

TRANSACTIONS OF THE PHILADELPHIA ACADEMY OF SURGERY.

Stated Meeting, October 1, 1894.

The President, DR. WILLIAM HUNT, in the Chair.

THE SURGICAL TREATMENT OF GENERAL PERITONITIS DUE TO THE DISSEMINATION OF SEPTIC PRODUCTS.

DR. OSCAR H. ALLIS presented a paper on the above subject. He called attention to the analogy between a local peritonitis due to septic products and the condition present in a purulent pleurisy, saying that in both a serous membrane is involved; in both the abscess cavity is walled off with a pseudo-membrane; in both the recovery is chronic, and can only take place by the slow removal of the exudate and its replacement with healthy granulations, and in both drainage, free and unobstructed, is an uncompromising essential. The success of the operation for the relief of local purulent appendicitis depends not on washing out the cavity with antiseptic lotions, but in preserving in its integrity the wall of lymph that has been formed to limit the progress of the disease, and to prevent septic material from infecting the general peritoneal cavity. Still further, in a general peritonitis there exist not one but scores of pockets of poisonous matter—pockets everywhere—with lymph covering every tissue of the abdomen. To remedy this the surgeon enters with his hand, and carries a clean, warm fluid into every part of the cavity. He breaks open a great number of pus-chambers, and removes the ptomaines and leucomaines that are doing their deadly work. So far very well; but this to be effectual must be repeated. The washing does not purify the exudate,—more effete products will be cast off and must be gotten rid of. Some means must be taken to prevent adhesions taking place, while at the same time the elements of putrefaction and necrotic waste must be removed. Whether drainage-

tubes passed to the most dependent parts of the cavity, as a means of continuous flushing, would prevent reattachments can be learned only by trial. Such a course will be of no real value if partial or trifling. The waste must be driven off, and the stream kept up constantly night and day until the normal surfaces have regained their tone and thrown off the exudate. Under a continuous system of flushing or irrigation the waste products would be made to float constantly to the surface, and be more effectually carried off than by dependent dorsal drainage.

Such a course may commend itself to some surgeons, and as it has already been recommended in whole or in part, it will no doubt ere long receive a fair, intelligent trial.

Dr. Allis, however, could conceive of no adequate provisions for drainage except a long median incision—kept open by proper packing—with the patient prone except at the time of dressing. To prevent the sides of the incision from closing, or the intestines from uniting to the lips of the incision, rubber dam thoroughly covered with cerate could be tucked between the abdominal wall and the intestines on each side, with one border emerging from the incision. At the same time, to retard if not prevent adhesions of the contiguous coils of intestines, the whole serous surface could be well covered with a lubricant like cosmoline or cerate. If the abdomen has been previously flushed with water, the cavity should be dried before the application of the cerate. Were it not that adhesions tend constantly to form, he would be sanguine that the prone position alone, maintained constantly for weeks, would result in recovery. To guard against these, it would seem wise to re-enter the cavity on the following day, and reapplying cerate to the walls of the cavity and the entire surfaces of its contents, redressing with rubber dam as before, again place the patient prone. With dependent drainage, with an ample wound kept patulous, all water save such as is necessary to preserve outward cleanliness could be dispensed with. A difficulty might be experienced in keeping the patient in the prone position. This could be accomplished by means of thin, well-padded strips of wood, two or three feet long, strapped transversely to the pelvis.