BRIEF REMARKS

ON A

Number of Surgical Operations

PERFORMED IN HIS PRIVATE HOSPITAL.

—BY—

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CASE I.—*Cystic Ovary—Pyo-Salpingitis—Excision—Recovery.*

In September last I received a lady about 35 years of age into my hospital, who had been a sufferer since her first menstrual period. She was married before she was 20, and during the next 10 years gave birth to 7 children. For 3 years she had been unable to leave her house on account of chronic ovaritis and salpingitis, and for the last of the three was totally unable to walk. She was subject to terrible attacks of pain at night, which required or secured the frequent attendance of her physician. She had taken so much morphia that her nervous system, as well as her digestion, were greatly shattered. She was brought to my hospital in September by Dr. Stuart Harrison, of Anacostia, and was carried to her room by the doctor and her husband. Every effort was made to build her up, but as so little was accomplished it was determined to operate without further delay.

Her appendages were removed, and with them her invalidism. She now reports herself as being perfectly well—free from pain, and quite able to walk or ri le anywhere she

pleases. One ovary was as large as a base-ball, and filled with pus; the other was about half as large, and was in a state of advanced cystic degeneration—both tubes contained pus. She has been lately operated on by Dr. Wales for painful fissure of the anus. I saw her husband last week, and he reports her well.

CASE II.—*Sarcoma of Ovary—Tetanus—Death on Fifteenth Day.*

In October last, I was called to see Mrs. Col. M., who was quite ill in one of our hotels. She had been under treatment for pelvic cellulitis and ovaritis during the summer in Concord, Mass. Had been confined to her bed at one time as long as two months, and had been treated to much poulticing, blistering, purging, and opium. Her pain had often been relieved in this way, but she made no progress toward recovery.

Mrs. M. was a lady about 60 years of age; and as she could not be satisfactorily treated in a hotel, at the special solicitation of herself and friends, I admitted her to my hospital. Dr. Lincoln saw her with me, and thought at first that most of her symptoms were due to chronic pelvic cellulitis. A mass as large as a fœtal head could be made out in the left illiac fossa, which the doctor thought might be made to soften by hot douches, hot poultices, iodine, and by the use of alteratives internally. These suggestions were faithfully carried out by my nurses for two weeks, while the patient was kept quiet in bed. Electricity was also used. No diminution or softening of the mass having occurred, I determined, with the consent of the patient and the assent of Dr. Lincoln, to remove the mass by abdominal section. This was done in the latter part of October, in the presence of Drs. Lincoln, Cuthbert, and Luce. The mass removed was fully as large as a child's head, and was subsequently pronounced by Dr. Billings to be sarcoma of the ovary.

The patient did unusually well for twelve days. The wound healed by first intention, and I had every reason to believe Mrs. M. would soon be able to go home. On the evening of the 12th day she developed symptoms of tetanus, and died on the 15th day of lock-jaw.

This is the only death which has occurred in my hospital out of about seventy-five operations performed since its occupancy.

CASE III.—*Tender Cicatrix of Cervix—Emmet's Operation—Cure.*

Mrs. C., of Virginia, was sent by Dr. Brooks last November. Her principal symptoms were mental, and it was at times feared by her husband and physician that she would become insane. She was 47 years old, but was still menstruating regularly. The only lesion I could find was an old cicatrized laceration of the cervix, the edges of which were tender upon pressure. I thought her symptoms were reflex, and that she might be cured by Emmet's operation. After a month's consideration, she entered my hospital and was operated on, and her husband reported three months later that she was entirely well mentally and physically.

CASE IV.—*Irritable Caruncle of Urethra—Removal Under Cocaine—Cure.*

About this time I received an old lady of 70, whose life was and had been for many months a burden on account of an irritable carunele of the urethra. She was compelled to pass water many times during the day, and with greater frequency at night. Her sleep was thus broken, and she had a constant cold on account of exposure winter nights. She had become exceedingly nervous, and was altogether miserable. The passage of her urine was always painful. I removed the carunele under the influence of a ten per cent. solution of cocaine, and touched its base with fuming nitric acid. The operation was painless.

She has since been perfectly well, and no doubt would agree with the statement of Marion Sims that there was no disease capable of giving rise to so much pain and discomfort which could be so safely, surely, and perfectly cured by the proper surgical procedure.

CASES V, VI, VII, VIII, and IX.—
Cervical Stenosis—Goodell's Operation—Cure.

All were young ladies suffering agonizing pains at their monthly periods, and all cured but one by Goodell's system of rapid dilatation of the cervical canal under ether.

The one not cured was, I am now convinced, not sufficiently dilated. She was one of my first cases, and I was afraid to push the dilating process. Her cervical canal is now as contracted as before the operation, and to relieve her the dilatation will have to be repeated.

The operation is done antiseptically, and the patient is

kept in bed four days afterwards, and in the house for a week. By observing these precautions, I have seen no harm follow this forcible and rapid dilatation.

Case X.—*Ovarian Abscess—Removal—Cure.*

Mrs. S., of Virginia, aged 30—married 14 years—no children—a sufferer for many years from pains in uterus and appendages. Was brought by her father to my hospital for treatment and operation. She had been in a number of medical institutions in different parts of the country with only temporary relief, and was now in a deplorable condition. She had had much treatment from irregular electricians and water-cure doctors, and from some of our good physicians.

After diagnosing enlarged and inflamed ovaries, I recommended their immediate removal. This was agreed to, and as soon as she could be prepared the operation was performed. One ovary was as large as my fist, and contained putrid pus. The abscess broke in the course of its enucleation and much irrigation of the abdominal cavity was required. The other ovary and tube were so much diseased that they were also removed.

The patient had a sharp attack of peritonitis, but recovered in a month and left the hospital. She is now the picture of health, and told me yesterday that she was perfectly well. Her color is as rosy as the delicious strawberries which she brought me from her place at Lanham Station

Case XI.—*Inflammatory Disease of Appendages—Removal—Cure.*

Lady aged 27—formerly a teacher—later an employee of the Government. Completely broken down from chronic inflammatory disease of her appendages. Brought to my hospital by Dr. Muncaster. Had been an invalid for several years. After removal of appendages on both sides she fully regained her health. Has none of her old pain—no menses—no ill health—is well. Gained much in flesh and good looks, and was married last fall to a prominent gentleman of social and political fame.

Case XII.—*Uterine Myoma Arrested in Growth by Removal of Appendages.*

Miss B., also sent to my hospital by Dr. Muncaster—single lady between 25 and 30—a sufferer from severe and exhausting hæmorrhages on account of a uterine myoma about the size of a cocoanut. Had been under continuous treat-

ment for more than a year, including the use of electricity. No effect was produced either in the growth of the tumor or in checking the flow of blood. She returned to her work six weeks after the removal of her appendages, and has continued to improve ever since. It is now more than six months since the operation, and she reports no hæmorrhages and no growth of the tumor.

I have operated seven times for the removal of the uterine appendages to check alarming hæmorrhages produced by fibroid tumors with the most gratifying success in every case. The tumors have not only ceased to grow, but the hæmorrhages have been completely arrested.

CASE XIII.—*Ovarian Cyst—Removal—Cure.*

Miss R., of Glymont, was sent me by Dr. Chapman, of that place. She had an ovarian cyst. When she entered my hospital she had a pulse of 120, temperature 102° F., and respirations 40. Inflammation had suddenly occurred in the cyst-well, and a general peritonitis was impending.

I removed the tumor weighing about 20 pounds, and thoroughly irrigated the abdominal cavity. She made a good recovery. One of my nurses had a letter from her last week, in which she reported herself "perfectly well."

CASE XIV.—*Ovarian and Tubal Inflammation—Removal—Cure.*

Miss W., a nurse from Norfolk, Va., had suffered for years from chronic inflammation and pain in the appendages. Had been ill for several weeks on two different occasions in hospitals in our city. She had been confined to bed for three months previous to her entering my hospital with pelvic peritonitis and reflex vomiting. For three weeks she had retained no food in her stomach, and had been fed entirely by the rectum. She was greatly emaciated, and unable to sit up in bed. She was brought to me by Dr Sprigg, who had exhausted all means of relief during his three months of attendance upon this attack. She was brought upon a stretcher in the police ambulance, and was carried into the hospital by four assistants.

Her appendages were removed a week later with fear and trembling. We were afraid she would die upon the table. She is now very well, and is a candidate for nursing again.

She assisted me last week in an operation in my hospital, and requested me to procure her a situation. She has a good appetite and digestion.

Her ovaries were cystic and the tubes diseased. Her vomiting was at once arrested, and she ate solid food as soon as patients usually do after abdominal section.

CASE XV.—*Ovarian Abscess—Removal of Ovary and Tube—Cure.*

I operated the same morning in the presence of the same physicians (Drs. Fry, Sprigg, Cuthbert, and Luce) upon Mrs. B., a white lady aged 30. Married 8 years—no children. She had been treated by Dr. Fry for 10 weeks (in bed) for symptoms resembling extra-uterine pregnancy. At times she was thought to have a fibroid and the irregular flow of blood which so often accompanies that condition. The tumor at the side of the uterus was rather more painful, however, than fibroids usually are. I saw her three times with Dr. Fry at Hotel Langham. The second visit we were so sure of fluctuation and pus that Dr. Fry passed an exploring needle into the mass through the vaginal fornix. Offensive pus was in the groove of the needle upon its withdrawal.

Dr. Ford Thompson was asked to see the case, and to express his opinion as to the best vent for the evacuation of the pus. He at once advised abdominal section.

Dr. Fry brought her to my hospital the next evening, and she was operated on two days later. A pint or more of offensive pus was evacuated. The abscess broke in manipulating it, and the abdominal cavity required very thorough irrigation, and a glass drainage tube was left in. Very offensive discharge came from the tube for ten days, and it was two weeks before it could be dispensed with. The ovary and tube on diseased side were removed.

Patient left the hospital in 6 weeks, and is now, as she says, perfectly well. Must have gained at least 30 pounds, judging from her looks. The track of tube failed to heal completely, and just 10 weeks from the day of the operation the ligatures worked out of the wound. In three days from that time the incision was entirely healed.

I saw her last week and fitted an abdominal supporter as an ounce of prevention against a pound of ventral hernia.

CASE XVI.—*Probable Cancer of Ovary—Removal—Recovery from Operation, but Cure Doubtful.*

Mrs. M., white, aged 35—married, the mother of only one child, which is now 10 years old. Was not especially out of health until early last fall, when she was supposed to have

"typhoid fever," which was followed by a "malarial fever," and up to the time I saw her was still having night sweats and occasional chills with an elevation of temperature and pulse every night. In December she began to have an enlargement of the abdomen, which she was told was a collection of gas, and that pains shooting up the left side were produced by the irritation of the "gastric nerve." She was treated for several months for "retroversion of an enlarged uterus." I saw her about 3 months ago, and found her very much emaciated—unable to walk up or down stairs without assistance, spending most of her time in bed, having scarcely any appetite. She was sleepless, helpless, and hopeless.

Upon examination, I found what appeared to be a cyst. The differential diagnosis between ascites and a cystic collection of fluid seemed to be perfect.

A distinguished physician saw her with me and thought he made out a cyst and agreed with me that an exploratory incision should be made.

The patient and family at once agreed to this, and she came within a few days to my private hospital. We tried for a week to build her up. For a time she ate more, and enjoyed her food, but as the abdomen rapidly enlarged, I thought it unsafe to delay longer, an I operated on April 21. I was surprised to find no cyst. The fluid escaped on opening the peritoneum. It was of a dark wine color, and we measured of that which was collected 10 pints. Upon enlarging the opening, we came upon a soft mass which appeared to be cancer of the ovary. Upon both sides and underneath it was unusually adherent. Separation was safely effected, and the soft pulpy mass larger than a child's head, removed. The surrounding tissues were studded with hundreds of little protuberances.

The abdominal cavity was carefully washed out, and a glass drainage tube left in. Convalescence progressed slowly.

She left my hospital in 5 weeks quite recovered from her operation, but with so many evidences of cancer developing that she was not expected to survive long.

CASE XVII.—*Menstrual Epilepsy—Inflamed Uterine Appendages—Injury from Fall—Spasms Ceased—Ovaritis, Peritonitis—Ovarian Abscess—Removal of Tubes—Recovery.*

Miss G., aged about 25, had been a sufferer from men-

strual epilepsy and complete suppression of her menses for a number of years. Dr. Bayne asked me to see her with him four years ago. The uterine appendages were known to be in a state of chronic inflammation, and I advised their removal. Objection was made, and further treatment was resorted to. In one of her convulsions later on, she fell down stairs. As a result of her injuries, she remained unconscious 3 days; and, curiously enough, she had no more spasms, and a modified menstruation came on at about the usual interval. For a period of 3 years and 5 months she was only able to void her urine through a catheter which she finally learned to use for herself. A long course with the Faradic current succeeded in restoring power to the bladder, but the ovaries increased in size and became very painful. An attack of pelvic peritonitis kept her in bed 6 weeks. She recovered sufficiently to sit up and walk about her room. This was all she could do. She had fever at night and frequent exhausting night sweats. Indeed, she presented all the symptoms of chronic septicæmia. She evidently had a collection of pus somewhere, and it was doing its usual work.

She lived about 3 miles from my house, and as my work was in the nature of "bread cast upon the waters," I preferred waiting the many days for its return in my own hospital rather than to drive at least twelve miles daily in paying the necessary visits. I received her, therefore, and at the operation found one ovary converted into an abscess holding two quarts of horribly offensive pus. The other ovary was as large as a lemon. Both ovaries and tubes were removed, the abdominal cavity was thoroughly washed out, and a glass drainage tube left in. The wound was closed and dressed in the usual way.

Miss G. made a slow recovery, but finally got well, and went home seven weeks after her operation. She came in to see us a week ago looking well and hearty, having gained over 20 pounds and acquired a healthy color. From being house-bound for 6 months, and a suffering, hopeless invalid for 6 years, she was now quite able to help herself, and was intending to do all the housework, while her mother tried to earn some money outside.

She had been under the care of Drs. McKim, Bayne, Cuthbert, and others, and they are all familiar with the history above narrated.

CASE XVIII.—*Rare Case—Tumor Resembling Abdominal Cancer—Opened—Blackish Fluid Evacuated—Apparent Cure—Diagnosis not Made.*

Mrs. A. was sent to me by Dr. Pyles, of Anacostia. She lived at Shepherd's Station, opposite Alexandria, Va. She was married—the mother of 3 children—the youngest being 6 months old. She was found to have an abdominal tumor during her last confinement. She thought it had been coming on for a year. When I saw her she had been confined to her bed for some time on account of a smart attack of peritonitis, caused, the doctor thought, by intestinal obstruction produced in some way by the pressure of the tumor. The mass was rather tender, and manipulation was too painful to allow of a thorough examination, but enough was learned to make us quite doubtful as to its origin and connections. It did not seem to be connected with the ovaries or uterus, and while it dipped deeply into the abdominal cavity, yet it seemed to be a part of the abdominal wall. We were all certain that it was an abnormal growth, that it was giving a great deal of trouble and pain, and that consequently it ought to come out, if its removal could be accomplished without placing the patient's life in any more danger than menaced it already. Patient and family also wishing its removal, she was taken to my private hospital the last week in February, and she was operated on the 5th of March.

Before operation, Dr. Busey saw her with me. After carefully examining the patient and the tumor, he agreed with us in the opinion that he did not know exactly what it was, and in the further opinion that an exploratory incision should be made and the mass removed if then found possible. Its malignancy had been suspected by us all.

Operation.—In the presence of Drs. Busey, Pyles, Cuthbert, and Luce, I cut into the mass at the level of the umbilicus—its most prominent point—and about an ounce of blackish pus and fluid escaped, leaving a black-looking cavity resembling the appearance of melanotic cancer. The abdominal wall was involved, and it did not seem possible to get through or under the mass. The incision was prolonged to at least 5 inches, and in places 2 and 3 inches deep. Attempts at enucleation produced copious hæmorrhage. No beginning or ending to it was found, and yet it could be mapped out as large as a child's head. All present believed it to be cancerous, and upon their advice I desisted from further effort. Cleansed, closed, and dressed the wound

antiseptically, leaving in a rubber drainage tube. I informed the husband of the condition of his wife, and expressed the fear that she would not live 3 months.

She is now apparently well. The tumor cannot be felt, and she has every prospect of outliving us all.

Just exactly what the tumor was I am not prepared to say. I know it was there, and I know I did not remove it, and I know that it is not there now. Where it has gone, or what it was, I do not know. It may have been one of the *desmoid* tumors recently written about by Dr. Ill, of Newark, N. J. (see *Transactions of the American Association of Obstetricians and Gynecologists*, Vol. I), or one of the tumors of the urachus described by Mr. Lawson Tait

She was in my office yesterday looking fat and hearty, and said she was feeling very well. There is a small portion of the wound yet unhealed where the drainage tube was, but it gives her no trouble.

Cases XIX and XX.—*Ovarian Tumors—Removal—Cure.*

These cases were very much alike in some points, and unlike in others. They both had ovarian tumors—were both 61 years of age—both came to my hospital and had their tumors removed—and both got well. One was sent to me by Dr. Gardner and the other by Dr. Ober. In one case the tumor had only been growing 1 year, and had given trouble for but 3 months. In the other, its presence had been known for 10 years, and it had never given any trouble except from its size. Both tumors weighed about 25 pounds. Convalescence was disturbed in both cases by irritability of the bladder.

I regret the constant use of the personal pronoun in this statement, but it is difficult to avoid in a report of one's own work.