

**CLINICAL STUDIES OF THE
SURGICAL
DISEASES OF THE FEMALE
GENERATIVE ORGANS**

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Clinical Studies of the Surgical Diseases of the Female Generative Organs by Lewis Stephen Pilcher

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LEWIS STEPHEN PILCHER

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OF THE
FEMALE GENERATIVE ORGANS

FROM OBSERVATIONS MADE

DURING TEN YEARS' WORK IN THE METHODIST
EPISCOPAL HOSPITAL IN BROOKLYN.

LANE MEDICAL LIBRARY
BY

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ORPHAN ASYLUM, AND TO THE METHODIST HOME FOR THE AGED.



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CONTENTS.

	PAGE
PROLOGUE	5
CHAPTER I.	
VULVA AND PERINEUM.	
Carcinoma of the Vulva—Injuries of the Perineum—Complications— Combined Operations—Hæmophilia—Operative Technique of Perineorrhaphy	7
CHAPTER II.	
VAGINA.	
Vaginitis—Cyst—Stricture—Papillomata—Carcinoma—Uretero-Vaginal Fistula—Double Vagina	16
CHAPTER III.	
UTERUS.	
Metritis—Endometritis—Bacteriology of Endometritis—Treatment of Endometritis—Curettagé—Endometritis Hæmorrhagica—Acute Puerperal Metritis—Laceration of Cervix—Technique and Results of Trachelorrhaphy—Retrollexion—Shortening of the Round Ligaments—Technique—Ventrosuspension of the Uterus—Prolap- sus—Dystocia after Ventrosuspension—Ventral Hernia—Anteflexion —Fibromyomata—Vaginal Extirpation—Oöphorectomy—Abdomi- nal Myomectomy—Electrolysis—Abdominal Hysterectomy—Size of Growths—Indications for Hysterectomy—Technique—Hysterec- tomy for Myofibromata complicated by Pregnancy—Carcinoma of the Uterus—Vaginal Hysterectomy—Corporeal Carcinoma—Com- bined Vaginal and Abdominal Operations	20
CHAPTER IV.	
FALLOPIAN TUBES.	
Acute Salpingitis—Chronic Adhesive Salpingitis—Chronic Suppurative Salpingitis—Pelvic Abscess—Use of Drainage—Tubal Pregnancy	66
CHAPTER V.	
OVARIES.	
Chronic Infective Ovaritis—Microcystic Ovarian Cirrhosis—Technique of Ovarian Resection—Operative Procedures—Ultimate Results— Chronic Idiopathic Ovaritis—Treatment and Results—Cystomata— Operative Results—Treatment of the Pedicle—Size of the Cysts— Carcinoma—Sarcoma	77

PROLOGUE.



THE following pages contain studies of the cases of disease of the female generative organs treated by the writer during a period of ten years in the Methodist Episcopal Hospital in Brooklyn. In organizing the work of this institution, the diseases of the female generative organs have not been set apart from other surgical affections as a distinct class, to be placed in the charge of a surgeon who should limit himself to the care of this special class of affections, but have been cared for by the surgeons who have been intrusted with the general surgical work of the institution. In this respect the organization has been in accord with the generally accepted facts of present knowledge that these affections are in a very large proportion of cases surgical in their nature and best treated by operative measures, and that their diagnosis and treatment are dependent upon the same principles and methods which are employed by surgeons in dealing with the affections of other parts of the body.

The present report presents the experience accumulated and the results from treatment obtained in this class of cases in a single service of the hospital, and includes about one-half of all such cases treated in the institution from the day of its opening to October 31, 1897,—nearly ten years. They have been cared for in the general ward devoted to the reception of women, with the exception of some who have occupied private rooms, and the operative work required for them has been conducted in the general operating-room of the hospital.

The reporter, in undertaking the care of these cases, found freely open to him, in his desire to secure additional special training to fit him for the better performance of his work, many opportunities of observing the work of eminent

surgeons, both at home and abroad; and in this connection it is fitting that he should especially acknowledge gratefully the courtesies extended to him by Drs. Wylie, Kelly, and Marcy in this country, by the late Thomas Keith of Edinburgh, Lawson Tait of Birmingham, Max Schede of Hamburg, August Martin of Berlin, and Jules Péan of Paris, from the operating-rooms of each of whom he brought away much of value that he has been able to weave into the work that is detailed in the following pages. Special mention should also be made of the valuable assistance rendered to him by Dr. W. Gill Wylie, of New York, who during the year 1889 and 1890 occupied the position of consulting gynaecologist to the hospital. During the period from 1887 to 1892 his assistant surgeon, Dr. John Bion Bogart, and from 1892 to 1897, Dr. James P. Warbasse, contributed much to secure the best results. The intelligent and zealous co-operation of a succession of able house-surgeons, and the faithful ministrations of a most capable body of nurses, should also not be omitted from grateful mention in this connection.

The grouping of the cases according to a systematic method is attended with much difficulty, since a very large proportion of them have been composite in character, presenting lacerations, inflammations, and displacements in every variety and degree and combination. By selecting, however, the most urgent condition in each case as the basis of classification a fairly good clinical division for the purposes of study has been possible, and will be followed in this report. This division is primarily by regions into—

- (I) Vulva and perineum.
- (II) Vagina.
- (III) Uterus.
- (IV) Fallopian tubes.
- (V) Ovaries and broad ligaments.

CLINICAL STUDIES OF THE SURGICAL DIS-
EASES OF THE FEMALE GENERATIVE
ORGANS.

CHAPTER I.

VULVA AND PERINEUM.

The Vulva.—Cases in which the vulva has been the chief seat of disease have been few; one case each of contused wound of the vulva (kick), of tubercular ulcer (patient suffering also from pulmonary tuberculosis), of acute vulvitis (gonorrhoeal), and of chronic inflammation of the gland of Bartholin, has presented itself. Of more importance and surgical interest have been two cases of *carcinoma of the vulva*.

The first case, a woman, sixty years of age, was admitted with an indurated nodule, about the size of a pheasant's egg, in the right labium majus, with the history that a similar growth had been cut out from that locality six months before, after it had been gradually forming for more than a year. A wide extirpation of the recurrent growth was done, after which for three and a half years the parts remained healthy. Then a recurrence of the disease was discovered, but was neglected until eighteen months later, by which time it had widely extended, infiltrating the wall of the vagina, the perineum, and the buttocks, when she presented herself again to me clamoring for relief. No hope of further help could be held out to her, and she disappeared. It is possible, though not probable, that she may have survived for six months longer; in that case the course of the final recurrence from its start to its fatal termination was about two years. There was likewise a period of two years of development, interrupted by the first operation, before she came under the care of this hospital; then a period of three and a half years of entire

freedom from discernible disease, before the final recurrence. Thus the total length of time from its first appearance until death was seven and a half years. Allowing three years for the natural course of the disease, unchecked by surgical means, it is evident that four and a half years of life were given to this woman by the means adopted, and there is every reason to believe that, had earlier and wider extirpation been done in the first instance, the second operation would never have been called for, or that, had immediate application for relief been made as soon as the second recurrence was discovered, another prolonged, possibly permanent, period of freedom from the disease might have been secured.



FIG. 1.—Epithelioma vulvæ, from a photograph.

The second case, a woman, fifty-six years of age, presented herself, saying that six months before she had first become aware of a lump in the left labium minus. This had gradually increased and extended until the labia on both sides, and the connecting fourchette had become involved. The condition is shown in Fig. 1, from a photograph taken before operation.

A wide extirpation was done; uncomplicated healing followed; and for more than two years thereafter the parts remained free from perceptible disease; then a small suspicious nodule was detected by me in the cicatrix on the right side of the introitus; but although immediate extirpation was urged, she deferred submitting to it for a whole year, by which time

the nodule had degenerated into a deep ulcerating cavity, of irregular outline, with a surrounding zone of infiltrated tissue, extending upward into the vagina and outward into the perineum, but not involving the rectum. A wide extirpation of the disease was again done, involving the removal of much tissue, and the resort to plastic work to cover in the defect left. The convalescence was complicated by an attack of erysipelas, which remained limited to the pudenda, buttocks, and thighs, and was soon recovered from. After two more years of health, this patient has now again presented herself, still free from disease in the original site of attack, but now with extensive involvement of the inguinal and retroperitoneal pelvic glands, forming a large sloughing tumor in the right inguinal and suprapubic regions. This is now plainly inoperable, and no further attempt at removal is to be made. But a few months' prolongation of life can be expected. Granting that this period may amount to six months, the length of time from the first detection of her disease until its termination in death will have been six years,—that is to say, an addition of three years to her life has been effected by the operative work done.

The Perineum.—Every conceivable degree of injury to the pelvic floor and of complicating displacement and inflammatory disturbance of the uterus and appendages is represented among the cases in which operation for repair of the perineum has been performed. The complexity of the disorders which are associated with, or spring from, perineal injuries is well illustrated in this series of cases. Of the total number of cases (eighty-five), in but a single instance was the perineal injury the sole condition requiring attention; *endometritis* was the most common associated condition, being sufficient in degree to require curettage in all but ten of the cases. *Laceration of the cervix uteri* was nearly as constant a complication, being sufficient in degree to require trachelorrhaphy in sixty-three cases; in six of these cases an amputation of more or less of the cervix was also done on account of the hyperplasia present. *Eversion of the anterior wall of the vagina*, sufficient to require plastic retrenchment