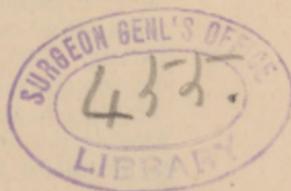


Fullerton (A. M.)

SURGERY *VERSUS* ELECTRICITY
IN THE MANAGEMENT OF
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There is no better vantage-ground for the study of disease and the methods for its management than that afforded by hospital practice. Here, if anywhere, opportunities for careful diagnosis are obtained; varied plans of treatment may be followed, and their scientific value may be established.

The very large gynecological practice connected with the Woman's Hospital in Philadelphia affords especial facilities for the study and treatment of the class of cases referred to in this article. Hence, it is from a standpoint gained after several years of close observation that I desire to show my reasons for considering the electrical treatment of salpingitis and allied conditions as unscientific and productive of results far more dangerous than those of the knife.

The conservative tendencies of old-time workers connected with the hospital, and above all, perhaps, the difficulties formerly thrown in the way of the mastery of surgical

methods by women, led to the almost sole employment in the Woman's Hospital for many years of what are known as conservative methods of treatment—douches, poultices, fomentations, blisters, electricity, etc., in preference to the more radical procedures of surgery—excepting in cases requiring minor operations. The extravagant claims of Apostoli, acting as an *ignis fatuus*, drew several of our students to his clinics in Paris, whence they returned filled with his enthusiasm, only to lapse, after a few months' personal trial of his methods, into an inexplicable silence concerning them. The generous excuses sometimes offered as to the probable reason for their failure in attaining his claimed results could not satisfy the inner consciousness of either speaker or hearer.

In the light of the nineteenth century, the attempt to treat a diseased condition of doubtful nature, location and origin by uncertain means, which may or may not meet existing needs, savors too strongly of empiricism. The Mohammedan woman, dying in a harem, where the customs of her people have shut her away from all medical aid save such as her hand or tongue, thrust through a slit in the curtain of her bed, might indicate, is no more blindly treated than are many of the women in our own land with whom obscure conditions of disease may be found buried beneath the tissues enclosed by the pelvic walls.

It must be conceded by all, in this day, that scientific methods in the management of disease require, 1, certainty of diagnosis; 2, a careful study and thorough understanding of the means best adapted for the cure

of existing conditions ; 3, the proper application of such means.

By what occult power can the electrician determine the exact character of the condition that exists in any given case, or the propriety of directing his current upon it? Although he states that "if it is true that we cannot diagnosticate disease with accuracy, we should, in justice to the patient, adopt a line of treatment suited to all the conditions that cannot be excluded"—making, as it were, a universal remedy of electricity. He tells us again, "To accomplish this result requires some circumspection, as it is well known that intra-uterine applications are apt to relight the slumbering fires of even sub-acute conditions."

Here he acknowledges the dangerous character of the remedy he uses, and, were he frankly to disclose the secrets of his clinical practice, would they not reveal what may be shown by the records of any electrical clinic ; viz., that, even when used with circumspection — all known precautions against inflammatory complication being employed—the physician has frequently to be sent for to find the patient suffering from a traumatic peritonitis or allied affection induced by the electric current? If such results occur in the hands of those long conversant with the use of electricity, is it not criminal to place suggestions for its indiscriminate use before the minds of the profession generally?

Recent surgery in the hands of a few bold and skillful operators has done much for methods of diagnosis in pelvic troubles by proving the harmless nature of the explor-

atory incision in hands properly trained to the work. The use of the knife for diagnostic purposes should not be decried any more than that of the probe, if employed understandingly. Exploratory incision does not necessarily imply extirpation. The indiscriminate removal of unoffending organs is as reprehensible as the indiscriminate use of electricity.

The existence of abscesses in the connective tissue of the pelvis which Dr. Massey regards as primary and which he concedes "necessitate surgical intervention," have come to be regarded by surgeons of experience as largely secondary to intra-tubal or ovarian disease. It is the knife used for exploratory purposes which has proved this.

As a matter of clinical experience variations of temperature are of little value in the differential diagnosis of these conditions.

When the surgeon finds an inflamed distended Fallopian tube, the fimbriated extremity of which is firmly glued to the ovary, a trace of fimbriæ gone, the two organs so firmly bound together that any effort to separate them must destroy the integrity of one or both; when, further, he finds the tube constricted at interspaces throughout its extent, the dilated portions constituting separate pockets for pus, the attached ampulla pouring pus into a cavity or cavities in the ovary, he sees the utter futility of any power other than the knife for remedying the deplorable condition which exists.

Is it wise, therefore, to subject patients to loss of time and money while one uses experimental means for overcoming a condition which is an unknown quantity? Is it

not because such methods have been largely employed, and surgery left as a last resort, that abdominal section has in the past been regarded as attended with "dangers and uncertainties"? May not the same objection be brought against any procedure; as, for instance, Cæsarian section—when left until the vital forces are unequal to the strain or when other procedures have produced complications which make surgery more dangerous? Witness the change in the attitude of the professional mind towards the graver obstetrical operations since the early recognition of existing needs and prompt and early action have attained their recent brilliant results!

Will not even Dr. Morris Longstreth concede that many women, reported to have died of typhoid fever, peritonitis, inflammation of the bowels, septicemia—puerperal or other—may have been the victims of some obscure, suppurative pelvic disease?

The fact that pelvic diseases among women are terribly prevalent well warrants the French saying: "*La femme est une malade!*" as also Tait's recent utterance: "For the greater part of my life I have been engaged in the study of, and practice amongst, the special diseases of women, and no conclusion is more firmly rooted in my mind than a devout thankfulness that I belong to the other sex!" This suffering existence which seems to be the lot of the great majority of women, should be a matter of serious thought and profound study on the part of the medical profession. Preventive measures should be as carefully investigated as curative. It does not do for

us, however, to pretend, in the meantime, that we do not see that many of the lesions which exist are hopeless as to cure and require radical measures for relief. The sentimental theories concerning "the limbo of a neutral sex" can only have any weight with those not called upon to suffer. Even these objections are reduced to a minimum in view of the experience of the most noted gynecologists who find that no mental or moral changes result from the ablation of the uterine appendages. Although it is desirable to possess the sum total of our organs in their perfection, I hold that it may be wisely said to any human being regarding the physical as the spiritual frame, "If thy right eye offend thee, pluck it out and cast it from thee; for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell!" Who can conceive an existence more awful than that of a hopeless, painful, lingering invalidism, even when supported by the consciousness of sex? Perhaps in the development of our higher natures even the medical profession may come to look upon interests which affect the physical nature alone as of minor importance.

To illustrate the points I desire to establish, I will give a brief *résumé* of nine consecutive cases of abdominal section performed within the past week in which, during the absence of my colleagues, I was kindly aided by Dr. Joseph Price.

These were not picked cases, but simply such as happened to be in the hospital at the time.

Case 1. Ovarian cystoma. An English

woman; 60 years old; single; brought to the Hospital suffering from peritonitis. She had a resistant tumor, apparently uterine, extending two fingers' breadth above the umbilicus and entirely filling the pelvis. Her suffering from pressure symptoms was extreme; the left leg being swelled to twice its normal size. The patient was unable to pass urine except when standing. The tumor had been diagnosed as fibroid and electricity had been advised. The urgency of the symptoms and the patient's expressed wish led to operative procedure after two weeks' antiphlogistic treatment. Extensive omental and intestinal adhesions were found. The tumor proved to be a multilocular papillomatous cyst of the right ovary. Its lower portion had burrowed downwards into the pelvic fascia from which it had to be pulled out. The removal was difficult.

How much would have been achieved if electricity had been used in this case?

Case 2. Ovarian cystoma. A colored girl 17 years old, entered the Hospital with a history of irregular chills and fever accompanied by diarrhoea which had lasted some weeks. A fluctuating tumor was found reaching to the umbilicus. The pelvic organs were so drawn up that the relation of the tumor to them could not be determined. Cyst of the kidney could not be excluded. On operation, extensive and dense adhesions were found. A cyst of the right ovary was first removed, which evacuated nearly a quart of chocolate-colored fluid. The cyst of the left ovary, about the size of a large orange, was filled with fetid pus. It was

adherent posteriorly to the descending colon, which was almost gangrenous at that point.

This patient had been under the care of two different electricians at different times. The particulars as to their treatment could not be obtained.

Case 3. Chronic salpingitis with adhesions; one very large cystic ovary; the other sclerosed. Patient, 40 years old, married for eight years; had had one child, seven years old; had a history of constant ovarian pain with scanty menstruation. A course of electricity, negative galvanism, applied per vaginam had been tried for two months, three times weekly, without benefit.

Case 4. One pus tube. In this case there was chronic salpingitis, and the fimbriated extremities of both tubes were occluded and adherent to the ovaries. Numerous peritoneal cysts studded the tubes. Adhesions were numerous, and removal was difficult. The patient was 28 years old; married; had had three children, and had been a constant sufferer with pelvic pain for eight years, following an attack of puerperal fever.

Case 5. Double pyosalpinx and abscess of ovaries. The patient was 18 years old; married two years. She had had one child ten months before admission to the Hospital, since which time she had been ailing. Five weeks before admission she was seized suddenly one night with intense abdominal pain, followed by an attack of inflammation of the bowels, with chills and fever. Thus she was brought to us. On removal both tubes were found immensely distended with pus;

the ampulla firmly adherent to the ovaries, which were riddled with abscesses.

Case 6. Double ovarian cysts. They were the size of a hen's egg; the tubes were enlarged and occluded, and the fimbriated extremities were closed. The patient was 24 years old; married two years; has had one miscarriage. She has a history of profuse and painful menstruation, and was admitted into the Hospital with peritonitis.

Case 7. Hematosalpinx of right side, hydrosalpinx of left. This patient's ovaries were much enlarged. She was 29 years old; married eight years; had had two children and one miscarriage. She entered the Hospital for severe paroxysmal pains with flooding. She gave a history of one missed period. Electricity had been advised, also a dilatation with curetting of the uterine cavity.

Case 8. Tubercular salpingitis and ovariitis. This patient had pus in her tubes, complete occlusion of the fimbriated extremities, and a general tubercular condition of the peritoneum. There was accumulation of a large quantity of peritoneal fluid in her abdomen. She was 14 years old, and had a history of suppressed menses with abdominal enlargement. She had extensive adhesions.

Case 9. General pelvic exudation, burrowing pus-sinuses opening into vagina, and through right iliac fossa. Vesico-vaginal fistula. The patient was 27 years old; married two years. Two months before admission to the Hospital, she had had a difficult labor, terminated by forceps. At

the time of her admission her temperature was 104° , and she had irregular chills. Shortly after she had discharge of pus from the vagina, and pointing of pus in the right iliac region. Abdominal incision showed the pelvic organs to be immovably fixed to the pelvis. The anterior face of the uterus was adherent to the abdominal wall. The exploring finger, carried to the right side of the uterus ¹ found a sloughing mass the size of a walnut, which was removed. The pelvis was filled with pus, and the adhesions were too dense for further procedure. The abdominal and pelvic cavities were thoroughly washed out and drained.

The above cases illustrate the varied nature of pelvic inflammation. In how many of them would electricity have been of any benefit?

¹ Our microscopist has not yet reported the character of the tissue composing this mass.