

SOME OF THE ELEMENTS OF SUCCESS IN CÆLIOTOMY.<sup>1</sup>

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Although abdominal sections have, on the one hand, been performed much too often, and sometimes when there has been no organic disease of the viscera, yet on the other hand they have not been performed often enough when there has been a real necessity for removing accumulations of virulent pus in the ovaries or tubes, so that while the mania for removing healthy appendages by inexperienced operators is passing away, the courage of experienced abdominal surgeons is gradually increasing, and cases which the boldest would have hesitated to touch a few years ago are now operated upon by the skilled gynecologist with complete success. Increasing success has encouraged us to greater boldness, and the greater boldness has itself in turn greatly increased our success. It is well from time to time to take stock of our progress, and I have therefore chosen a review of the elements of our present success in abdominal surgery for the subject of my contribution. In coming to my conclusions, I have adopted two methods, the one consisting in inquiring among a great number of honest and skillful operators whether they have ever had any deaths, and if so, what was the cause of death, and how could it have been prevented; and secondly, I have observed closely the methods of a great number of successful operators whose death-rate had reached the minimum figure, and I believe that it was easy to see why they were successful. My own experience has been too small to deserve great consideration, but my own three deaths have not been without teaching me valuable lessons which I shall incorporate in this paper. From the above inquiries I found that death following abdominal section is due to one or more of the following causes, which I have placed in the order of their frequency, namely:

*First.*—Sepsis or peritonitis.

*Second.*—Hemorrhage, either immediate (otherwise called shock) or secondary.

*Third.*—Prolonged anesthesia.

*Fourth.*—Interference with the peristalsis of the bowels.

*Fifth.*—Procrastination of the operation.

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