

THE EXPLORATORY INCISION IN ABDOMINAL SURGERY: ITS INDICATIONS AND TECHNIQUE.

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Your kind invitation to read a paper on the above subject brings to mind many reminiscences of the past. Many of us remember, or perhaps have taken part in abdominal operations a generation ago. While the surgeon was operating, a mob was waiting outside to lynch him for cutting open a woman's belly. I well remember my first case, nearly twenty years ago. It was a young woman who had severe hystero-epileptic attacks during the menstrual periods. She had been under treatment for a long time, but without benefit. I notified two old and able practitioners to be present at the operation, but when they came to the hospital and found out what it was they left in disgust and said they washed their hands of such operations.

My third case was done in a small city of the State, where I could get no physician to administer the anæsthetic. Only the young doctor who called me, a Methodist minister, with a neighbor woman were present and assisted. The doctors refused to have anything to do with it.

Well, that first case of mine was perfectly cured and I saw her only a short time ago, a healthy wife, and the happy mother of two step-children.

How it took years and years to wean, not only the laity, from the notion that it was a barbarous proceeding, but it also took years to educate the masses of the general profession to the idea, that not only was abdominal surgery necessary in many cases, in order to prevent suffering and prolong and save life, but in very many cases it was necessary, even to make an abdominal section for diagnostic purposes only.

How long it took to prove and have it established as a settled fact, that the average duration

of a woman's life, with ovarian tumor, was 2½ years, and that an operation and removal of the growth was her only chance.

We remember that surgeons made mistakes in diagnosis, cut down upon a fibroid tumor and then closed the incision without removing it. But occasionally, one more courageous than his fellow surgeons, would remove a fibroid tumor, and eventually they would remove a bunch of fibroid tumors and a part of the womb by the clamp method. How gradually was the technique of abdominal hysterectomy improved, so that we have to-day, the modern, clean and radical operation of total extirpation.

We remember the abuse and calumny heaped upon the head of Lawson Tait, who asserted that there was no such thing as pelvic cellulitis and that it was a pustule, and could only be cured by removal.

But after more than twenty years, the profession recognizes the fact that so-called cellulitis and pelvic peritonitis are always caused by pustules due to an infection from without. That abscesses in the broad ligament only exist in puerperal cases, from lymphatic infection, caused by a lacerated cervix.

It took years to prove that gall-stones could exist without jaundice and still cause great distress and digestive disturbances.

It took decades to show that nervous reflex disturbances of all kinds can be produced by morbid conditions of various abdominal organs.

What a long struggle was it, and what a long struggle did the abdominal surgeon have, to educate the general practitioner to that point; and to prove to him that idiopathic peritonitis was always appendicitis, that is to say, 96 times out