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THE PAST, PRESENT, AND FUTURE OF ABDOMINAL AND PELVIC SURGERY.[1]

BY JOSEPH PRICE, M.D., OF PHILADELPHIA.

UNDER this title I purpose to discuss briefly the salient features of abdominal and pelvic surgery at and before its recognition as a legitimate practice, its aims and accomplishments as now improved, and the possibilities of its attainments by future perfectionment. My paper shall be neither historical, statistical, nor bibliographical, but shall be a concise statement of facts and practice, and of the lines of improvement, as I see it.

Standing, as we now do, amid the wonderful successes of the present surgery, we are prone to accredit nothing to the past, save its feeble efforts and frequent failures. This is neither just nor reasonable. Pioneers in every line of work, scientific or mechanical, or both, have the rubbish of ages to clear away, the superstitions of all who preceded them, and the prejudices of those who surround them. No man controlled in his actions or habit of thought by a prejudice doubts, for an instant, that it does not protect him from error. Here, then, was the field upon which were fought the first battles of abdominal and pelvic surgery. The first operators, had they defiled the Temple, could have suffered no greater condemnation than was heaped upon them for invading the sanctity of the abdomen. The horns of a mad bull might tear it, but the surgeon's knife must never enter it. The early operators must needs, then, tear down opposition, built upon superstition, ignorance, and prejudice, and lay the

[1] Read at Newport, June, 1889.

foundations upon which is reared the successes of to-day. Their mistakes made possible our successes, their trials made possible our accomplishments, their failures warn us against error. The first great advance in abdominal and pelvic work, upon which depended all subsequent success, was the intraperitoneal treatment of the pedicle. This fact stands out too boldly to necessitate a moment's argument. Then followed the introduction of Listerism, which, fundamentally correct in idea, wrought death by chemicals instead of dirt. Even now this opinion may be disputed. But ere long it will be the rule to keep harmful disinfectants as far away from the abdomen as fetid pus or filth. It stands proven that cleanliness may be, and constantly is, obtained without the aid of any chemicals whatsoever. This opinion I have always held, and have never, in any operation of my own, used chemical disinfectants in any form whatever. Now, as we have learned all this from the experience of our predecessors, so much of our present success is due to the appreciation of early operation, both in obscure disease and well-marked lesions. That "procrastination is the thief of time, and fills unnecessarily many a grave," was too long in being recognized as a surgical maxim. Even yet "the conservative surgeon," conserving his fees while the patient loses her life, hangs upon the skirts of Progress, and impedes her strides. Let no man deceive himself into imagining that delay is conservatism. Delay is the fool's paradise, where laggards wait for luck, instead of pluck, to carry them to success. If any man doubts the advantages of early operation in all phases of pelvic disease, be he surgeon, general practitioner, or electropathist, I would urge upon him to read Mr. Bantock's plea for early ovariotomy.

But now, as we have learned to operate early, we have come to modify our methods of operating. Formerly the array of instruments marshalled at an abdominal section was appalling to the spectator and confusing to the surgeon. Several tables did not suffice to hold them; their names could be held only by the maker's catalogues, ranging, as they did, from the vaccine scarifier to the amputating knife. Now the rule is simplicity. The fewer the instruments, the less is the chance for dirt and confusion, and the greater chance for speed. By speed I do not mean haste and hurry. Quick, earnest, active, thorough work, with no time lost in discussing pathology and specimens, no discussion of methods, and no delay over the less important portions of the operation, are vast factors in obtaining good results. We have now not only learned how to work, but to recognize what is best done and what had better be avoided, as a rule. Formerly death by peritonitis was a constant report. No cause could be assigned in many instances. Finally it was divined that three causes

were at work, giving these bad results: hæmorrhage from adhesions, hæmorrhage from badly tied ligatures, and an imperfectly cleansed pelvis. This discovery brought into use the drainage-tube and pelvic irrigation, which at the present time has advanced to absolute flushing with a gravity-tube. I cannot too strongly urge upon operators the value of this procedure in washing up débris from the pelvic cavity, that otherwise would remain to infect the patient. Notwithstanding the cry of alarm lately raised by a French operator as to the proceeding, his fears can be passed over as groundless, and the practice confidently recommended as harmless and indispensable to perfect results in many cases. Now, as débris was found to be the cause of many bad results, so hæmorrhage from bad tying of the pedicle was the cause of great mortality.

This led to careful investigation of the after-conduct of both ligature and stump. It was found that the stump did not slough, but organized, and that the ligature became encysted. This fortified the practice of leaving a good button without fear, and led to the employment of as small a ligature as possible; or rather it is now leading to this. Great or heavy ligatures are dangerous, in being less likely to tie well, and in being less apt to become encysted.

The treatment of incipient peritonitis, as now generally adopted by abdominal surgeons, if adopted by practitioners, would be a distinct advance in general medicine. I refer to the use of saline purgation, or, if that is impracticable, to the free use of small doses of calomel. The efficacy of this treatment is so well attested that no man should hesitate to use it in threatening cases, general or surgical. Experience has shown that violent attacks of peritonitis — almost or quite general due to leaking pus-tubes — will yield to this treatment, and an abdomen painful to the lightest touch, and tense as a drum, will become soft and natural. The opiate treatment can give no such showing as this.

From the standpoint of present knowledge, the causation of pyosalpinx, as related to gonorrhœa, is worthy of distinct mention. With its after-effects in view, gonorrhœa in women must receive much more careful treatment in the future than it has in the past. It has been regarded in the female as a disease of only slight importance; henceforth it must be considered as being the possible cause of the most serious pelvic disease found in women. Only those fail to recognize this fact who blindly follow tradition, or refuse to face facts.

Another pelvic disease whose treatment is revolutionized, and whose surgery now remains to be written, is perityphlitis, simple or complicated with appendicitis. Heretofore the treatment has been tentative; now it is positive and radical, displacing weeks of suffering by speedy cure.

The surgery of intestinal obstruction needs, in great part, rewriting in most of our text-books. Patients are no longer permitted to die of volvulus, stab, or gunshot wounds. Within the last year Senn's hydrogen test has been a giant stride in diagnosis, while the treatment now, of intestinal anastomosis, by Senn's method, offers a comparatively simple measure for serious lesions. But while there has been a positive advance in the lines indicated, even during the last few months, in other directions there has been positive retrogression. I refer to the attempted substitution of electricity for positive surgical interference, in pelvic disease. Like all other novelties and promised cure-alls, electricity has gathered about it men who have failed, men who are fearful by reason of the bad results of others, and men who grasp out for any treatment that promises the most with the least trouble and worry. Pelvic surgery is not *play*, nor should children mentally attack it. If there be a better treatment than the knife for the numerous pelvic troubles we have to deal with, we should welcome it as lessening our work, and adding to our days.

What I demand of the electrical claimants is to furnish proof of their results. When I am called finally to operate upon a patient who has been for weeks under the treatment of currents and counter-currents, and find her no better, and her lesions reduced not one jot, the adhesions not only no better, but worse, must I accept the reports of cures in identical cases, simply on the affirmation of enthusiasts, often incapable of making correct diagnosis? Positive surgery is sure of its ground, knows what it can accomplish by what it has done, and refuses to yield its vantage on mere theory and mere assertion. To a man who has had some measure of surgical success, these electropaths exclaim: "Not every one can expect such results, nor can every one do pelvic surgery; something must be left for the average surgeon." Flattering to the true surgeon as this may seem, it is revolting. The same argument would justify counterfeiting. Again, they say: "Electricity is in the infancy of its application; we do not know its possibilities nor its limitations." If there is any limitation to its results as claimed, I for one would like to know them. Two or three conditions are certainly all for which it has not been claimed a remedy in abdominal or pelvic surgery. For an infant its prowess and accomplishments are most wonderful. That some successful surgeons have identified themselves with this treatment is no argument for its general acceptance. Practitioners from the regular school have deserted to homœopathy; yet the vast majority of us believe that homœopathy is a delusion. So with electricity. Keith may advocate it; yet this does not prove Keith's surgery a failure, nor the abandonment of his art a logical proceeding. His success in the surgery of fibroid tumors was

marvellous, considering the kind of cases he dealt with. Electricity has no conquests to boast with such cases as his. The error is, in supposing that hysterectomy for minor tumors is as fatal as in Keith's terrible cases, and that because electricity is capable of producing electrolytic effects outside of the body for small growths, it is capable of so acting within the body, where the strength of the current is necessarily limited and the resistance great.

In the light of all this we must demand positive proof, all the more because those who apply the treatment are not in harmony as to the reason for the results claimed. Some affirm it is the electrolytic effects, while others hold to the mechanical results of puncture to originate a change that then goes on of itself. Again, some maintain that the action of the current is simply peripheral, while others insist upon a through-and-through action by reason of a "transport of elements." Such a divergence in essentials must be reconciled in any theory before it can be recognized as scientific.

Leaving this matter, I must refer briefly to the surgery of ectopic gestation. In no other fatal accident has the treatment undergone such a change as in this. After rupture there is now no question as to treatment. Tait's wonderful successes have established the rule: open the abdomen, tie the broad ligament, and clean out the peritonæum. Before rupture we are again confronted by the electrical theorists, who here, as before, claim more than they prove. It is worthy of comment that, with few exceptions, the men who work entirely outside the abdomen are most skilful in diagnosticating its internal troubles. I believe I am safe in saying, that not one-fourth of the cases diagnosticated as ectopic gestation, cured by electricity, have ever been verified; while it is a well-known fact that the most of all cases primarily adjudged ectopic either turn out normal, or else are not pregnancies at all.

While this is the fact, neither the value of electricity as a feticide, nor the after-results of its application, can be intelligently discussed.

One other operation requires notice: I refer to the so-called improved Cæsarean section. The success of this operation, as now practised, is largely due to the same factors of improvement as make other abdominal operations less fatal when compared with earlier attempts. Sänger's introduction of the peritonæum into the line of suture need not be considered as a really indispensable step in the operation, as he himself admits its omission when there is no marked contraction of the peritonæum nor bulging of the uterine tissue. It is questionable whether any Cæsarean section should be done without the entire removal of the uterus, thereby saving the mother the danger of a second operation.

The removal of the pregnant uterus, besides being a speedier operation, is a safer one. It is right, I think, to give the mother the benefit of every chance.

Briefly considered, the future of abdominal surgery must, so far as improvement is concerned, rely on such steps as will simplify technique, and render operation still speedier. That a better anæsthetic than ether may be discovered, or a means by which chloroform may be safely used, is an end earnestly to be desired.

In intestinal operations the general ability to apply sutures, and resect rapidly, must be the requirement of success. Too many failures in intestinal suturing is a cause of mortality in these cases greater than any other.