A PLEA FOR EARLY DIAGNOSIS IN THE PELVIC DISEASES OF WOMEN.

BY

B. F. BAER, M. D.,

PROFESSOR OF GYNECOLOGY IN THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.

REPRINTED FROM
THE PHILADELPHIA POLYCLINIC JOURNAL,
MARCH, 1892.

A PLEA FOR EARLY DIAGNOSIS IN THE PELVIC DISEASES OF WOMEN.[1]

By B. F. Baer, M. D.

PROFESSOR OF GYNÆCOLOGY IN THE PHILADELPHIA POLYCLINIC.

Gentlemen:—Skill in diagnosis is the highest accomplishment to which the physician can attain, and the degree to which this faculty is possessed and developed will forecast the future measure of his success or failure. But failure of a medical career from a lack of diagnostic skill is so far reaching and disastrous in its consequences that no one who aspires to enter and practice the profession of medicine should fail to cultivate and apply to the uttermost extent the power to recognize and differentiate disease. That "Knowledge is Power" is nowhere more easily demonstrated than in the advantage which the thorough diagnostician possesses over the physician who is less skilful and painstaking in his efforts to learn the true condition of his patient.

If the question were submitted to me, I would urge the medical student whom I found to be lacking in the qualifications necessary for the development of diagnostic skill, to relinquish at once the study of medicine and take up some other vocation or profession in which he might attain greater power for usefulness; and I believe that would be wise and humane legislation which would prevent the advancement of those students who were found wanting in this faculty. It is not, however, to medical students, or at least not to undergraduates, that I am now speaking but to those who have, by contact with disease, already learned to appreciate the value and necessity of further practical

[1]An Evening Lecture at the Polyclinic.

knowledge. This is evidenced by your presence at the Polyclinic, where opportunity is afforded to the physician to supplement what has been done at the undergraduate school and to strengthen the places which he has found weak.

It is my purpose in this lecture, and in several others which are to follow, to call your attention to some of the traditional sophistries which have been handed down to us from a former generation and which have led to some serious errors in diagnosis. One of the most important of these is the so-called menopausal hæmorrhage.

By a strange reasoning, which may partly be explained by the fact that it occurred in the days when phlebotomy was regarded as almost a panacea, the idea that metrorrhagia at the change of life is physiological, gained a foothold in the profession, and through it was engrafted on the popular mind; and it has extended its evils to the present time, for many physicians still believe that the hæmorrhage is beneficial at this period, that the blood loss is depuratory and that it protects the vital organs from injurious or even fatal congestion. This is one of the most dangerous fallacies that was ever advanced in medicine, for there is not the slightest ground, either in reason or in statistics for such an erroneous belief. If it were true, more cases of metrorrhagia ought to be met with at this period of life, or more women should suffer from serious cerebral and other internal congestions, when the bleeding does not occur. Statistics show that the mortality during the five years from forty-five to fifty is no greater than the ordinary increase for each five years of advancing age, and that it is not any higher in females than in males for the same period of life.

A careful analysis of thousands of cases of which I have notes, shows that the percentage of cases of metrorrhagia is less in those from forty to fifty than in those from thirty to forty years of age. Further, in those cases in which the cessation is gradual and without more than the ordinary flow, better health is enjoyed than when the so-called critical floodings occur. In health, the decline and cessa-

tion of the menstrual function takes place without turbulent activity. It should therefore be an axiom in gynæcology that metrorrhagia at the menopausal age, as at other periods of life, is never physiological, but always the result of local disease. The acceptance of this principle would save much suffering and prolong life, for we would then endeavor to discover the source of the hæmorrhage before the disease had become incurable, instead of excusing our lack of care or want of knowledge, and quieting the patient's anxiety, with the statement that, "It is the change of life."

To illustrate and emphasize the danger which comes from delay in diagnosis as a result of the prevalent belief that metrorrhagia about the menopause is physiological, permit me to cite a few marked instances of many that have come to my notice.

Mrs. X. was forty-seven years of age, married and had three children, the youngest of whom was twenty-two years old. She had a miscarriage two years after the birth of the last child, but since then she had not been pregnant. In the interval between the occurrence of the miscarriage and the beginning of the present trouble, she suffered occasionally from leucorrhœa and slight metrorrhagia, with pain in the sacrum. But to this she gave little attention and considered herself well. About three years before she consulted me she began to lose more than the usual amount of blood at her catamenial periods, and the quantity gradually increased with each recurrence, until it amounted at times to a severe flooding. She then began to have a watery fetid discharge in the intervals. She now became anxious regarding her condition, but her fears were quieted by the "wise women" of her circle, who said it was "change of life," and advised her to let "nature take its course." And nature did take its course, for the metrorrhagia and the fetid discharge continued, and she became cachetic. Being now alarmed she consulted a physician, but one who was unfortunately biased in favor of the theory that metrorrhagia at the age of the menopause is physiological. He made an examina-

tion, and found that the cervix uteri was hypertrophied and lacerated, and that the body of the uterus was also somewhat enlarged, but failed to discover the real cause of the hæmorrhage. He informed her that this was not enough to produce the hæmorrhage, that it must be the result of the approaching cessation, and advised her not to worry about it. This was nearly a year previous to the date at which she first consulted me. When I saw her she impressed me as one in the last stage of malignant disease, and I imagined that I could detect the peculiar odor of cancer, so great were the anæmia and cachexia. She had lost all desire for food, was emaciated, and had become so weak that she could scarcely sit up without fainting and was in such constant dread of sudden death that she had become painfully hysterical. I found the cervix uteri considerably hypertrophied, soft and lacerated. The os was patulous and dilatable, and the mucous membrane of the cervical canal congested and abraded. The body of the uterus, as outlined by conjoined manipulation, was found as large as at the third month of gestation, symmetrical, smooth, and rather soft. I next attempted to pass the finger into the uterine cavity, but it was arrested at the internal os by a rounded soft tumor. This manipulation so increased the hæmorrhage that it was necessary to tampon the vagina to control it. I made a diagnosis of degenerating sub-mucous fibroid tumor, but feared it might possibly prove to be a malignant growth from the mucous membrane. The patient entered my private hospital and after the necessary preparation the tumor was removed. It proved to be a fibroid as large as a duck's egg, and it was a benign growth. Exploration of the uterine cavity with the finger after the operation was completed, showed the organ to be free from disease. Her recovery was uninterrupted, and there has not been any hæmorrhage since the removal of the tumor; she has not even menstruated, the menopause having been established.

On January 23, 1892, Mrs. A. was brought to my office by her physician and her husband. She was so reduced in

strength, from loss of blood and extreme suffering that she was almost constantly confined to bed. Her cachetic and anæmic appearance resembled that seen in the advanced stage of carcinoma of the uterus. The history obtained was as follows: She was forty-six years of age and had two children, the youngest being fourteen years. Ten years ago she began to suffer from menorrhagia. The flow was at first only slightly above the normal, but it gradually increased in quantity and on several occasions during the last two years, she has had such profuse flooding that she was in extreme collapse from loss of blood. Finally, she began to have a fetid discharge in the intervals between the bleedings and showed evidence of septic poisoning. During these years of bleeding she has had very little medical attention because it was thought that she was passing through the "change of life." This belief was encouraged by several physicians who were consulted. During the last year she has suffered with attacks of uterine tenesmus which have been increasing in severity and during the last month she has had severe bearing down pains, "just like those of childbirth." These pains had somewhat diminished during the previous week, but she then began to suffer with inability to void her urine. Her present physician made an investigation when first called to see her and found a mass occupying the vagina, which gave him the impression that his patient was suffering from malignant disease of the neck of the womb, and that her malady was therefore probably incurable. In this I was disposed to agree with him, from the appearance of the patient and the odor that was quite perceptible even at a distance. But the history of the long continued hæmorrhage and the peculiar character of the pains caused me to hope and believe that I would find a degenerating fibroid which the uterus was endeavoring to expel, and the result happily proved that I was correct.

On examination I found, just within the vulvar orifice, a mass of pale, whitish tissue which resembled the appearance presented by carcinoma of the neck of the

uterus. A finger was introduced within the vagina where a large, rounded mass was found, entirely filling the pelvis and pressing firmly upon the urethra and rectum. The tumor was as large as a child's head and occupied the position which that organ occupies in the second stage of labor. By carrying the fingers up and around this mass I was just able to feel the rim of the cervix which was greatly dilated. At several points the surface of the tumor was friable but there was a toughness at its upper portion which caused me to believe that the growth was fibrous. Placing my hand upon the hypogastrium I found there a circumscribed tumor which, from its fluctuating character and shape, I believed to be the distended bladder. A catheter was at once introduced and at least three pints of urine flowed, the hypogastric tumor disappearing and the patient immediately feeling greatly relieved. Operation was advised and, with the assistance of Dr. W. A. N. Dorland and Dr. Bechtel it was performed at her home on the next day.

After the patient was anæsthetized and on the table, her family physician urged me not to proceed with the operation should it prove, on further examination, to be malignant and I must confess that the markedly cachetic appearance of the patient and the odor, caused me, even then, to doubt the correctness of the opinion which I had expressed the day before. After thorough irrigation with bichloride solution I convinced myself that the tumor was a fibroid, but I was not sanguine as to the result of an operation at this late stage, for the discharge had a decided fæcal odor and I feared that the pressure had caused a perforation of the rectum at the upper portion of the vagina. I proceeded, however, to break down the softened degenerated portion of the tumor. The remainder proved to be exceedingly tough and required the greatest effort to deliver it through the vulvar orifice. When the tumor was removed from the vagina it was found to be attached to the fundus of the uterus by a good sized pedicle. This was severed with scissors. The uterus was

now found to be almost entirely inverted, but I succeeded in replacing it. There was very little hæmorrhage, and after thoroughly irrigating and tamponing the cavity of the uterus and vagina the operation was concluded and the patient returned to bed. She made a good recovery.

Permit me to refer to another danger to which women suffering from metrorrhagia at this period of life are exposed, by the fallacy of regarding the hæmorrhage as physiological. Cancer of the uterus is regarded by many physicians as necessarily fatal from its incipiency, and they therefore look upon operative interference as futile, and as unwarrantably subjecting the patient to the pain and danger of a useless effort to eradicate or even to palliate the disease. Now suppose that these patients had consulted some one who held such views, and that he had concluded from the history, symptoms, and the general appearance of the patients that they were cases of cancer—which they resembled very closely—and then on examination the disease had been pronounced malignant and non-interference advised. The patients would certainly have succumbed to the hæmorrhage caused by a benign tumor. That is exactly what did occur in the following case.

Not long ago I was called to a neighboring county to see a patient who was said to have cancer of the womb. I found her in a dying condition and presenting the appearance of one in the last stage of carcinoma. The history I obtained was as follows:

Two or three years previously she began to lose more than the normal amount at her menstrual periods. This had increased until the blood-loss amounted at times to a flooding, and there had also been a watery, fetid discharge. She had in the meantime been under the care of her physician who at first ascribed the hæmorrhage to the change of life, although later he had prescribed remedies for the purpose of controlling the bleeding. But an intelligent examination had not been made, nor had counsel been asked until this late stage of the disease had been reached.

On examination I found the vagina filled with a degenerating fibrous polypus which was attached by a small pedicle within the uterine cavity. It was so easily removable and so tempting that I at once, while making the examination, broke the pedicle with my fingers and removed the tumor, which was about the size of the fist. The operation did not require three minutes' time, nor the removal of the patient from her bed. The removal of the tumor, however, did not have the slightest effect upon her and she died a few days afterwards, another sacrifice to traditional error!

Why should there be a necessity for hæmorrhage at the menopause? It has no analogy in comparative physiology, and it does not relieve symptons. On the contrary those very women who suffer with irregular hæmorrhages at this period, are the ones who are most troubled with the so-called nervous signs of the approaching change of life, as flushings, etc. Apoplexy is very uncommon in the female at this age; and when it does occur it probably results from anæmia and not from plethora. I believe that women suffer less about the menopause since venesection has been abandoned than when it was practiced regularly. Let me relate the following case in illustration, which, with others, long ago proved to me that it is to the pathological condition which results in the hæmorrhage, that is due the various nervous disturbances common to this period and which are usually ascribed to the age of the patient.

Mrs. W. first consulted me in January, 1878. She was then forty-three years of age, and had six children, the youngest being twelve years. She had suffered from menorrhagia since the birth of her last child, and recently from metrorrhagia, which would amount at times to enough to be designated a "flooding." She also had occasional attacks of rectal hæmorrhage during the last few years. In addition to the loss of blood, she suffered intensely from the burnings and flushes, vertigo, palpitation, dyspepsia, and other nervous disturbances, to which women at this age are especially liable *when the functions of the generative system*

are not performed properly, i. e. when there is a diseased condition present.

The uterus was found large, soft from engorgement, and sharply retroflexed, but it was mobile and not tender on pressure. The cervix was involved in the general congestion and hypertrophy of the uterus, but was not otherwise diseased. The sound indicated a soft, hypertrophied endometrium. Except in partaking of the general congestion, the pelvic tissues and organs around the uterus appeared to be normal. Examination of the rectum, however, showed the hæmorrhoidal vessels to be in a varicose condition.

The plan of treatment followed in this case was one designed to restore tone to the uterine and pelvic vessels and tissues, to thereby reduce the amount of blood circulating in that locality; and it consisted in the reposition of the uterus and the occasional use of the curette, with the application of the appropriate remedies to the uterine cavity, together with the general medication indicated. It is sufficient for my purpose to state that as the metrorrhagia diminished and the catamænia became more regular, the nervous and other symptoms subsided; but when the hæmorrhage would return, which occurred a number of times during the next two years, at the end of which time the menopause was established, the nervous symptoms would return. After the cessation of the catamænia, the patient remained well, until she began again to lose blood from the rectum, when the nervous symptoms returned with such severity as to suggest to her physician that the hæmorrhage was probably vicarious, or supplementary to the menstrual flow. The vertigo was especially marked, so that the patient was in dread of apoplexy, and thought that the hæmorrhage was conservative. She was bled from the arm, on several occasions by her family physician. But this had no other effect than to quiet for a time her disordered mental condition, and she finally consented to submit to the removal of the hæmorrhoids, and that operation was performed in 1883. She has not lost any blood since, and she informed

me recently that she has continued in excellent health. I do not think it can be said that the metrorrhagia in this case was at any time physiological, or that the hæmorrhage from the rectum was conservative, in protecting the patient from apoplexy or other serious disease.

To further show the danger of neglecting patients who are suffering from metrorrhagia at the period of the menopause, let me relate the following cases of malignant disease:

The first case was sent to me by Dr. D. P. Pancoast of Camden, N. J. The patient was forty-two years of age and a widow. She had had five children, the last one six years ago. Her labors had been unusually difficult. About two years before I first saw her, she found that she was losing more blood at the catamænial epochs than usual, and that her strength was failing as a result. The irregular hæmorrhage was attributed to the "change of life," and the patient was advised to submit to the loss until the menopause should have been reached. But the hæmorrhage rapidly increased until she was rarely free from it, and she was extremely emaciated when Dr. Pancoast was consulted. The doctor found the os uteri widely dilated and a mass of tissue, polypoid in form, projecting from it; this he suspected to be malignant. My examination confirmed his suspicions, for the growth was of a very friable, vascular character, and on passing my finger within the uterine cavity I found that it originated from many points on the surface of the mucous membrane. The cervix was not involved in the disease, and the body of the uterus was mobile. Hysterectomy was considered, as the disease seemed to be confined to the uterus, but we concluded that the patient was now so exhausted that she would almost certainly succumb to so radical an operation. To check the hæmorrhage for a time and rid the patient of the degenerating and decomposing tissue which was rendering her life a burden, and with the hope that she might regain strength, the diseased tissue was scraped away and the surface cauterized.

The improvement of the patient was so rapid that within a month she was able to visit a friend who lived at a distance. The hæmorrhage and other discharges had ceased, and her color and weight had improved to a remarkable degree. But the respite was only temporary, as we had anticipated, for a few months afterwards she died from acute peritonitis, which, I think, resulted from hæmorrhage into the peritoneal cavity. Hysterectomy should have been performed as soon as she had recovered sufficient strength, but she wished to defer it.

The second case was that of R. X., who consulted me in March, 1880. She was then aged forty-two years, married, had two children, the youngest ten years of age. Since the birth of the last child her menses had been rather profuse, and she had some leucorrhœal discharge, with slight inconvenience in the pelvis and pain across the sacrum. Six months previous to the date at which I first saw her, she had an attack of metrorrhagia which lasted two weeks, and this had been repeated frequently within that time; she had not been able to go out of the house, and rarely to leave her room, for three months. She had lost more than twenty pounds in weight, had become pale, and suffered from great nervous prostration.

Examination showed the uterus to be slightly retroverted, considerably enlarged, and not freely movable. The cervix was somewhat hypertrophied, but was otherwise normal. The sound was passed through the internal os with difficulty, on account of some obstruction met with at that point, and indicated the uterine cavity to be large, soft, and rugous; and its withdrawal was followed by a very fetid, sero-purulent discharge. I diagnosticated fungous hypertrophy of the endometrium, but feared, from the degenerated condition of the tissues, that it might be malignant. I at once decided to dilate the cervical canal and remove the disease as far as possible. Tents were inserted and when they were removed, twenty-four hours later, the os was so patulous that the index finger could be readily introduced into the uterine cavity, which was found to be

festooned with ridges of hypertrophied tissue. This was soft and ulcerating on the surface, but it was firm at its attachment to the uterine wall. I removed, by means of the polypus forceps and the sharpe curette, all the redundant growth, aggregating enough to fill the palm of my hand, and then thoroughly cauterized the surface with nitric acid.

As soon as the patient had recovered from the immediate effects of the operation, I placed her upon the enforced discipline and diet of the "rest treatment," together with tonic and alterative medicines appropriate to her condition. Antiseptic douches and an occasional application of equal parts of Churchill's solution of iodine and pure carbolic acid to the uterine cavity, completed the local treatment. Three months after the operation, she had gained fifteen pounds in weight, and was otherwise so much improved that she felt her health had been entirely restored. There had been no return of the metrorrhagia, and the cavity of the uterus appeared to be free from disease. She then went to spend the summer in the mountains of Pennsylvania, and when she returned in the fall she looked the picture of health, and assured me that she was as well as she had ever been. Careful examination was made at this time, and I failed to detect any signs of a return of the malady.

Twelve years have now elapsed since the operation, and this lady enjoys good health; there has not been the slightest evidence of a return of the disease, and examination of the uterus confirms the outward appearances, for it seems to be in normal condition.

The microscope showed these two cases to be of like malignancy ("endothelial cancer",) differing only in the stage of the disease.

These cases present the two extremes of the disease, and very forcibly illustrate and strengthen the position which I have taken as to the cause and treatment of metrorrhagia at this period of life; and they show the value of seeking for and removing the cause of hæmorrhage without delay.

For if the same decisive plan of treatment had been followed in the first case as in the second, when the first signs of the pathological change were manifested, the life of the patient very probably would have been prolonged, and possibly saved, *i. e.*, the disease eradicated; for there is a possibility that this form of disease in this locality (uterine cavity) is not essentially malignant in its incipiency, but only becomes so after the health has been undermined by a prolonged drain upon the system, thus destroying the inherent resisting power, or plastic force of the tissues, and allowing an activity of a lower type to take its place.

But how shall we discover the disease in its incipiency? This can never be hoped for until we, as physicians, come to regard all irregular discharges from the uterus as the result of local disease, requiring immediate intelligent investigation, and teach women to so regard them. In this matter the physician must be the educator. It is true that in many cases the disease is so far advanced before the stage of ulceration is reached, upon which the discharges of cancer usually depend, that little, except to palliate the symptoms, can be hoped for; but there are also many exceptions; some in which the disease begins as a superficial ulcer; others in which the growth partakes of the nature of a papilloma in its early stages, and in these cases very much towards prolonging life and alleviating suffering may be accomplished. Then, by healing all sources from which these discharges originate, of whatever pathological character, it is possible that the soil, fertile for the development of the malignant affection, may be destroyed, and its growth prevented.

2010 Chestnut Street.