CHAPTER VI.

RECENT EXTENSIONS OF ABDOMINAL AND PELVIC SURGERY.

In a former chapter, when speaking of the pathology of the ovary, I had occasion to point out that our recent advances in pelvic and abdominal surgery have enabled us to obtain a great deal of information concerning the diseases of the ovaries which formerly were beyond our reach. It has been very well said indeed that many of our recent operations, to which I propose here to devote some space, are quite as good as post-mortem examinations for the purposes of pathology. I would say that they are a good deal better, because we have by us, as part of the justification for the operation, a complete clinical history with which to compare the diseased appearances, and this we never have at post-mortems, as far as the ovaries and tubes are concerned.

In the chapter I have just alluded to, I give details of some of the cases in which I have performed operations which, until three or four years ago, I regarded as quite unjustifiable, but which I now regard as the legitimate outcome of our increased success in the removal of ovarian tumors. If Mr. Baker Brown had continued to practise ovariotomy for some years after 1867, he would speedily have brought his mortality down from ten per cent., at which he left it, to four or five per cent., at which Dr. Keith's mortality and my own now stand, and we should have been fifteen years in advance of our present position. From 1867, as I have already said, Mr. Spencer Wells exercised an impregnable influence on the conduct of ovariotomy, owing to the accident of circumstances, and with his mortality of twenty-five per cent. any real advance of abdominal surgery was wholly impossible. No one could venture to submit a woman to such a fearful risk unless her life was clearly menaced, and therefore ovariotomy was always delayed as long as possible; palliative tappings and other blunders were perpetrated; but worse than all, the diseases in the pelvis and abdomen which

were amenable to surgical treatment, but which did not immediately and evidently destroy life, were left alone, and the patients went unrelieved. Dr. Thomas Keith ended this dark period by showing us how to operate on the abdomen without fear and with little risk, and these recent advances in pelvic and abdominal surgery should, in great measure, be placed to his credit, though I do not know that he has engaged in them in his own personal practice to any large extent.

For my own part, so fearless am I now of abdominal surgery, so splendid have been my results in fields of practice which, until three years ago, seemed hopelessly enclosed, that I venture to lay down a surgical law, *that in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made.* I have already published a great deal of work in support of this proposition, and some of this I consider of sufficient importance to reproduce at the close of this chapter.

In October, 1871, Mr. Hallwright, of Summer Hill, Birmingham, asked me to see with him a woman, aged forty-two, who had suffered for years from agonizing pain in the pelvis, chiefly on the left side, distinctly referable to the seat of the ovary, accompanied by a variety of reflex symptoms, of which the most marked was complete and persistent aphonia. She had for many years been under treatment at the hand of Mr. Hallwright and others, without the slightest relief. We found the left ovary large and very tender, displaced down behind the uterus, and the slightest pressure upon it gave rise to the characteristic sickening pain. From this pain she suffered on defecation. After having seen the patient many times, and after careful thought, I ventured to suggest to my colleague that removal of the ovary would probably cure her. I recognized the gravity of the proposal, for I had no fear that her sufferings would kill her, and she had only some six or eight years to live before the climacteric period would bring relief; but both Mr. Hallwright and I thought it was better that the suffering should be saved her for that period, even at some risk of life, than that it should be continued, making life a burden to her and to all her surroundings. The patient and her friends arrived at quite the same conclusions when the matter was explained to them, and the operation was decided upon. With the assistance of Mr. Hallwright and Mr. Bennett May, I performed it on February 11, 1872, and found the ovary non-adherent, as large as a pigeon's egg and full of thick, grumous matter, which, at the time, I took to be the fat of a dermoid cyst. More careful exam-

ination has since made me believe that it was a chronic abscess, for there is a complete absence of any skin structure in the walls, and there were no appearances of any of the hair, teeth, etc., which characterize dermoid tumors. So far as I know, this is the first record in the history of surgery of the removal of a small ovary on account of pain. The patient made a speedy and complete recovery, and has ever since remained completely free from pain in the pelvis. Her voice returned, and is now of normal power. She suffers now from some obscure disease which has stiffened her knee-joints and makes her a cripple, but all the symptoms which were in existence before the ovariotomy were completely and permanently cured by it.

The success in this case suggested to me the possibility of relieving other conditions of a kind involving risk to life by removal of the ovaries, more particularly menstrual hemorrhage due to uterine myoma. Every one knows what an intractable symptom this is, how rarely it yields to the most energetic treatment of a therapeutical kind, and how many surgical expedients have been devised for the purpose of dealing with it—enucleation of the tumor, hysterectomy, etc.—all of which have had to be abandoned on account of a mortality so high that the operations became wholly unjustifiable. Dr. Mathews Duncan and Professor Gusserow, estimate that enucleation has a mortality of fifty per cent., and hysterectomy one of seventy per cent. In my own experience the mortality of the former has been much higher, so that I have given the practice up, and have no hesitation in denouncing it as unwarrantable on account of its risk. Concerning enucleation, there is the additional objection that the tumors grow again, at least in the three cases in which I have enucleated successfully, this has been the uniform result. Dividing the cervix has also proved a wholly useless operation, for even where it has given relief it has done so only for a very short time. Hypodermic injections of ergotin and injections of astringents and styptics into the uterus have also proved useless and very dangerous, especially the latter; for I have had three deaths from it in some ten or eleven cases. Yet in these cases something must be done, for the hemorrhage proves fatal in a large number of them, and even when it does not do so, it utterly destroys the health and usefulness of the lives of the sufferers.

In a recent discussion on this subject at the International Medical Congress in London, Dr. Mathews Duncan expressed the astonishing opinion that such cases did very well if left alone, and did not demand any risky interference, yet he records without condemnation the high mortality I have quoted in the cases of enucleation and hysterotomy.

I remember very well the first case of death which I witnessed from menstrual hemorrhage due to a myoma occurred in Dr. Mathews Duncan's own practice, while I was a pupil at the Edinburgh Infirmary in 1862. The case was impressed on my memory because I made a post-mortem examination of the patient and carried the tumor to Dr. Duncan. Since that time I have seen many deaths from this cause. But even if only a few of the cases died, their sufferings are severe and protracted, and they are permanent invalids. As an illustration of this, I cannot do better than quote a letter from Dr. Law Webb concerning a patient upon whom I have recently performed a successful operation of the kind I am now discussing, on account of a tumor which grew after its predecessor had been removed by enucleation: "When I first came to this neighborhood (Ironbridge, Salop), Miss F. was one of the 'confirmed invalids' of the place, and had been in failing health for some years before that date (1870). I must have attended her at short intervals for more than nine years. She had profuse hemorrhage at every monthly period, and sometimes every fortnight for months together. Treatment did so little good that she usually only sent for me when the loss was unusually great, or her anæmic condition alarmed her friends. Her life certainly has been a misery to her for the last ten years, as she has been ill and laid by more than half her time." This graphic description might be applied to scores of cases, and if our art is to be withheld from them, when we have an absolute cure in our hands for them, of what use can we claim to be? The answer might very fairly be made to Dr. Duncan that there must be a pecuniary inducement in keeping our patients in chronic ill health, when they might be promptly cured. That there is a risk of life attached to such an operation is no argument against it; at least it would be an argument equally strong against every kind of medical and surgical treatment, and would be equally logical against railway travelling. The only effect of the statement should be to reduce that mortality as close to a vanishing point as may be, and I am satisfied that can be largely accomplished.

I have said that the success with Mr. Hallwright's patient induced me to extend the principle, and on the first of August, 1872, I removed both ovaries for the purpose of arresting menstrual hemorrhage, of a perfectly intractable character, in a woman, aged forty, who had been for some months under my care.

The result was a complete success, and I heard of the patient being alive and well in 1874. The same idea, concerning the removal of small ovaries, had struck the minds of two other surgeons about the same time as it occurred to me, for up to July 27, 1872, five days before my second case, Professor Hegar, of Freiburg, removed both ovaries for neuralgia, with a fatal result; and on the 17th of August of the same year, Dr. Battey, of Rome, Ga., successfully operated upon a patient suffering from serious and complicated symptoms. Dr. Battey was the first to publish his cases and a defence of his proceedings (*Atlanta Medical Journal*, September, 1872), whilst I contented myself with discussing the principle only in my Hastings' Essay on "Diseases of the Ovary" (1873).

For the removal of small ovaries, Dr. Battey first introduced the phrase "normal ovariotomy," a great mistake, for it was at once assumed that we proposed to remove healthy ovaries, on slight or insufficient provocation, whereas, with very few exceptions, the organs are all diseased. This unfortunate phrase has been a great stumbling-block, and has excited an amount of opposition, both professional and public, from which abdominal surgery, and those who practise it, have suffered not a little. The terms "spaying" and "castration of women" (Hegar) were equally objectionable for the same reason, and further from the fact that, as far as my practice is concerned, they do not express the facts of the operation. Dr. Marion Sims has attempted to give it the name of "Battey's operation," but this will not do for very many reasons. Dr. Sims compares it with, and seeks the authority of precedent from "Amussat's operation" or "Syme's amputation." But there is no parallel at all in these cases, for in both the proceedings are definite, and practically do not vary; whilst in the operation I am now discussing, the details vary indefinitely, and so do almost equally the principles upon which the operations are performed. For an operation performed merely to "bring about the menopause," to quote Dr. Battey's definition of his own principle, there must be but a limited field, and my own experience of it would be vague and indefinite, and my conclusions would be doubtful. Again, neither Prof. Hegar nor Dr. Battey seems to have recognized the importance of the tubes in these cases, nor to have contemplated their removal for occlusion and distention. This is an extension of pelvic surgery entirely my own.

Similarly, I have a strong objection to the pedantic invention "oöphorectomy." This properly describes the removal of an ovarian cystoma as completely as it does a "Battey's operation." In my own practice the conclusion is indicated that removal of the Fallopian tubes is more important than removal of the ovaries, and in by far the larger number of my cases that alone might have sufficed; indeed, in many it has done so. Therefore, if Greek inventions must be introduced, I should ask for "salpingotomy" or "salpingo-oöphorectomy," or "prosthekotomy," if the pedantry were not ridiculous. But I do not propose to attempt any reforms or additions to our clumsy nomenclature. When I remove an ovary I call the operation "ovariotomy," and by describing the disease for which the operation was done, I leave each critic to class my cases as seems best to him. When I remove diseased tubes I generally, but by no means always, remove the ovaries with them, and in these cases I speak of the operation as "removal of the uterine appendages."

For the purpose of classification I arrange the operations which I have performed upon the uterine appendages on account of (*a*) pain, (*b*) intractable hemorrhage, and (*c*) reflex symptoms. Up to the date of writing they have all been published in detail, save some of the most recent, and it would be quite impossible, within reasonable limits, to republish these details here. A list of cases was submitted to the Obstetrical Section of the International Congress, with columns containing the residence and names of the medical attendants of the patient, so that each case might be identified if necessary. The first criticism which my work met with was that the statements of it were not true—a criticism which no one had the hardihood to make in public, but which was diligently circulated by some of whom I expected better things.

The next criticism was that I was "spaying women—removing healthy ovaries from healthy women"—a statement which has been reiterated by many medical journals, including so well-informed an organ as the *Lancet*. Even text-books in gynæcology, such as that of Hart and Barbour, speak of my "excising the ovaries for hydrosalpinx and pyosalpinx," so that I have become almost tired of the discussion.

I hope it may be for the last time that I give an emphatic denial to all this sort of thoughtless misrepresentation.

The principles of this extension of abdominal surgery are few and clear, and for their establishment I think I can give satisfactory arguments.

The first class of cases in which we may interfere is the most doubtful, and certainly the most restricted, and it is that to which the term "Battey's operation," if it must be used at all, should be confined. It is those in which there is no physical

evidence of pelvic disease, yet where there are serious symptoms so intimately associated with menstruation as to lead us to believe that an arrest of that function might cure or relieve the patient by the establishment of a "premature menopause."

It must be perfectly evident that this is such an extremely vague field that it may be either very limited or very much extended. I have been so very doubtful about it that I have limited it entirely to one well-pronounced disease—epilepsy.

There is no difficulty in defining true epilepsy, and we find that almost every epileptic woman is worse during the menstrual week. In some patients the fits are confined absolutely to the menstrual period, and then we speak of "menstrual epilepsy." I have had very many such cases sent to me for the purpose of having the operation performed, but I have limited the proceeding to five cases, all of them being patients where the disease had resisted all other treatment, where the intellect of the patients had become affected, and their usefulness to society completely impaired, their lives even being threatened. One such case is narrated in full in another chapter (p. 107 *et seq.*), and others have been published. All five patients recovered and are still alive.

The second case I operated upon was a girl, aged eighteen, who had been imbecile from birth, and who had developed the most violent menstrual epilepsy from the time of the molimen. For some months before the operation she had been so bad during the period as to require the constant care of two attendants, and Mr. Green, the superintendent of the asylum of which she was an inmate, was quite satisfied that the disease would shortly prove fatal. I operated on May 9, 1880, with the result of completely arresting menstruation and abolishing the epilepsy. She is still an inmate of the Birmingham Borough Asylum, and is quite manageable. She gives slight indications of an increased noisiness and loquacity at the time at which her periods should occur, and occasionally at these times she has an attack of *petit mal ;* but her violent epilepsy has quite disappeared, and remains in abeyance now, more than two years and a half after the operation.

In the third case the girl remained free from the fits for about six months, but they are now returning occasionally, so that I fear the case will prove a failure, though the operation has completely arrested menstruation.

The fourth and fifth cases are of too recent date to express any opinion about. In both menstruation is completely arrested, but the fits have not disappeared. Of the fifth, Dr. Knipe, of Melbourne, writes to me that she is very much improved so far.

It will be seen from this, and from the fact that I have suspended for the present further trial of the operation in such cases, that I am not greatly in favor of "Battey's operation." Its results, as far as the recovery of the patients are concerned, are satisfactory enough. The removal of the appendages in such cases is the easiest operation possible, and ought never to be fatal. Its secondary results are uncertain, and I am not disposed, in the present aspect of professional opinion, to hamper my work in other directions by its discussion further at the present time. To operate in this class of neurasthenic cases, where the symptoms are all subjective and the physical signs negative, is a question for further discussion, and for its settlement I have absolutely no material.

For the arrest of intractable hemorrhage the removal of the uterine appendages offers a most satisfactory field, as I have already shown (pp. 115 and 153). The primary risks of the operation are small, as is shown in the table on next page, which embodies the whole of my recent experience of such cases, dating from the time when the advance of abdominal surgery made such operations possible. For small tumors, where it is an alternative to enucleation, it is far safer, and it offers the security against a return of the disease which enucleation does not. In the case of large tumors it is an alternative, in the great majority of instances to hysterectomy, than which it is also much less fatal. In the great majority of cases it arrests the hemorrhage and the growth of the tumor at once, and in many the tumors shrivel and absolutely disappear. In such as do not disappear it might form a preliminary step to hysterectomy, though I never made such a use of it.

Hemorrhage was, of course, the leading feature in nearly all of these cases, but in many of them the pain and discomfort alone would have justified the operation. In the two cases which were fatal the anæmia was extreme, and the operation had not a fair chance. In case No. 33 the patient died of cancer about five months after the operation. At the time of the operation there was no appearance of the tumor being malignant, but by the kindness of Dr. Totherick I saw it after death, and there was no doubt of it being cancer. This is the kind of after-history in ovarian tumors of which I have already spoken at length, and doubtless it will be met with in myoma when we know more about that disease. One other case (23) has died since the operation, but I do not know anything as to the cause of death. So far as I have been able to learn, and that includes all the rest but two, the other cases are alive and well, and the secondary results of the operation are quite satisfactory.

FORTY-FIVE CASES OF REMOVAL OF THE UTERINE APPENDAGES FOR MYOMA.

No.	Residence.	Medical Attendant.	Age.	M. or S.	Date.	Hosp.	P.	R.	D.
					1879.				
1	Leamington	Dr. Tomkins	47	W.	Oct. 18.	..	P.	R.	..
2	Cannock	Dr. Tylecote	52	W.	Nov. 30.	..	P.	R.	..
					1880.				
3	Walsall	Mr. John Clay	34	M.	Jan. 13.	H.	..	R.	..
4	Southwell	Mr. Calvert	52	S.	Mar. 10.	..	P.	R.	..
5	Leicester	Dr. Clifton	42	S.	April 7.	..	P.	R.	..
6	Chasetown	Dr. Clarke	39	M.	April 22.	H.	..	R.	..
7	Solihull	Dr. Insull	46	S.	May 8.	H.	..	R.	..
8	Birmingham	Dr. Drummond	49	M.	Aug. 17.	H.	..	R.	..
9	Coventry	Dr. Fenton	47	M.	Sept. 1.	H.	..	R.	..
10	Stourbridge	Dr. Hammond Smith.	50	S.	Sept. 2.	..	P.	R.	..
11	Bloxwich	Dr. Somerville	35	M.	Oct. 26.	..	P.	R.	..
12	Bradninch	Dr. Stephenson	42	W.	Oct. 16.	H.	..	..	D.
13	Birmingham	Dr. J. W. Taylor	44	S.	Dec. 18.	H.	..	R.	..
					1881.				
14	Coventry	Dr. Plowman	32	M.	Jan. 13.	H.	..	R.	..
15	Brierly Hill	Dr. D'Arcy Ellis	41	M.	Feb. 5.	H.	..	R.	..
16	Birmingham	Dr. Kenny	43	M.	Feb. 12.	H.	..	R.	..
17	Darlaston	Dr. Sutton	35	S.	April 20.	..	P.	R.	..
18	Droitwich	Dr. Cuthbertson	43	M.	June 15.	H.	..	R.	..
19	Birmingham	Mr. Hallwright	47	M.	June 17.	H.	..	R.	..
20	Iron Bridge, Salop.	Dr. Law Webb	38	S.	Aug. 25.	..	P.	R.	..
21	Birmingham	Dr. Kenny	43	S.	Aug. 27.	..	P.	R.	..
22	Wolverhampton	Dr. Pope	40	M.	Sept. 19.	..	P.	R.	..
23	Broseley	Dr. Bartlam	51	S.	Oct. 4.	H.	..	R.	..
24	Ludlow	Dr. Brooks	37	S.	Oct. 30.	..	P.	R.	..
25	Bloxwich	Dr. Somerville	40	M.	Dec. 27.	..	P.	..	D.
					1882.				
26	Birmingham	Mr. C. J. Bracey	36	M.	Jan. 4.	..	P.	R.	..
27	Wolverhampton	Dr. Lycett	40	M.	Jan. 4.	..	P.	R.	..
28	Gloucester	Dr. Eshelby	37	S.	Jan. 10.	..	P.	R.	..
29	Conway	Dr. Pritchard	46	M.	Jan. 29.	..	P.	R.	..
30	Llandudno	Dr. Nicol.	45	M.	Mar. 13.	..	P.	R.	..
31	Birmingham	Dr. Gaunt	49	S.	Mar. 21.	H.	..	R.	..
32	Birmingham	Mr. Fairley	45	M.	Mar. 29.	H.	..	R.	..
33	Wolverhampton	Dr. Lycett	40	S.	Mar. 31.	..	P.	R.	..
34	Birmingham	Dr. J. W. Taylor	44	M.	April 8.	..	P.	R.	..
35	London	Dr. L. Atkins	33	M.	April 11.	..	P.	R.	..
36	Dudley	L. T	21	S.	April 20.	H.	..	R.	..
37	Oxford	Mr. G. Jones	46	S.	April 27.	..	P.	R.	..
38	Alfreton	Dr. Fielding	45	M.	May 6.	H.	..	R.	..
39	Southampton	Dr. Seaton	44	M.	June 9.	H.	..	R.	..
40	Leicester	Dr. Clifton	35	M.	June 12.	..	P.	R.	..
41	Droitwich	Mr. Spofforth	35	M.	June 16.	H.	..	R.	..
42	Chesterfield	Dr. Hale	44	M.	June 27.	..	P.	R.	..
43	Birmingham	Mr. Bracey	45	M.	July 13.	H.	..	R.	..
44	Birmingham	Dr. Thomas.	32	M.	Sept. 9.	..	P.	R.	..
45	Ludlow	Dr. Brookes	35	S.	Sept. 29	..	P.	R.	..

H means hospital case. P, private case. R, recovery. D, death.

I have already said enough about hydrosalpinx and pyosalpinx to render it quite unnecessary to discuss them further than to insert here a complete list of all the cases upon which I have operated for these diseases. Both conditions are far more common than was believed previous to my experience, yet they have been quite well known, and described for at least half a century.

Of the forty-four cases only four have occurred in single women, and the leading feature in the history of many of the cases was an attack of gonorrhœa. In one case I had to operate in the acute stage of the disease, which had arisen, on the admission of the husband, from this cause. In many other cases the origin of the condition could clearly be traced to an attack of inflammation after a miscarriage or after a labor.

A very frequent feature in the history of the cases was found to be that they had one child, and after that were never free from pain till relieved by the operation.

The leading symptom is persistent pain, intensified at the periods, especially just before their onset, and always made worse by intercourse. In the great majority of the cases married life had to be completely suspended, and the function was always restored by the operation.

Metrostaxis, sometimes so severe as to amount to hemorrhage, is a very frequent symptom, though in some of the cases menstruation is scanty.

Of course if the disease is bilateral the patients are sterile, and this is usually the case, though in some only one tube has been found to be affected, and then that only has been removed.

The operations are generally very difficult, for it is quite exceptional not to find the tubes and ovaries densely adherent to the viscera and to the pelvic wall, and in some of my operations the difficulty in overcoming these adhesions has transcended anything I have ever seen in the removal of cystic tumors of the ovary. In some cases the hemorrhage during the operation has been alarming, but it has always been controlled by sponge-packing. In three of the cases the diseased organs have been removed only at a second attempt; that is, in my early practice I had not the courage and necessary dexterity to complete the operation, the patients returned with increased sufferings and submitted to a second attempt in which I was successful. In one case I made three attempts to remove the tubes, the third being successful.

All the patients recovered, and, with two exceptions, are still alive and well. One of these died of English cholera, and the