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in Gynæcology.

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## LOCAL VS. GENERAL TREATMENT IN GYNÆCOLOGY.\*

BY ANDREW F. CURRIER, M. D.

THERE is something extremely significant to me in our assembling here, from near and from far, to compare notes as to the results which have accrued upon the foundation laid in our experience at the Woman's Hospital, our hospital *alma mater*. I am sure that I but repeat the wish of every one present that our reunions may have for us the enjoyment which the periodical return of the Olympic games had for the youth of ancient Greece, and that they may be not only occasions of pleasant reminiscence and social refreshment, but fields of intellectual wrestling and mental contests in which there shall be honors for all.

The question of local as opposed to general treatment in the practice of gynæcology is one which frequently presented itself to my mind almost as soon as I passed out from the exclusively gynæcological atmosphere of the Woman's Hospital, and I was not a little pleased to see that, at the last meeting of the British Medical Association, the question was discussed with great spirit and earnestness. As there was much in that discussion which was of great

\* Read before the Alumni Association of the Woman's Hospital, January 20, 1886.

importance to all who practice gynæcology, I would heartily recommend it to your consideration. The opening address was made by Dr. W. S. Playfair, his subject being "On the Proper Sphere of Constitutional and Topical Treatment in Certain Forms of Uterine Disease." Allusion was made by him to the attack upon gynæcologists by Dr. T. Clifford Allbutt in his Gulstonian lectures of the previous year (1884), from which the following extracts were cited: The patient, he says, becomes "entangled in the net of the gynæcologist, who finds that her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week of the year, except during the long vacation, when the gynæcologist is grouse-shooting, or salmon-catching, or leading the fashion in the upper Engadine." He (Allbutt) then proceeds to say to the College of Physicians that it is time that "we complete our reaction from this gynæcological tyranny, and that we of this College no longer permit ourselves to be snubbed by these brethren of ours, who calmly tell us, with their superior airs, that our use of such expressions as uterine neuralgia, neurasthenia, and the like, comes from a narrow sciolism, and is grounded on the emptiness of our knowledge of uterine diagnosis." These are sharp words, and must have been thoughtlessly used, for their author made the lame explanation, after being called to an account, that his remarks were not intended for the scientific and instructed gynæcologist, but for men who did not understand thoroughly the diseases which they professed to treat; in other words, we might say, he wished to be understood in a Pickwickian sense. There is no occasion to apologize for or defend gynæcology as a practical science. As Daniel Webster once said of Massachusetts when one attempted

to defame her, "There she stands," and the record of her discoveries and brilliant victories is ample excuse for her existence. As for Dr. T. Clifford Allbutt, his English *confrères* belabored him sufficiently for his imprudence without any additional attention on our part. We are forced to confess, however, that the extreme picture of gynæcological sins of commission, which he has drawn in such vigorous and offensive lines, has within it a semblance of truth, and it will be profitable, I think, to find out, if possible, exactly what this is.

I. In the first place, gynæcology is a new science, still far from complete, and scarcely two generations old, if we go back to the crude efforts of Henry Bennett with his cylindrical speculum and his caustic applications for everything which was contained in the very circumscribed field of his uterine pathology. The efforts of Simpson, Simon, Baker Brown, Sims, Graily Hewitt, Emmet, and others more or less well known in uterine pathology and practice, cover the period which extends to our own time, and have been to a greater or less extent a matter of personal observation with all of us. All of these men have had their *hobbies*, which they have ridden with the persistence and determination of strong-minded men, and have produced decided effect upon those who came within the range of their teaching. With all of them the *alpha* and *omega* of their treatment can be summed up in the term mechanical therapeutics. The result has been an unsettled mass of ideas in the minds of many of the followers of these great men, based upon experimentation and not upon fixed pathological truths, and this has led to a great deal of unnecessary, or at any rate unsuccessful, surgical interference. Is there one of us who has not repeatedly seen, both in public and in private practice, women who narrate a well-worn story of pain in the back, bloating of the abdomen, head-

ache, and the whole train of familiar symptoms, and who begin or end it with the voluntary diagnosis of falling of the womb or inflammation of the ovaries? (As yet the idea of disease of the Fallopian tubes has not sufficiently permeated the public mind to yield ready-made diagnoses of that condition.) If we make a vaginal examination, as a gynæcologist is, of course, expected to do, how often it happens that all the disturbance which is appreciable can be described in the terse if somewhat inelegant language of Allbutt—namely, that “their uterus, like their nose, is turned a little to one side, or, like that organ, runs a little!” It is not to be supposed that any intelligent gynæcologist would, to continue the line of thought of the vigorous writer just quoted, impale such an organ upon a stem or perch it upon a pessary, but, doubtless, we have all had an opportunity of knowing that such operations are performed, and for *that* not infrequently, and, for the bad results which follow, gynæcology and gynæcologists are held responsible. It is proper to add, however, that the minor degrees of damage are usually received at the hands of unpracticed men, since they wisely leave to others the operative procedures in which the element of risk is prominent. How large a number of those operative procedures which were the results of the formative stage of gynæcology are now either obsolete or of questionable value!

II. Another fact which must be borne in mind, and which is accountable for much of the bad work which has been done in the name of gynæcology, is that it is, and long has been, a fashionable specialty. There are two principal causes for this—*first*, the brilliant successes of the earlier gynæcologists which excited many imitators; *second*, the very large number of women who are, or think they are, sick with some form of disease of the urino-genital apparatus. If we study the early history of gynæcology we shall

find that those brilliant successes alluded to were mainly obtained from surgical procedures, especially those which had reference to new growths, and the consequences of parturition. Nothing is so stimulating as success, and it is easy to understand how these pioneers, with quick and active intellects and with surgical tendencies sharpened by good results, might be led to the belief that all uterine diseases were amenable to relief, if at all, by surgical means, to the neglect of constitutional ones, their ideas of uterine pathology being thus narrowed to a surgical basis. Hence it follows that those who have attempted to carry out these doctrines, often with imperfect comprehension of their scope and with imperfect skill, have sometimes been led into error and mischief. I need only refer, as an illustration of this tendency to resolve all problems in uterine pathology by resort to surgical procedures, to such operations as clitoridectomy, which was advocated by Baker Brown for certain disorders of the nervous system, and dissection of the vaginal portion of the cervix uteri, which was advocated and extensively practiced by Sims. Neither of these operations ever reached the importance which their advocates probably thought they deserved; they were tried and found wanting, and, except as matters of history, have passed into disuse and oblivion. The inference from the foregoing remarks would be that gynæcologists, with the experience and the mistakes of their predecessors before their eyes, should build upon broad principles, avoiding exclusive adherence to any one set of tendencies. They should recognize the harmony that ought to subsist between the genito-urinary apparatus and the other parts of the body, especially the nervous system, and, conversely, they should be willing to admit that a lesion of any part of the body, especially of the nervous system, may exist without necessary involvement of the genito-urinary apparatus, even though the patient should

express the conviction that disease of some portion of that apparatus is present. In order that this desirable end may be attained, there is need that our knowledge of uterine pathology be much more precise and much more extensive than it now is. We do not yet know the *minutiæ* pertaining to the function of menstruation, notwithstanding the excellent work that has been done in this field by Leopold, John Williams, Möricke, Wyder, and some others. We are in doubt as to the influence of the ovaries and tubes in certain important questions, and as to the relations of the bladder to the nervous system we can only give a series of shrewd guesses; in short, while there has been theorizing enough in regard to every morbid condition of the female genito-urinary apparatus, the yield of absolute facts and principles has not been abundant.

There is no difference of opinion regarding the existence of a large number of diseased conditions peculiar to women for which no constitutional treatment is indicated, or at least only such constitutional treatment as shall place them in proper condition for obtaining the best results from the local treatment.

(a) Such conditions as fistula, abscess, and new growths are purely surgical ones, and should be treated on surgical principles.

(b) But there are other conditions for which local treatment is often solicited and employed, in which a point is strained when the cases are made purely gynæcological ones.

(c) Still other conditions—in which the requirement for local treatment is apparent and undoubted, but in which the constitutional lesion, whether as cause or result, is sometimes overlooked—should be treated by a combination of local and general means.

Concerning the first class of cases no argument is neces-



sary. We all believe that pathological lacerations of the cervix uteri and perinæum, fistulæ connected with the rectum, vagina, bladder, or uterus, fissures, strictures, and new growths of all sorts which are susceptible of operation, form the legitimate field for the use of the knife, scissors, or caustic, and we all agree that the greater the dexterity of the operator, and the greater the care and cleanliness with which he performs his work, the better—other things being equal—will be the result for the patient.

The second class includes a great many women who are sure that they have disease of the womb or ovaries, but which, with our present knowledge of the pathology of those organs, and our present methods of examination, can not be made out. They are hysterical, but we now know that hysteria does not always imply womb disease, as its name falsely indicates. They are often anæmic; but anæmia requires constitutional treatment if that may be said of any disease. They are almost sure to be constipated, fretful, complaining, and a nuisance to themselves, their friends, and their physicians. There are three ways to treat such patients: One is the too frequently occurring routine method of applying iodine or some other astringent to the uterine canal or to the vaginal vault, following this with a vaginal tampon of cotton-wool soaked in glycerin, and then dismissing the patient in the vague hope of *hitting* something, or effecting something, one scarcely knows what. This is the shallowest kind of gynæcological treatment—in fact, it is not rational treatment at all, but is merely a cloak for ignorance or indolence. And yet is it not a fact that this practice prevails in some of our crowded public clinics, in which the best results can not be expected, because of the superficial manner in which the cases must be investigated by a force of physicians which is too small for thorough work? Another method of disposing of such patients is to

turn them over to the care of a neurologist if a lesion of the nervous system is suspected, or to a dermatologist if, as is frequently the case, there is a perceptible lesion of the skin, this being an easy way of getting rid of trouble and annoyance. If the consultant happens to have a very large practice, such a course would seem to be proper enough, for the theory of our work should be "the greatest good to the greatest number"; but, if, as is often the case, one is not so burdened with patients as to make such a course desirable, another method of treatment is available. In the first place, one should not be satisfied with an examination of the genito-urinary organs alone, such an examination including, of course, an analysis of the urine. One should interrogate, as far as possible, all the organs of the body, and, if no evidence of progressive disease is found, it would seem to be entirely rational to treat the individual symptoms. Thus the pain along the spine would call for cupping, the actual cauterly, or electricity; the dyspepsia would call for suitable diet and drugs which would vary with the condition presented; and so with the other symptoms. First, middle, and always, one should endeavor to correct the pernicious habit of constipation, which we may almost look upon as the bane of womankind. How often does one find that the remedying of this evil causes a sudden clearing away of all the bad symptoms which have perplexed both patient and physician! One should give plenty of tonics, whether the choice be iron, quinine, strychnine, valerian, gentian, malt, cod-liver oil, or red wine. In addition to the foregoing, one should prescribe electricity, either locally or generally, or both; counter-irritation, walking, riding, light gymnastics, rubbing, exposure to the sun, hot or moderately cold baths, and systematic eating, drinking, and sleeping, the requirements being varied to suit each individual case. Diversion is a matter

of prime importance, and it should be innocent, healthful, and stimulating. It might be supplied by cheerful society, suitable reading, and other useful employment, and such amusements as would really amuse and leave no stain behind. As to vaginal examinations and local treatment *per vaginam*, I think that we, as professional gynæcologists, should make ourselves heard in no uncertain tones. If no disease of the genito-urinary organs is discoverable, what is the use of such treatment?

Is *placeboic* treatment of this character entirely warrantable, especially in young and unmarried women, even though we are met by the assertion that women who are in this condition feel that they require treatment *per vaginam*, and will get it from our neighbor if not from us? If we are to appreciate the responsibility which is laid upon us by those who intrust their wives, sisters, mothers, or daughters to our care in this most confidential relation, we shall never allow that gynæcology, in so far as our influence is concerned, should become a mere makeshift to satisfy the whims of nervous women.

In the third class I should include the great multitude of cases concerning which we have sufficient evidence that local treatment is very often beneficial, but in which, also, there are morbid conditions which require general treatment, and these conditions are sometimes the result of disease of the genital organs, and sometimes are entirely independent of them. Therefore it follows that we do not always cure the patient when we have cured the apparent disease of her genital organs, and that such cases deserve careful study, that we may appreciate them in all their bearings. In this class I would include mainly the displacements of the uterus, and to a lesser degree the major and minor inflammations of the pelvic organs and tissues. Concerning the first of these divisions there have been more argument, dis-

putation, and difference of opinion than upon any subject in the domain of gynæcology, and, like many another unfortunate subject in gynæcological pathology, the differences of opinion continue. We all know the tenacity with which Graily Hewitt and his followers cling to the so-called mechanical theory which bases uterine disease upon displacements, from which theory there have been many desertions in recent times (and I confess that I am one of them).

We also know the influence which the writings of Schultze, Fritsch, Vedeler, and others have had in breaking down the mechanical theory, especially as regards the significance of anterior positions and malpositions of the uterus. It does not seem to me at all questionable that very many cases of so-called anteversion or anteflexion are not pathological. The same is true, but to a lesser degree, concerning retroflexions and versions and latero-flexions. Each case must be judged upon its particular merits. Given a case in which there is displacement of the uterus, with symptoms which are referable thereto, be they the symptoms which traction or undue pressure upon the bladder would produce, which traction upon the utero-sacral or broad ligaments or pressure upon the rectum would produce, or which would be produced by a confined volume of fluid trying to pass an abnormally small *os internum*, or in another case trying to traverse a narrow passage made by an acute flexure, and made additionally narrow, in this as well as in the other case of assumed stenosis, by a congested mucous membrane—given any of these conditions, I say, and the mechanical theory becomes a rational basis for treatment. I am quite well aware that the assertion has been made that dysmenorrhœa may exist without flexion or stenosis of the uterus or its canal; also that flexion or stenosis may be present and menstruation be painless. This assertion, however, proves nothing to the detriment of the well-established principles

of mechanics which are illustrated by the conditions which were assumed.

Having, then, a uterus which can be restored to the axis of the pelvic strait without too great a display of violence, with an absence of pelvic inflammation, I believe that the unfortunate viscus, to quote again from Allbutt, may with safety be perched upon a suitable pessary, though I am skeptical as to the propriety of impaling it upon a stem, at least in any cases which I have ever seen. Neither have I any especial predilection for the greater number of the ingenious anteversion pessaries which are in use, nor for many of the other varieties upon which their inventors have expended much time and patience, and by means of which they have accomplished some harm, and, it is to be feared, very little good. I must, furthermore, confess my skepticism as to the value of the frequent forcible rapid dilatations of the uterine canal which have become so fashionable within the last few years. Certainly, dilatation is a valuable means of local treatment, but the slower method with graduated sounds seems to me far more rational and far preferable, because less dangerous. I have seen the rapid method practiced many times, and never discovered that the results were any better than by the old-fashioned method.

Goodell, who is one of the foremost advocates of rapid dilatation, and certainly as intelligent and competent an operator as practices this method, recently announced that, of seventy-six single women in whom this operation had been performed by him, forty-five were cured; of sixty-nine married women, forty-seven were cured.\* It is fair to presume that, when all things are taken into consideration, these figures represent the maximum of success by this method, and it is far from perfect success. With any or all of these means

\* "Med. News," Dec. 12, 1885, p. 645.

of local treatment—pessaries, dilatation, or vaginal medication—there are some patients who refuse to be cured, even though the local diseased conditions may, to all appearances, be removed. They remain anæmic or hysterical, or, at any rate, do not get well, and it becomes evident that the trouble is too deeply seated to be removed, if it may be removed at all, by any method of treatment which does not take into consideration the nutrition of the entire body in general and that of the nervous system in particular. In many of the chronic cases of pelvic inflammation we are equally powerless to produce a cure by the ordinary means of local treatment. All honor to Dr. Emmet for suggesting the continued application of moist heat to relieve such conditions, and no man can spend eighteen months in the Woman's Hospital without being convinced of its great value. Similarly, no man can pass through that experience without seeing patients in whom this, as well as all other means of local treatment, is ineffectual. Such patients frequently become bedridden, being in pain almost constantly, the pain being greatly exaggerated during the menstrual epoch, and the chances preponderate that they will become confirmed in the opium habit if circumstances will permit. The results in these cases are that many remain uncured and incurable; others submit to laparotomy as a final resort, with hysterectomy, oöphorectomy, or salpingectomy, according to the extent to which the different organs are found to be diseased, or the degree of faith with which the operator adheres to this, that, or the other theory concerning the effect of their removal. Of the remainder there are doubtless some for whom a systematic course of general treatment, in addition to the local, would prove beneficial or curative. I know that the management of such a course requires an amount of patience and devotion which the majority of busy men, whether in general or special prac-

tice, are not willing to give, or perhaps could not give without detriment to other important interests. In almost all cases of this character it seems to me that the patients would be more successfully treated away from their homes and home sympathy. The course of treatment might be similar to that which was outlined in connection with the previous (*b*) class of cases, being varied, as was stated in that connection, in accordance with the requirements of each case. The establishment of small hospitals for the reception of such patients, with a sufficient number of medical attendants to admit of the careful study and record of each case, would seem to me to be desirable. Finally, there are two points with which I have endeavored as a gynæcologist to charge my own mind. One is that the practice of gynæcology means the practice of medicine in a broad and liberal sense; the other is that it is the application of common-sense principles to the practice of medicine. Therefore it would seem that a gynæcologist should be armed at as many points as possible. Living, as most of us do, in cities, there may not be the need of special acquirements for the treatment of the eye, ear, throat, etc., which can be treated successfully only by those who have such acquirements. There are, however, morbid conditions of various parts of the body which are often associated, and intimately associated, with disease of the genito-urinary apparatus. Mention has been made of diseases of the skin, of the nervous system, and of various constitutional and visceral disorders which often seem to radiate directly from a disease of the uterus or its surroundings. Concerning the other point, we are obliged to take the *dictum* of no man as to methods of treatment; that is to say, if the proposed methods, past or present, do not impress us as reasonable, we should have independence enough to strike out in a line which does seem reasonable. This is peculiarly a time in

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which methods and men are tested by their merits, and fortunate is that man upon whose methods the seal of approval is placed by his fellow-workers; fortunate and happy should we esteem ourselves, as representatives of a great institution, if it falls within our power to develop the noble purpose for which that institution was founded—the relief of the sufferings of women.

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