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Hysterectomy for suppurative
disease of the pelvic organs.



HYSTERECTOMY FOR SUPPURATIVE DISEASE OF THE PELVIC ORGANS.*

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When on the evening of October 5, 1893, I read before the Obstetrical Society of Philadelphia a paper entitled Removal of the Uterus and its Appendages for Pelvic Inflammatory Disease, and for the first time proposed this procedure as a matter of election, my remarks met with a strong protest and almost universal disapproval. At almost the same time Polk made a similar proposition in a paper read before the New York Obstetrical Society, which was received by an equal amount of condemnation.

During May, 1894, I read a paper on the same subject before the American Gynæcological Society at its Washington meeting, and it proved to be a matter of considerable surprise that in the short interim so large a number of the members had already practiced and approved the new procedure, as was developed by the discussion. Since that time I have had many opportunities of demonstrating the feasibility and advisability of this operation to many physicians visiting Philadelphia from all sections of the United States, and find that many of them on returning home have adopted the method. To-day the operation is established on a sure and firm basis, and many women who were before doomed to a partial recovery are now blessed with a complete return to health. My object of again encroaching upon the time of the profession with this subject is not that I believe anything is needed to establish its feasibility, but rather to again freshen the minds of those who may feel that hysterectomy is either a more difficult or more dangerous operation in these cases than salpingo-oöphorectomy. For this purpose it may not be out of place to once more review certain general considerations arising in this connection which were formulated in my paper before the American Gynæcological Society one year ago. I there propounded the question, "Is the

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uterus essential or useful after the ovaries have been removed?" At that time I assumed and still assume that this query can only be answered in the negative. If it is granted that the uterus deprived of its appendages is a useless organ in the human economy, as far as its relation to this matter is concerned, four questions are pertinent:

1. Are all patients cured after an operation, requiring double salpingo-oöphorectomy?
2. Are patients cured after hysterectomy when double salpingo-oöphorectomy has failed?
3. Does the operation of hysterectomy increase the mortality over that of double salpingo-oöphorectomy?
4. Is the retention of the uterus of any disadvantage or danger to the patient?

As to the first and fourth questions nothing can be added in answer other than was advanced in the paper to which reference has already been made. There is no one who has practiced gynæcological surgery, to even a limited extent, but knows that patients suffering from chronic pelvic inflammatory disease are not always cured of their symptoms by the removal of the tubes and the ovaries alone. The matter is so notorious that it is hardly necessary to more than call attention to the fact to quiet any criticism from this direction. As to whether or not patients are cured after hysterectomy, when double salpingo-oöphorectomy has failed, as stated in my former paper, experience must decide. I there said: "In my paper read before the Philadelphia Obstetrical Society, October 5, 1893, two cases are reported in which the uterus had been removed subsequent to a simple extirpation of the appendages. After the primary operation these patients had continued to suffer from leucorrhœal discharges, bleeding, and pain. The secondary operation for removal of the uteri proved that the appendages had been thoroughly and completely extirpated at the first operation, and that no such cause as incomplete removal existed to account for the continued suffering. The removal of the uterus in both cases cured the patients, and at the present writing they both remain in good health. Two other similar operations have been performed since that time with like results."

It may be stated that these four patients, now a year and a half later, remain in good health without any return of their old symptoms. I am at this time able to add two cases to this list with like results, making a total of six patients who have been rescued from chronic invalidism by a hysterectomy subsequent to a double salpingo-oöphorectomy. During this period from fifteen to twenty patients have

passed through my hands on whom the salpingo-oöphorectomy had failed to relieve the symptoms, but whom I was unable to persuade to try the hysterectomy on account of their sufferings at their former operation and a sentiment against losing the womb, which many women, by reason of false professional teaching, appear to consider a vital organ. These facts seem to answer my second question most emphatically and in the affirmative.

The whole subject must, after all, hinge upon the answer to the third question, "Does the operation of hysterectomy increase the mortality above that of double salpingo-oöphorectomy?" If the mortality be increased and the relief be not commensurate, the proposed procedure must fall and we must return to the old one of double salpingo-oöphorectomy or seek for a substitute in some other direction. That much greater and surer relief of symptoms are obtained has already been demonstrated. In my paper of last May there are reported twenty-two patients who were suffering from chronic pelvic inflammatory disease upon whom I had performed hysterectomy. In that report I said: "Of this number, all recovered from the operation and the great majority have been cured. My highest mortality in the past has always followed removal of the appendages in this same class of patients. At no time have I been able to pick out anything like twenty-two successive successful double ovariectomies in cases of the same character as those upon whom I have found it advisable to perform hysterectomy. Not only has hysterectomy in my hands lessened the mortality very markedly, but it has rendered the convalescence infinitely smoother, easier, and more satisfactory." At the present writing I have twelve more to add to the list, making in all thirty-four cases without a death.

In addition to my own cases I may submit in evidence the work in this same direction by other operators to date:

	Cases.	Deaths.
Baldy.....	34	0
Kelly (hospital cases).....	70	0
Polk.....	20	1
Krug.....	65	4
Pryor.....	9	0
Penrose.....	25	1
	223	6

Making a grand total of 223 cases with 6 deaths, a mortality in the hands of six operators of 2.68 per cent.

What better argument can one possibly offer in favor of any new procedure? A greatly lessened mortality, a surer and more thorough relief of symptoms, an easier and shorter convalescence, a freedom from any possible future disease of the womb! Can there be any who are yet skeptical?

Hysterectomy being determined to be the proper procedure in certain chronic pelvic inflammations, it remains to determine in what cases to choose this operation. In this connection I can not do better than quote verbatim from my last paper on the subject:

“It is well known in pelvic inflammation that the disease first affects the mucous membrane lining the womb, and secondarily invades the Fallopian tubes and pelvic peritonæum. In many cases not only is the endometrium affected, but the inflammatory products invade the deeper structures which go to make up the uterine walls. These infiltrates undergo the same changes as do the same elements in the walls of the Fallopian tubes; whether it be suppuration or partial organization, in either case the process is apt to become a permanent one.

“With Fallopian tubes and uterus, both of which are diseased by the same factor and to the same extent, is it reasonable to suppose that a cure is always to be obtained by the removal of the tubes alone? Theory and practice both combine in this matter to force the conclusion.

“It must not be understood that the removal of the uterus together with the Fallopian tubes and ovaries is recommended in all cases of pelvic inflammatory disease. I am forced to dissent at this point from the views of some other surgeons with whose opinions in other respects I am thoroughly in accord. In many cases the uterus, possibly on account of its anatomical relations which are so favorable to good drainage, has succeeded in throwing off the original infection and is comparatively healthy, if not entirely so. Under such circumstances hysterectomy is not indicated. But where an abdominal section has been performed for the removal of the uterine appendages, and the womb is found enlarged and diseased, especially if it has been surrounded by extensive adhesions, the destruction of which leaves large areas of denuded peritonæum, hysterectomy should be the operation of choice. Even when the uterus is not greatly diseased, if during the course of the operation it be largely denuded of its peritoneal covering, it is best to complete the operation by its removal. The sole objection which could be urged against this procedure is an increased mortality; but since this has been proved fallacious, opposition from any standpoint must necessarily be with-

drawn. It is freely granted that in accepting this practice, uteri will often be removed which might safely have been left behind. Even in the face of this possibility the procedure is fully justified, in view of the possibility of future harm on the one hand and the certainty of no extra risks on the other.

“The decision *pro* or *con* is at times a difficult one at the time of the operation, in which case the patient should be given the benefit of the doubt and the uterus should be removed. In all cases it is, of course, assumed that both ovaries must of necessity be sacrificed. Except in the presence of malignant or tubercular disease the womb should never be disturbed if even a portion of one ovary and a Fallopian tube can be preserved. Nor is an operation to be extended to the performance of hysterectomy where the double salpingo-oöphorectomy will even temporarily answer the purpose, should the patient be in such condition that the prolonged manipulation might render the result of a given case doubtful. Common sense must be used in the application of this principle, as in all surgical procedures.”

