gives a large proportion of his cases as done at No. 14 Lewisburg Square, Boston. Is that a private hospital?

Dr. Seymour: It is in a measure so.

Dr. Sutton: I assert that Dr. Holman proceeds under the precautions of my paper, and that he has a private hospital or special hospital facilities; that he is not a general surgeon, doing general surgery hither and thither. Am I not right, Dr. Marcy?

Dr. Marcy: Yes, sir.

Dr. Sutton: Now, Dr. Hurd wants to know my own statistics. I began doing ovariectomy in 1875, and from 1875 up to a little over three years ago, I had done but seven cases. Out of those seven cases that I did I had but four recoveries; out of my first three cases I had two recoveries. Now, my operations up to that date were

done just wherever I could get the patient, and make the best arrangements, and those arrangements were carried out always to the utmost extent possible under the circumstances.

Then, dissatisfied with my own results, and having an interest in this matter, I went abroad and watched the work for 19 months of the best operators in the world, and I saw plenty of them. I began my operations again wherever I could get the patients; and I "got left" right along every time, and had four deaths in succession. Last September I saw the folly of the course I was pursuing. It was not the patient, but the patient could not be surrounded with proper precautions in the houses about town. I opened a private hospital for this work exclusively, and in that house I have made abdominal sections seven times. Every one of those seven cases have recovered, and the highest temperature found in any one of them was $101\frac{1}{2}$. (Applause.) There was one supra-vaginal hysterectomy for deformed uterus, one supra-vaginal hysterectomy for fibroid tumors, one double ovariectomy for cystic tumors, and a supra-vaginal hysterectomy on the same patient. Now, in these seven cases—desperate cases, too—who got well, and who got well without causing me the loss of a single night's sleep, if they all got well in a private hospital, there is more in it than simply the manner in which the operation was done. Where you have the patient in her house, her husband will see her, her sister will see her, the children will come in; but when you put the patient under the restrictions of a private hospital, where the head of that hospital puts down his foot and lays down the law, the patient will get well, and the time will come when we will proceed in all cases as Holman is doing in Boston.