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BY

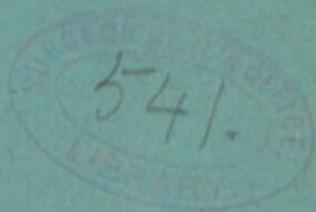
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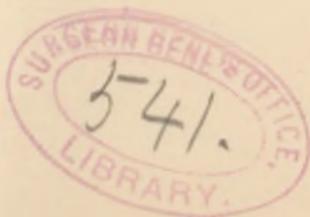


**A PROBLEM IN ABDOMINAL SURGERY: WHY
IS THE UTERUS RETAINED AFTER THE
OVARIES ARE REMOVED?**

BY HARRIS A. SLOCUM, M.D.,
PROFESSOR OF GYNECOLOGY IN THE PHILADELPHIA POLYCLINIC.

THIS question may at first seem to be a startling one and to savor of that ultra-radicalism which the more evenly-balanced minds in the medical profession are constrained to avoid, but a careful consideration of the facts that have been presented to my observation have led me, at least, to the conclusion that such is not the case; that, on the contrary, there are several good reasons for propounding such a query, and that our patients may be benefited in the future if we will take steps to inform ourselves upon such points bear as directly upon the subject.

This suggestion has been reached by observing the large number of women who have continued to suffer after the removal of the ovaries. On close questioning their pains are found to be just, or nearly, the same as before the operation. Sometimes they are described as being even worse, and, although we should use great discrimination in accepting the statements of a patient who considers herself to have been badly treated, yet I am sure that such



suffering as remains is positive and great, while allowing for all exaggeration, conscious or unconscious, on the woman's part.

Having been assured by the operator, and honestly no doubt, that they would certainly be cured and freed from pain if they would consent to an operation, these women have submitted to it hopefully as the last thing to be done after weary months or years of treatment, and have too often failed to obtain the expected relief within varying periods of from six months to three years. These patients wander from one physician to another, and from hospital to hospital, with their pains not only unrelieved but gradually losing hope of relief; and as a rule, the physicians themselves, having learned that an abdominal section has been performed and the ovaries removed, yet the sufferings are just as severe, are often at a loss as to what should be done, and mentally consign the case to the class of "incurables," while they are writing a tentative prescription to afford relief for a time at least.

Continued suffering after removal of the appendages may depend upon a number of causes, and it is distinctly not claimed in this article that hysterectomy will prevent or remove them all, but, if performed under the conditions to be mentioned, I believe that it will certainly prove a legitimate and satisfactory method of dealing with one of the common sources of pain to the patient and disappointment to the surgeon.

Before determining upon the utility of the measure indicated in the title, a brief consideration is required of antecedent matters, the proper under-

standing of which will greatly influence us in forming our opinion regarding it.

First, as regards the physiologic relation of the uterus (and its appendages) to the body. The genital organism, considered in respect to the individual, is not at all essential to that individual's life. It is a specialized department designed for the purpose of continuing the species, and is not a vital part in itself. The function of the ovary is to form the ovum; the *raison d'être* of the uterus is to receive and nourish the fecundated ovum; and menstruation is but a side-issue—the removal of furniture for a tenant that was not prepared to remain.

These organs contribute nothing to the maintenance of the body, and their removal, if not forbidden by danger to contiguous parts, evidently cannot affect the general nutrition, interfere with self-support, or lessen the powers of resistance to adverse influences.

To their tremendous importance as factors in influencing the moral life of an individual, and the latent influences that they exert over her equilibration and well-being, is given full recognition and acknowledgment; but these phases are not now under consideration, our only object at present being to determine upon the relative value of the procreative system as a vital part, or as necessary to the existence of the body.

Much testimony from various sources might be adduced to show the relative unimportance of the genital system *per se* to the general organism, but every physiologist will recognize this; and the physician, when recalling that we are dealing with a

diseased and perverted system, will hardly fail to do the same.

The dominant nerve-supply of the uterus is that of the sympathetic, but it is probably of direct and physiologic use only during pregnancy, because the unimpregnated uterus is really an immature organ, and doubtless the nerve-fibers and ganglia are equally immature, so far as a correct performance of their duties is concerned, and this imperfect nerve-action may largely account for the predominance of the so-called hysterical element in women. It may be presented, in rebuttal, that pregnancy, when the nerves *are* developed, often causes still greater abnormal developments of mentality; but we should remember the artificial surroundings and accompaniments of the majority of gestations in civilized life, and the vast number of pregnancies that have for years been preceded by symptoms of uterine disease, permitting the inference that the muscular home of the fetus is in an imperfect condition for its work from the very beginning.

A complete knowledge of the power that this nerve-supply to the uterus exercises over the body in a healthy woman has not yet been demonstrated, but the untoward effects when these nerve-endings are disturbed are often manifest, and many cases in my experience present evidence that such disturbance exists in a large number of those who have already had their tubes and ovaries removed.

Let it be remembered that in the greater number of cases in the class to which I refer, inflammation has established itself not only in the tubes, but also in the lining membrane of the uterus, and in the

canal tunnelling the uterus and leading to the tubes.

In the hands of the advanced operator of to-day this fact is recognized, and an effort is made to meet it. The uterus is curetted and drained and the appendages are subsequently removed, but the tunnel cannot be reached, and it remains to form a perpetual point of departure for subsequent attacks of endometritis, extending to an organ which is as disposed as ever to participate in such inflammation, whose nerve-supply is ever ready to indiscriminately affect the body adversely, causing the old pains and added reflexes, and which is yet deprived forever of its functions.

It is like an eye that cannot see, yet would bring about all the untoward results of a vicious refraction; like an ear that can no longer hear, yet tortures the body with vertigo and tinnitus; or like a brain that can no longer direct, yet brings to bear upon the body all the vagaries and illusions of an undeveloped or imperfect center.

The next question is: Would the removal of the uterus add to the mortality? Practical experience in this direction shows that the length of the operation is not greatly increased. If an operator begins an abdominal section with the direct intention of removing uterus and appendages, after having ascertained that the latter are irretrievably diseased, the application of another ligature to each uterine artery, the separation of the bladder from the uterus, and the severing of the latter according to Baer's method, with the subsequent attention to peritoneum and cervix, would take from ten to fifteen minutes. So much for the time. The testimony of many writers is to

the effect that they are surprised at the small amount of shock sustained by their cases of hysterectomy. In the records of English and American journals, at the hands of many of my confrères and in my own experience, the same holds true.

It seems to shock the patient less to remove the uterus with its appendages than to remove the latter alone, and I think the explanation lies in the fact that we at the same time remove the terminal nerve-filaments of the inferior hypogastric plexus of the sympathetic; that is to say, the active, working extremity of the nerve. A moment's consideration will recall the difference in receptivity to impressions between that possessed by the sensitive, developed nerve-ending and its trunk. A ray of light falling on an inflamed retina might cause agony, yet the cut end of the optic nerve might be exposed to ten times the amount without recognizing its existence.

Without doubt, the time required in operation is not greatly increased, while the subsequent shock appears to be really lessened.

Another danger that threatens is hemorrhage. In a paper read at the last meeting of the American Gynecological Association several deaths were reported from hemorrhage caused by slipping of the ligature, but one acquainted with the correct method of performing Baer's operation will readily see that if this is carried out as it should be, such a thing would be practically impossible, as the ligatures have tissue on both sides and cannot slip; they may become untied, and so might any ligature. Sepsis from the cervical canal, again, when the operation is rightly performed, is unknown to me.

Reasoning from a knowledge of the condition of the tissues in the different parts, one would expect to have less danger from sepsis than if the cut ends of the tubes are presented to the peritoneum, for these are the very parts in which the disease is pronounced, while the cervix is generally healthy and would be far less likely to contain germs, and would, moreover, act as a far better drain than the occluded stump of tube and cavity of the uterus. When the uterus, tubes, and ovaries are removed *en masse* the infected cavity is not opened, the pus is sealed off in the upper part and cannot come in contact with the tissues.

Undoubtedly oöphorectomy has been performed, in many cases with subsequent cures, and my proposition is presented neither to disparage previous attainments, nor as a measure to be followed indiscriminately and without judgment, but because my experience with hospital and dispensary post-operative sufferers has led me to inquire into the causes of their sufferings, and I find that although some of these are due to adhesions, fistulæ, and hernias, the principal source of trouble is the persistence of a chronic metritis or endometritis, almost always involving the cornua, inaccessible, and practically incurable.

My proposition, therefore, is that we should consider the propriety of removing the uterus, as well as the appendages, in those cases in which both ovaries and both tubes are diseased beyond repair, and when their removal is clearly indicated; inasmuch as the uterus, if retained, is not only absolutely useless, but often becomes a menace to the system.

This measure has been advocated by other writers. Since beginning this paper my attention has been called to a statement made by Dr. B. F. Baer in an article in the *New York Journal of Gynecology and Obstetrics* for September, 1893; but my opinion has been reached almost entirely through my own observation.

I have said that this measure is not to be followed indiscriminately and without judgment. Cases will present themselves in which it would be unwise to carry it out, and each operator must exercise his judgment with each case; but the general proposition holds true, and one need but hear the symptoms and examine the tender, enlarged uterus in these barren patients to feel convinced that this organ should have been taken away when the abdomen was opened, as it has left the patient only a companion to her appendix vermiformis—useless, and possibly dangerous.

One question yet remains to be answered. Granted that patients are not having their lives risked to a greater degree than in oöphorectomy, have those patients who have already undergone hysterectomy given evidence of the benefit we are striving to obtain?

A just conclusion is difficult to reach for two reasons: first, because of the varied methods of performing the operation, and second, because of the character of the previous disease. The old method of constricting the cervix—a barbarous and imperfect surgical procedure in the light of to-day—often subjected the tissues to a painful and perilous tension and invited hyperemia; adhesions to the anterior

abdominal wall were common, and we all know the malevolent influence of adhesions; the amount of uterine tissue requisite for the application of the *serre-nœud* was such that the endometrium was often encroached upon, and the stump that remained had poured into it the vast volume of the uterine artery—an inciter to riotous cell-action.

The greater number of hysterectomies have been performed by this or some similar method down to a recent date, and I think that a judicious observer would hesitate to draw a conclusion as to the results of an ideal hysterectomy from patients who had been subjected to one of the old methods of operation.

The character of the previous disease is so important a factor that it would be gross negligence to ignore it. A hysterectomy for carcinoma might readily fail to bring about such a restoration to health as one would desire. It is almost impossible to be sure that the whole of the diseased tissue has been removed. To give a just verdict, the operation should be the one approaching the nearest to surgical perfection, and the cases should be of the character specified. Those that I have seen answer the question in the affirmative, *i. e.*, they *have* given evidence of such benefit.

An old Irish woman who was cleaning the clinic-room, saw a jar containing a specimen, and asked what it was. On being told that it was a womb with tumors attached, taken from a patient who was now well and working hard, she replied: “Well, well, she won’t live long. Nobody can without their womb. Everybody knows that.”

This dictum from an ignorant person is a faint

reflection of the attitude of the medical world in general. The uterus has long been labelled *noli me tangere*, for reasons too numerous to be recounted here, and I am an advocate of such a policy so far as indiscriminate operation is concerned, feeling that it is our duty to our patients to make every effort to bring about a normal condition without recourse to surgery ; but when the latter is shown to be inevitable, it is equally our duty to do the work as thoroughly as possible.

So far as I have been able to observe, removal of the uterus, when the ovaries and the tubes are doomed, does not lessen the feminine attributes of a woman. The knowledge that all diseased tissue has been removed and no useless organ allowed to remain is a comfort to the surgeon ; its absence does not appear to predispose to vaginal descensus or other lower pelvic disorder, and, by allowing the minimum of blood to the cervical stump, just sufficient to nourish it, reduces the chances of epithelioma—the dreaded bane of so many women—almost to the vanishing-point.

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