

## Medical Matters.

### ANALYSIS OF COMMON CAUSES OF ILL-HEALTH FOLLOWING PELVIC AND ABDOMINAL OPERATIONS.



Dr. Joseph Price, of Philadelphia, in a recent paper on this subject, said: "It is well that operators should have over them what the boy gives the top—the lash." The dread of a death, the criticisms or comment of colleagues or hospital directors should not stay their hands in the wise choice of material and the completion of operations that should not be abandoned nor uncompleted. A prominent young operator remarked to his assistant, "that they had too many deaths; that the directors were talking"; and termed his operation exploratory in character. Dr. Price stated that "post-operative sequelæ and deaths from gauze were very common. He believed they were thrice more common than sponges." A number of recent experiences touching on this point were related. In one case a patient came from a prominent hospital after a very simple but incomplete operation, in which the operator had only partially removed one pathological ovary and tube, leaving the organs on the other side in a badly-diseased state. She was sent to him some four months following this incomplete procedure, emaciated, septic, and suffering acutely. He opened the abdomen and found a strongly adherent bowel and omentum. The consolidation of everything made him strongly suspicious of what he would find below. The viscera freed, he found a huge 4-ft. gauze towel anterior to the uterus, the towel and pus pushing the uterus well back. The stench contaminated the hospital in a few seconds. This patient lived but a few hours, her death being the only one in the hospital in a long series, greatly distressing the operator, nurses, and all concerned. For a number of years he used sponges, and valued them for clean work, for packing, or for a dry operation, and he believed viscera troubled him less than at the present time. He was then wholly ignorant of post-operative sepsis in his own work, and in that of his pupils. Had he now the time to take care of his sponges, he would go back to them, highly as he valued gauze. To his mind it was one of the most valuable materials in surgery.

He paid a high compliment to nurses in the

statement, "My nurses keep my mortality down," and also sounded a note of warning to those in responsible positions. He says that as lobbyists nurses are dangerous, and that "chief nurses are wrecking some good hospitals by running the institution in the interest of one or two of the staff to the disadvantage of the others." Vaginal incisions and perforations favoured a high mortality in later operations, made for the clean removal of the remaining pelvic pathology. Puriform tubes and ovaries, suppurating tubes and ectopic pregnancy, seldom allowed sufficient improvement in vital force and stamina to bear well the complete operation—supra-pubic—after they had been incised through the vagina. Primarily they would all have been easy by complete methods and without mortality. The choice of method and material was of paramount importance to good work, and the supra-pubic procedures, when complete and done early, drainage being used when necessary, should, like the infra-pubic, when done by one of the finished operators, give a mortality close to *nil*. He had done a large number of vaginal hysterectomies for malignancy of the uterus, cervix or fundus, and for small fibroids, without a death, and it was one of the easiest operations he was asked to do. In suppurative forms of tubal and ovarian disease he did not consider the vaginal route complete surgery, because the adherent omental and bowel adhesions and the diseased appendix were wholly neglected. The anæsthesia he considered of the first importance, but had little choice between ether and chloroform. With a good anæsthetist he employed chloroform; but found many anæsthetists who knew little about the use of chloroform, administered ether well.

He accentuated the importance of the bad results that came from incomplete surgery. A number of cases were cited to demonstrate, first, that the anæsthesia is very important; second, that rapid operating is important; and third, that nursing and after-care away from home by physicians in other institutions and in house operations can well be done without mortality.

"We are not convinced," he said, "that there are good and bad anæsthetists until we get hold of a new or careless resident who fails to get the patient under ether until after the operation is over. He then collects himself sufficiently to kill the patient, if possible, while you are putting on the dressing. Just here the patient

[previous page](#)

[next page](#)