

EXTIRPATION OF THE PUERPERAL UTERUS BY ABDOMINAL SECTION.

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Mrs. H., aged thirty-seven, native of Pennsylvania, residing at 52 Spring Street, consulted Dr. H. R. Storer, on July 16th, 1869, for pregnancy complicated by a large obscure abdominal tumor.

The patient had menstruated regularly every three weeks since her fifteenth year, until the commencement of her disease. In November, 1867, she married; in

December of the same year she discovered an enlargement, the size of her fist, in the left hypochondrium. For some months subsequently, having experienced little or no inconvenience from it, she did not call medical aid. About one year from the date of this discovery, perceiving a decided change in the swelling, the menses having been absent some two months, she became suspicious of her condition, and sought medical advice at the Massachusetts General Hospital. Here she was carefully examined by several surgeons, her case pronounced one of ovarian tumor, and papers of admission accordingly made out. For some reason or other the patient did not enter the institution, but sought advice elsewhere. Later she consulted Dr. Kimball, of Lowell, who pronounced the case one of fibrous tumor of the uterus. Several others were also consulted, whose names I did not learn, but who considered the tumor ovarian, and who told her it was impossible for her to live through her confinement. On July 16th, as I have said, fully understanding her desperate condition, she first consulted Dr. H. R. Storer, her full term of pregnancy having expired.

At this time fetal movements were thought to be perceptible, though, from the condition of the pelvic and abdominal viscera, it was impossible to make a decided diagnosis of the point. By inspection the abdomen was found quite large, and presented an irregular appearance. In the right hypogastric region, there existed a distinct, somewhat irregular tumor, upon which there was a sort of depression, which extended diagonally across the abdomen, and ended in another tumor in the left hypochondrium. Palpation of the first gave evidence of the distended uterus, through the walls of which, fetal members could apparently be detected. The tumor of the left side was round, regular, firm, and unyielding,

though elastic. Auscultation was thought to give evidence of foetal circulation. By vaginal examination, the finger came directly in contact, posteriorly, laterally to the left, and quite low down near the outlet of the pelvis, with a firm, round, unyielding body, which so completely filled its cavity, that the space between it and the opposing side could not have been an inch and a half in extent. The finger passed up through this narrow space with considerable difficulty, and detected the cervix uteri very high up, to the right, resting superiorly upon the pubes, laterally and to the left upon the tumor, firmly fixed in its position. Dr. Storø decided that delivery, even by cranioclasm, would be impossible, and requested me to take charge of the details of the case when labor should commence. Accordingly the patient was dismissed with instructions to notify me of the first signs of labor.

Two days afterwards, on July 18th, being out of town, I was telegraphed for, in great haste; from some mistake the message did not reach me for twenty-four hours. Upon my arrival, I hastened with all despatch to my patient, fearing some evil results from the delay, but at the same time, from the peculiar nature of the case, I felt assured that labor could never be naturally completed. I found the patient suffering from slight pains, the waters having passed off some hours previously. By vaginal examination I found the cervix dilated to the size of a dime-piece. Having got the finger past the point of obstruction by the tumor, there was not the least difficulty in detecting the foetal head, which presented still very high up, pressing upon the tumor from above. The dilatation thus far was effected, doubtless, by the pressure of the membranes. I took occasion at this opportunity to examine the tumor care-

fully, and found it as before, unchanged either as to location or consistency.

Upon the 19th, Professor D. H. Storer was called in consultation. There were present Dr. H. R. Storer, Dr. Warner, and myself, and a careful examination was made by the gentlemen present. Professor Storer thought the tumor might possibly be ovarian, but did not feel quite sure. At his instance it was decided to leave the case for some little time to the natural powers. I spent the night with the patient, during which she had, or supposed she experienced, slight pains. Examination, however, revealed nothing new, and in the morning so completely in statu quo was the condition of everything, that I even doubted the fact of her being in labor at all. In the morning Dr. H. R. Storer saw the case again, and having satisfied himself that no progress whatever had been made, owing entirely to the presence of the tumor, and that this condition would continue, so far as any efforts on the part of nature were concerned, decided to proceed upon the following day to an abdominal section as the only possible chance of saving the mother's life.

July 21st, there being present Dr. Warner, Dr. McDonough, and myself, the patient was placed under the influence of chloroform, another examination made, and the following conclusions were definitely arrived at: 1st, that there was present, pregnancy complicated either by a fibro-cystic tumor of the uterus, or a multilocular ovarian cyst, with one of its appendages crowded down between the pelvis and the uterus; 2d, that even with mechanical interference the escape of the fœtus per vias naturales was utterly impossible; 3d, that the space between the tumor and the pelvic wall, being less than one and a half inches, would not admit either of craniotomy, cephalotripsy, cranioclasm, or any other

mechanical interference per vaginam; and, 4th, that Cæsarean section, in accordance with the views of all writers, was certainly indicated as the only resort, provided it were impossible to remove the tumor by abdominal section, and then proceed to a forced labor.

The great doubt as to the nature of the tumor, as well as its relations with the uterus, inclined Dr. Storer to the idea preliminarily of an exploratory section, upon the grounds that if such section were made, and a cyst of the ovary, or even a removable uterine fibroid, were found, the same could be evacuated or excised, and the fœtus subsequently expelled in the natural manner, perhaps after the employment of Barnes' dilators. Accordingly a small incision was carefully made, some two inches in length, a little to the left of the median line, and three inches below the umbilicus. Upon cutting through the peritoneum there presented a large, smooth, bluish-colored tumor, which might have been taken either for the impregnated uterus, a discolored cyst of the ovary, or a fibrous tumor. This doubtful condition induced Dr. Storer to enlarge his incision somewhat, in order to introduce the hand. Exploration with the hand within the abdomen established the existence of a fibro-cystic tumor of the left and lower anterior wall of the uterus, with an outgrowth nearly the size of the fœtal head, originally pediculated, but now firmly adherent low down to the walls of the pelvis. On the right the uterus, with the fœtal members plainly to be felt through its walls, was perceptible, but so retroflexed as to render it very difficult to cut into it at this point.

An exploratory incision was now undertaken in the tumor situated at the left. Each stroke of the knife revealed a regular series of concentric layers of fibrous tissue, not unlike that of the uterus. After cutting

down to the distance of about two inches, the scalpel glided suddenly into a cavity, filled with a thick, brown, semi-fluid, putrilaginous substance, evidently resulting from degeneration of the fibroid. The hemorrhage being already very profuse, and the danger from shock and exhaustion imminent, with a few rapid strokes of the knife, Dr. Storer extended his incision into the cavity of the uterus, and with all expedition removed a male child, weighing eight pounds; it being, as well as the placenta, in an advanced state of decomposition. This accomplished, the next question to be decided was, what should be done with the mass left behind, including uterus and tumor. There was little time to be lost, for the hemorrhage from the incision into the vascular structure of the uterus, together with the open vessels at the site of the placental insertion, which it was evident that the irregular contraction of the uterus that was alone permitted by the tumor, could never stanch, was perfectly frightful. It was apparent that the tumor in the uterine wall would necessarily prevent a perfect contraction of the organ, and thus render suppression of the hemorrhage impossible, contrary to what obtains in ordinary uncomplicated cases of Cæsarean section.

With his usual self-possession, Dr. Storer decided to remove the whole mass as far as possible, which would include the uterus, as well as the fibro-cystic tumor of the left wall, necessarily leaving behind the outgrowth posteriorly, the firm adhesions of which to the pelvis it was found impossible to dissect away or break down. Accordingly, a large-sized trocar having been passed through the upper segment of the cervix uteri, and a metallic cord passed doubled through its canula, the whole was firmly tied in two parts. Fearing lest this constriction might not prove sufficient to check the hemorrhage from so vascular a part, especially the pedicle

of the pelvic tumor, which was included in the ligature, the *ecraseur* with its chain outside the canula, to prevent drawing in extra tissues, was applied, and the mass slowly constricted. Having been removed, its stump was held by the ligature, and seared by the hot iron. Not feeling even then secure against a recurrence of hemorrhage, Dr. Storer applied his clamp-shield, which controlled the pedicle completely. Everything now being perfectly safe, without the least hemorrhage persisting, the abdomen was carefully cleansed of all coagula, and the wound brought together by ten deep silver sutures, which involved the peritoneum. The chloroform was continued to a limited degree, in order to ensure rest, and at the end of an hour the patient was allowed to rally. She returned to consciousness in the happiest way, without complaining of the least pain or discomfort. The operation was commenced at half-past twelve m., and terminated at half-past three, p. m. I remained with the patient during the remainder of the afternoon, and the whole night, during which time I made the following semi-hourly, hourly, and bi-hourly observations.

July 21st, 4 p. m. Pulse, 108; resp., 30; temp., 100 2-5; comfortable; mind clear.

4.30. Pulse 108; resp., 30; temp. 100 2-5; mind clear; took stimulants, brandy and water 2 teaspoonfuls, 1 teaspoonful brandy to 6 water.

1st hour, 5. Pulse, 112; resp., 34; temp., 101.

5.30. Pulse, 108; resp., 32; temp., 101 1-5.

2d hour, 6. Pulse, 112; resp., 34; temp., 101.

6.30. Pulse, 104, immediately after changing the soiled clothing; resp., 32; temp., 101 1-5.

7. Pulse, 112; resp., 34; temp., 101.

3d hour, 7.30. Pulse, 108; temp., 101 2-5; resp., 32.

4th hour, 8.30. Pulse 110; temp., 100; resp., not counted.

5th hour, 9.30. Pulse, 116; temp., 100 3-5; resp., 32.

8th hour, 12.30. Pulse, 112; temp., 100; resp., 32.

10th hour, July 22d, 2.30 A. M. Pulse 112; temp., 99; resp., 32; comfortable; mind clear; took stimulants, brandy and water 2 teaspoonfuls.

15th hour, 6. Temp., 96; pulse, 104; resp., 30; comfortable; mind clear; took stimulants.

16th hour, 7. Pulse 120; temp., 100 4-5; resp., 30.

[It is hardly necessary to continue the presentation of these observations, which were made until the morning of the third day, there having been up to this time but little variation from hour to hour. The following change now occurred :—]

July 23d, 6 A. M. Pulse, 112; face flushed; foetid discharge from wound.

8 " Pulse 120, after changing bed.

9 1-2 " Pulse 108.

11 1-2 " Pulse 118.

1 P. M. Pulse 118.

4 " Pulse 116.

9 " Pulse 116.

July 24th, 4 A. M. Pulse 120.

6 " Pulse 126.

8 " Pulse 126.

12 M. Pulse 126, difficult to count.

From this time the patient became drowsy; pulse very rapid; aroused with some difficulty. As I was completely worn out from constant watching during two nights and three days, Dr. McDonough kindly relieved me, in whose watch the patient gradually sank, and died at six P. M.

In review of this case I would remark that nothing was given by the mouth until an hour after the patient

had recovered her senses, when brandy and water, at the rate of one teaspoonful to six of water, was administered every fifteen minutes. Later, beef tea was substituted, being given once in thirty minutes with milk and flour porridge, boiled a long time and strained, with the addition of one-third lime-water.

From the commencement to the termination of the case, there was not present the least symptom of nausea, and but once or twice hiccough. The patient from choice voided her urine voluntarily. She did not complain of pain, or even tenderness. There was no meteorism, and not until the second day was there the least discharge from the wound. The patient insisted upon talking and laughing, and was not unfrequently quite rebellious against her attendants. In addition to this absence of so many of the symptoms most unwelcome in the course of any capital operation, and especially abdominal sections, there was also an absence of that peculiar congested condition of the face and conjunctivæ, an expression of the countenance which one will never forget who has seen it well marked. I have never myself failed of observing it in those cases where *ether* had been administered in large quantities, and continued for a long time.

The case now reported is probably the first one in which the removal of the puerperal uterus has ever been performed; and it is undoubtedly the most heroic of the bold procedures as yet resorted to by Dr. Storer in extreme gynæcological emergencies. Nothing else could have been done; the patient begged for the chance of life, however small, and it was a matter of surprise to all concerned, in view of the terrific character of the operation, that she should have survived it at all, and still more so for so long a time. It is a question worthy of consideration, in connection with the extraordinary tol-

erance of primary shock here exhibited, whether the menstrual period, and the parturient one, which normally corresponds to it, may not, after all, be a less dangerous time for operating than it is supposed to be by surgeons. Dr. Storer has recorded a case of ovariectomy, performed in the presence of Mr. Spencer Wells, where he purposely operated during menstruation, and the patient recovered admirably; it being probably the first case in which the section was intentionally, if ever, performed during the presence of the catamenia.

In immediate connection with the case now reported I have thought it well to present some foreign ones, much less severe, of pregnancy complicated with fibrous tumor. They will be found in the following paper. At a future time I propose to offer in greater detail my own views upon this very important subject.