

## DILATATION OR DIVISION OF THE CERVIX UTERI.

To the Editor of THE LANCET.

SIR,—I should perhaps thank the friends of Dr. Gream for calling his attention to my paper on Painful Menstruation, as the great object of all discussion is to elicit truth and establish correct principles of practice; but if they had shown him the whole series, it might better have subserved the purposes in view. He seems to have misapprehended my paper. It was on painful menstruation, and not on sterility. For dysmenorrhœa dependent upon a contracted cervix, I said that incision was a safer and more permanent means of opening the cervical canal than bougies.

From 1845 to 1856, like Dr. Gream, I pursued the method of Dr. M'Intosh, of Edinburgh, and found it most unsatisfactory and unsuccessful, as most others have done. From 1856 to the present time I have practised, after my own plan, the operation of incision (which originated with Dr. Simpson), and I have great reason to be satisfied with it. In some cases of dysmenorrhœa it has failed to do permanent good, while great numbers have been cured by it, and in many of cases it has been followed by conception. Dr. Gream says he has seen but one case of conception following incision; and in that the cervix was split so widely open that a miscarriage resulted in consequence. How far Dr. Gream was instrumental in provoking the miscarriage by thrusting his finger up into the cavity of the uterus to explore its contents, I leave to his own consideration. I take it for granted that he is too good a physiologist and too good an accoucheur to be ignorant of the influence of such a proceeding. But whether Dr. Gream provoked the miscarriage or not, does not in the least affect the question of too largely cutting open the cervix. I have never seen such a result after my method of operating, and Dr. Emmet and myself have performed it more than five hundred times. But I have seen one case of large fibroid of the uterus since I came to London, in which the canal of the cervix had been opened to a frightful extent by the metrotome caché, an instrument to the employment of which I object for reasons which I have already stated. This is certainly one of the dangers of this method of operating, and those who employ it should thank Dr. Gream for calling their attention to it. But it would be more philosophic to avoid a wholesale condemnation of a useful operation because some one has made a mistake in its performance. According to my plan of operating by cutting from the os tincæ upwards, this accident cannot happen. The only trouble with me is to keep the mouth of the womb open enough, as I have already sufficiently explained in my papers. Dr. Gream speaks of Sir Benjamin Brodie's division of the mucous membrane of the female urethra for the extraction of stone; and draws an analogy between this and the bilateral incision of the cervix uteri, concluding that both must contract alike, although the one is left to the unaided efforts of nature, while the other is not. Thus we see Dr. Gream objecting to the incision of the cervix uteri, partly because it may open it so largely that it becomes possible to produce an abortion by pushing the finger forcibly through this canal into the cavity of the womb; partly because the canal may contract again and prevent, as before, the spermatozoa from passing to the uterine cavity; and very obviously, because it was originated by "certain practitioners." He cannot recognise the possibility of the operation ever reaching the happy medium, and making the canal neither too large nor too small. Dr. Gream inveighs against certain accidents of the operation. So

do I. Dr. Gream condemns the whole process; but I labour to make it simple, safe, and efficient. If all operations are to be viewed from Dr. Gream's stand-point, what single one in the whole range of surgery could be justified?

I have the right to presume, from what Dr. Gream says, that he never performed the operation, and never saw it done. Would it be just to condemn the operation of the extraction of cataract because one of his friends became totally blind after it? Would it be sensible to preach against iridectomy because it was done too late to save the vision of another dear friend? Would it be wise in him to repudiate the operation for vesico-vaginal fistula as now so successfully performed because some one may not have been cured by it, or may even have died in consequence of it? From Dr. Gream's own showing his opinion would be worth just as much on any one of these four great operations as on the others. He is quite as good authority on iridectomy as on hysterotomy; and no better on one than on the other. For he boasts that his knowledge is not gained by hospital experience, and he would not be likely to attempt such an operation as hysterotomy for the first time in his "matured private practice rather than in hospitals."

Dr. Gream asserts that only "the more wealthy classes of society" want offspring, while to "other classes it is comparatively of less importance." I had thought that the wish for offspring was a deep-rooted sentiment—a yearning desire wisely planted by God in the human heart, and not hidden away by Mammon in the balance-sheet of a bank account.

Dr. Gream "repudiates tampering with the virgin uterus under any but the most urgent suffering." So do I; and so does every other honest man. But does Dr. Gream mean to say that he would make no efforts to cure a severe case of mechanical dysmenorrhœa simply because his poor suffering patient happened not to be married? If a young lady of twenty-five had a fractured thigh, would he object to have it properly set?—or a dislocated hip, would he oppose its reduction because she was not married? Assuredly Dr. Gream means no such nonsense. Shall I remind Dr. Gream of the motto that thrills the heart of every true Englishman when he looks upon the proud escutcheon of his great country—"Honi soit qui mal y pense?"

The words, Sir, of Dr. Gream's strictures were directed at me, but their *animus* evidently was not. I do not think it exactly fair in Dr. Gream to take me for a text, and then begin to lash right and left at "certain practitioners," and thus compel me to their defence. If Dr. Gream means by "certain practitioners" Dr. Simpson, he ought to have had the manliness and the independence to say so. Dr. Gream is wrong in his strictures as applied to me or my practice. If he is right in their application to Dr. Simpson, he has been wrong to smother the truth so long, merely to blaze forth now with such a torrent of virtuous indignation. But I have still the hope—indeed the expectation—of seeing Dr. Gream change his mind on the subject of this operation. Like all sensible men, he is open to conviction, and even to conversion. I once opposed, and very firmly too, the operation of ovariectomy. I was then practically as ignorant on the subject as Dr. Gream now is on hysterotomy. Enlarged experience changed my views, and I have for a long time advocated and practised it with success, and am not ashamed of the change. Even Dr. West—recognised, not only at home, but on the Continent and in my own country, as one of the highest authorities of this age on the diseases of women—has modified his views on ovariectomy, and that without detriment to his deservedly great reputation. But to bring the thing a little nearer home to Dr. Gream, let me remind him that in 1849 Dr. Gream wrote one of the most intemperate and violent philippics against anaesthesia in midwifery that can be found in the English language; that Dr. Gream afterwards learned better; new lights rose up before him; the scales fell from his eyes; he became first the private advocate of anaesthesia in midwifery, and afterwards wrote publicly in its defence. This is noble and praiseworthy, and all that can now prevent Dr. Gream from advocating hysterotomy in proper cases, when properly performed, will be the want of opportunities of seeing the operation and observing its results.

Dr. Gream volunteered a little friendly advice to me, in winding up his strictures against "certain practitioners." In the same spirit I will now tender him a little counsel. When Dr. Gream wishes to criticize the views of Dr. Simpson or any one else, let him do it frankly and candidly, and not by insinuation. If he wishes to criticize mine, I, like Dr. Gream, am open to conviction; but I protest against being made answerable for "instruments so rudely forced through the canal

[cervical] that acute symptoms have followed," and for "pieces of metal fixed in the uterus, which had remained there in some instances for days, and in others for longer periods, while inflammation was set up and abscess resulted;" and for "sixty instrumental introductions, with the view to remove dysmenorrhœa." Such practice is in imitation of Dr. M'Intosh and Dr. Gream. Let Dr. Gream, then, correct the evils of his own teachings and the blunders of his own followers, for certainly I am not responsible for them.

I am, Sir, yours faithfully,

Bolton-row, May-fair, April 10th, 1865.

J. MARION SIMS.



thoroughly well able to "hold his own," that I feel certain he will be rather pleased than annoyed by a little discussion; and I, therefore, venture to ask for his attention and that of your readers to the following remarks.

1. The use of the *speculum* is advocated by Dr. Sims because he never selects a plan of operating by the touch alone and in the dark "if it be possible to aid the manipulatory process by the sight." And he asks, if any of us wanted to cut off part of a long uvula, "would it be judicious to run one finger down the throat and guide by it some machine for performing the operation in the dark? or would it be more surgical and more precise to look into the throat, seize the part with a proper appliance, and amputate it where our judgment would determine to be right and best?" There is something so captivating in this style of argument that we may be led to assent at once, and overlook the essentially different nature of the two cases. It would be impossible to feel the uvula with a finger, and guide an instrument for cutting part away, without exciting such convulsive spasms of the fauces as would mar the success of the operation. There is no such difficulty encountered in performing any operation on the uterus "by the touch alone and in the dark." Nor is there any sort of objection to looking down a woman's throat. But it makes an immense difference in the sufferings of a modest woman if an operation can be done under the bed-clothes without any exposure, or if the speculum has to be used, and held, as Dr. Sims directs, by an assistant, the patient "having been, perhaps, eight or nine minutes (!) on the table." But I would go further than this, and say to anyone who regards the fears of his patients little and their modesty still less, that the operation can be much better done with a proper instrument in a second or two by the touch alone than it can be by the complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. Sims, and I say this after trying both methods.

2. The extent of incision recommended by Dr. Sims is, in my opinion, too great, unnecessary, and the cause of the bleeding which leads to such precautions in his practice. The bleeding, he says, is "usually unimportant, but sometimes it is furious." He divides the whole of the vaginal portion of the cervix quite through on both sides with scissors, and then with a knife carries on the scissor-cuts on each side "up to the very cavity of the womb." This is a far freer incision of the cervix than that recommended by Dr. Simpson, and even his incisions appear to me to be unnecessarily free. I have seen many women in whom, after such complete incision, the vaginal portion of the cervix has curled up and almost disappeared, while the remains of the cervical canal or the os internum have become nearly impervious.

Yet, putting aside the cases where we incise the cervix on account of fibroid tumours, I believe all the good that can be gained by hysterotomy in the cure of uterine flexions and of obstructive dysmenorrhœa and the sterility which is so often associated with these conditions, is certainly gained by an incision which only passes through the mucous membrane and the innermost layer of muscular fibres. I believe it to be not only unnecessary, but dangerous and injurious, to cut into the thicker middle layer of muscular fibres—containing as it does large vessels, especially veins,—and *à fortiori* into the outer layer which is so intimately connected with the peritoneum. Indeed, I cannot see any possible object that can be attained by making a freer incision than is necessary to admit a No. 8 catheter easily into the uterine cavity and to imitate the transverse fissure into which the circular os of the virgin is converted in a woman who has borne a child. By the small incision chronic congestion of the mucous membrane and follicles of the cervix is relieved, and any existing stricture is divided as well as the circular fibres immediately beneath the mucous membrane called by Kölliker the *sphincter uteri*; while all important bloodvessels are avoided. I have incised the cervix very often, and I only remember one case in which there was any bleeding of consequence. In this patient I cut quite through the cervix as recommended by Dr. Sims, and plugged with cotton; but there was a dangerous recurrence of bleeding when the plug came away forty-eight hours afterwards. I have never seen a peri-uterine abscess in my own practice, but I have seen two fatal cases after free incision in the practice of others; and I have seen so many cases in which the cure of obstructive dysmenorrhœa, of obstinate flexions, and of sterility has followed the small incision, that I am confident very free incisions are as unnecessary as they are dangerous.

I am, Sir, your obedient servant,  
T. SPENCER WELLS, F.R.C.S.

Upper Grosvenor-street, April 3rd, 1865.

#### DR. M. SIMS ON HYSTEROTOMY.

To the Editor of THE LANCET.

SIR,—I am sure that my friend Dr. Marion Sims will not be offended if I state why I think his mode of incising the os and cervix uteri, as described by him in THE LANCET of April 1st, p. 333, requires careful consideration before we adopt it in this country. His papers are so valuable, and he is so