TRANSACTIONS OF THE SECTION ON GYNECOLOGY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, VOLUME FOR 1907

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JOHN G. CLARK & WILLIAM R. NICHOLSON

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VOLUME FOR 1907

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1907

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1907

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COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Meeting of January 18, 1906.

The President, DR. W. REYNOLDS WILSON, *in the Chair.*

DR. ROBERT T. MORRIS read a paper on

A GENERAL SURGEON'S VIEWS ON SOME PELVIC CONDITIONS IN WOMEN.

THIS paper, so-called, will consist rather of somewhat rambling remarks on three or four subjects which came to my mind at the moment when Dr. Wilson's letter was received. Two papers which I had just read, by Drs. MacNutt and Thomson, upon "Non-Operative Gynecology" and "The Causes for the Functional Neuroses," brought to mind a good many points which appeal to the general surgeon and which did not interest me so much in the days when my interest was fixed more on gynecological subjects. Some twenty years ago, when we were all engaged in the new gynecology and all interested in new operative procedures, we had a quick road to recovery for many of our patients who had in former years gone the rounds of the gynecologists' offices and who had become chronic patients. Some of our results were brilliant, and some, under the most approved methods of antiseptic and aseptic treatment, with all of the resources which we could employ, were bitter disappointments. We did not then realize why we were destined to be so sadly disappointed in many cases in

which brilliant results had been anticipated. Our new gynecology had abrupt limitations, and it is only of late years that we have learned why some of these limitations were so abrupt. My work later became that of the general surgeon, owing to various hospital and other positions, and it became clear to me that in the work of analysis and elimination in making diagnoses one can easily be too special in focusing the attention upon the pelvis. In a certain group of cases of young women who come for gynecological treatment, many cases are not suitable for operative treatment at all. Among these are many young women with flexion, malpositions, with certain ovarian neuralgias. Instead of looking at the uterus first, I try to locate the difficulty at a distant point and think of the uterus after the patient has been under treatment for a week or a month in the hands of such specialists as I wish to employ. In some cities surgeons tell me that they do not have a free hand to employ different specialists in arriving at a diagnosis. In my work in New York I find it practicable, and the patients who will allow it make the most satisfactory clientele. In a young woman presenting herself with a flexion, I am apt to assume that it is not a diagnostic entity, but a symptom, as a cough or sneeze would be. We must ascertain, then, whether a flexion of the uterus stands in the same relation to the condition as a cough or sneeze, and to do this we must, first, examine the peripheral irritators. I think that which perhaps stands first among the young women in the group of peripheral irritators is eyestrain. In this examination you should note whether one eyebrow is elevated above the other, whether the eyebrows are flattened or highly arched. Note also wrinkles or corrugations of the skin of the forehead. Notice the external evidence of eyestrain, and say to the patient that you would like that possible factor eliminated. This may subject a man to some criticism. It is, however, rational, and many patients to-day will allow it who would not ten years ago. In eliminating this possible factor of eyestrain, it is extremely important to have the proper man make the examination. Two weeks ago, owing to certain influences, I sent a young woman with a flexion to a renowned ophthalmologist in New York whom I knew of as a famous man, but not in this particular field of eyestrain. He sent back a report that her sight was perfect. I wrote him that I cared nothing about the sight, but desired to know whether she had any muscular insufficiency which was serving as a peripheral irritator, and asked him to make a special appointment and give the patient

such time and service as he was able. He did so, and found a great deal requiring attention, an dis at work upon her yet, although his first report was supposed to be final. The patient is getting better, and I doubt whether we shall have to go beyond the eyestrain to account for the "cough" in her pelvis.

Normal involution of the appendix is another producer of pelvic symptoms. In regard to involution change which the appendix undergoes, it is to be noted that the mucosa is replaced by connective tissue, and that the contracting connective tissue pinches the terminal filaments of sensory nerves. I made a series of microscopical sections and examinations, and found that the nerve tissue retained its integrity longer than any other one structure in this involution appendix, and that the nerve filaments were surrounded with such groups of young cells as would indicate an irritative process going on. Carrying this observation into the field of clinical work, I found that many people who suffered from rather indefinite pelvic pains, ovarian neuralgia, and dysmenorrhea, had a tender involution appendix. This matter was worked out in its logical bearings by the removal of the appendix and in proper cases there was a cure of pelvic symptoms.

I would not be misunderstood to say that eyestrain and normal involution of the appendix form a predominant proportion of cases in which we have pelvic symptoms without other evident cause; but they form a sufficiently large percentage to make their elimination necessary.

In another group of cases symptoms are due to intoxication from metabolic faults proceeding from disturbance of the liver, commonly from the results of a chronic cholecystitis. This has been much overlooked. Most of us have had at various times cholecystitis from the colon bacillus being taken up from the bowel and through the afferent vessels of the portal system carried to the liver, and on the way out giving rise to various catarrhs which have passed under different diagnoses aimed at the liver. In many of these cases the throwing out of lymph about the gall-bladder and bile ducts results in adhesions which cause great functional derangement of the digestive apparatus, and with this, neuralgias which commonly make different demonstrations in the pelves of women who are not resistant.

A group of cases with gynecological symptoms is the one formed by enteroptosis, or loose kidney cases. The latter will form a part of our gynecological clientele in which the most painful demon-

stration is made in the pelvis, and these cases must be eliminated. In making a diagnosis of the possible symptoms of any one of these groups of peripheral irritators, we must have a clue for making our elimination. On either side of the navel we find the lumbar plexus, and upon making pressure with a finger upon a lumbar plexus we find it more tender than surrounding tissue. If we have irritation proceeding from eyestrain, neither one of the lumbar plexuses will be hypersensitive. If we have pelvic symptoms arising from an involution of the appendix, the right lumbar plexus will be extremely tender on pressure, *always and all the time;* on the right side only and not on the left. If the irritation proceeds from the pelvis, it makes no difference whether it proceeds from the right side or from the left, both lumbar plexuses will be tender *always and all the time;* both, not one. This is a point that can be brought out readily in the office, and so distinctly and clearly that it indicates the way we are to go in making our elimination. So that, as a general surgeon looking for a cause for a flexion, I would eliminate eyestrain, eliminate normal involution of the appendix, eliminate infection of the uterus or adnexa, or gall-bladder. In the gall-bladder cases with adhesions, we usually find that neither of the lumbar plexuses is sensitive. Rule out the lumbar plexuses for eyestrain and gall-bladder affection; rule in both for any special irritation arising from the uterus or the adnexa; rule in the right lumbar plexus tenderness in normal appendix involution cases.

When engaged in early gynecological work I felt that leucorrheas were diagnostic entities and were to be treated as such. I felt that I must put the uterus into position; that I must treat the endometrium often by local measures, when to-day I would not try it at all. We will sometimes find that a very persistent leucorrhea is due to the colon bacillus making its way into the vagina and using as a culture medium the secretion from the endometrium in a young woman whose general strength is being sapped by some peripheral irritator, or by the character of her work.

The next subject which I wish to bring up for discussion is the advantage of certain conservative work upon the adnexa. It seems to me that, as a gynecologist, I removed too many organs and was too much inclined to sacrifice the uterus, and I now believe that conservative work may be done, based upon principles which I believe to be important. One of these is ovarian grafting, if we can graft from the patient herself. Grafting from one patient to an-