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## Original Communications.

### LAPAROTOMY AND INTESTINAL SUTURE.\*

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Leah R., † Russian, fifty-six years old, housewife, was admitted to Mt. Sinai Hospital on October 9, 1886, with the following history: For ten years she had had a swelling in the left groin, which would disappear when she lay down and return when she was standing erect. She had not worn a truss. Two weeks before admission she discovered that the tumor no longer disappeared upon going to bed, but became painful, tender and more swollen. She had not vomited up to the time of arriving at the hospital, but there had been no evacuation of the bowels for six days prior to her admission.

On admission, a swelling as large as an ordinary fist was found occupying the inner aspect of the left groin and thigh. The skin over the tumor was red in color, tender and doughy to the touch, and fluctuation was evident. The tissues around were slightly emphysematous. The patient's appetite was gone; she was emaciated, having lain in present condition ten days in a tenement-house without proper care. The temperature was normal.

A diagnosis of strangulated femoral

\* Read before the Section in Surgery of the New York Academy of Medicine, March 14, 1887.

† I am indebted to Dr. Rich, of the house-staff of Mt. Sinai Hospital, for the notes of this case.

hernia was made, ether administered, and the tumor incised. Several ounces of foul pus mixed with intestinal matter were discharged. No trace of a hernial sac or of intestinæ could be discovered, such was the gangrenous condition of the mass. Upon introducing the little finger into the femoral canal, a slight opening into the intestine could be felt. Into this a closed dressing forceps was introduced, and the opening dilated by separating the jaws of the instrument. This was intended to secure the freer exit of ingested matter from the upper portion of the occluded gut.

A loose dressing of iodoform gauze was laid over the wound. The patient improved in condition after this operation, under mild stimulation and liquid diet (milk, beef-tea, beef-juice, whisky, sherry, etc.). Only a small quantity of ingested matter escaped when the gauze dressing was changed on every second or third day.

On October 22d, thirteen days after the first operation, with ether narcosis laparotomy was performed. The patient was placed upon the back with the pelvis elevated upon a firm cushion. With Volkmann's spoon the granulation tissue was first scraped from the walls of the abscess, the hole into the intestine plugged with a pellet of iodoform gauze, the cavity of the abscess irrigated

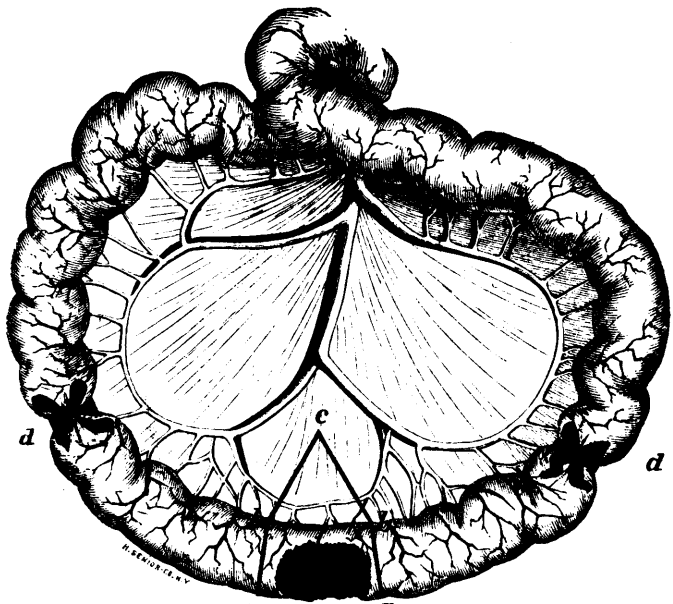


FIG. 1.—Loop of small intestine. *a b*, lines of section through the gut, removing the gangrenous portion; *b c*, same through the mesentery; *a a*, gangrenous portion of illum; *d d*, occlusion of the afferent and efferent tubes by tape ligatures.