

APPENDECTOMY, DOUBLE OOPHORECTOMY AND SALPINGECTOMY, RELEASE OF ADHESIONS  
AT CECUM, SPLENIC FLEXURE, LANE'S FIRST AND LAST KINK.

Dictated by Dr. Cotton.

OPERATION By: Drs. Cotton, Stone, and Pierson.

ANAESTHETIST: Miss Lister.

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Operation undertaken in a married woman, age 29, admitted December 23, 1923. Family history negative. Personal history: married for three years and three months; married life happy. Onset was rapid, two weeks prior to admission. Five weeks ago had a Caesarian section, normal surgical recovery. She became suddenly excited, talkative, restless, temperature from 99 to 103 at night. All teeth were extracted and this did not relieve her condition. Examination showed a pus pocket in the cul-de-sac of Douglass. This was drained and after the operation, temperature became normal but she continued excited. On admission was completely out of touch, disoriented, irrelevant, profane, very weak, carried to the ward on a stretcher. Mental status: patient continued excited, talkative, much exhausted, confused, was kept in a room, untidy, would not keep her clothes on. Stream of thought showed flight of ideas, irrelevant answers to questions. She became more quiet at times but was fearful, suspicious, and evasive, was oriented for time, but not for place or person. Memory good for remote events, poor for recent events. Actively hallucinated at time of admission. Diagnosis of Manic Depressive Psychosis, Manic Type considered. Physical examination showed a well-developed, under-nourished woman. Panniculus and muscles flabby. Skin dry, harsh. Marked pallor due to secondary anemia. Special senses intact. Reflexes brisk. Some expectoration, expansion limited on right side. Roughened breathing on this side. Moist rales heard. Heart normal. Nausea and vomiting at first, which subsided. Teeth have all been extracted. Gums in very poor condition. Tonsils imbedded and infected. Some tenderness over right lower quadrant with rigidity. Blood and spinal fluid negative. Treatment: teeth were extracted before admission. Tonsils have not been removed because of her excited condition. Stomach test not made. Trace of albumin in urine, no casts. She has had stock vaccine. There has been no improvement in this case.

Blood study made June 18, 1924 shows R.B.C 5,320,000; haemoglobin 80%; W.B.C. 6,800; polymorphs 53%, lymphocytes 39%, eosinophiles 7%.

There is an old scar about 4" long in the midline from umbilicus to pubis. Left to the median line incision made. Some omental adhesions to the peritoneum at the pole of the old scar. The transverse colon presents; it is somewhat doughy in consistency and filled with material. The cecum and ascending colon are easily delivered but covered with dense vascular periocolic membrane, forming mild elbow deformity. The appendix is bound down, somewhat engorged and inflamed; it was removed by the usual technique. The adhesions in the hepatic flexure and elbow deformity were severed. The splenic flexure has the usual adhesions causing constriction at this point. The descending colon showed bands of adhesions down to Lane's First and Last Kink; these were non-vascular fibrous bands, probably congenital in origin. The terminal ileum was free. There were enlarged mesenteric glands in the ileocecal region.