

THE INFLUENCE OF PREJUDICE AND CRITICISM ON THE PROGRESS OF GYNÆCOLOGY.

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[The following is a condensation rather than an abstract of a presidential address delivered before the North of England Gynæcological and Obstetrical Society at Sheffield and published in the *Sheffield Medical Journal* nine months ago. It is so well considered in its subject-matter and is so timely in its application, that we would gladly republish it in full did our space permit. In spite of the length of time elapsed since its publication, we have been unable to find more than a passing notice of it in any journal in this country.]

To every one who has engaged in the special study and practice of gynæcology and cognate subjects and who at the same time has kept alive to the contemporary progress made in other fields of medical science, it must have occurred at some time or other that the bias produced by emotion has a more powerful influence in gynæcological discussions than in the controversies which mark progress in most other departments of medical knowledge. . . .

It may not be unprofitable to make some observations on its methods, its cause and its consequences. . . .

And first of all for some sort of definition of my terms.

By prejudice in this relationship I mean that mental condition, partly inherited, partly acquired, which renders us almost or altogether impervious to new ideas and new knowledge, or makes us receive it through such refracting media that we see it as it is not. The outcome in action of such a frame of mind is either to ignore methods of treatment which may be advantageous, and therefore to fail in doing the best possible for our patients, or to so modify and misapply them as to do harm with what should have been useful therapeutic instruments.

There is an intermediate state between undiluted prejudice and the genuine critical attitude of mind which often gets credit for being the latter, of indicating strong independence of intellect, and of which we have had many distinguished concrete examples among British gynæcologists—that is, the supercilious, absolutely impervious frame

of mind. The mind becomes a mere page of formulæ, the great man himself a Tithonus among the immortals. "The tendency of the ordinary human being is to believe too much. This inborn credulity is checked and abridged by our experience; we soon discover that we have been assuming too much, and by degrees we abate our confidence and adapt our views to the reality of things." This is the ordinary healthy development which makes for true knowledge, but there is a class of mind which looks upon every new experience in the way of abatement of confidence as a sort of insult and very early rebounds to the other extreme. It does not become selective and critical, but impervious. It reaches a sort of mental climacteric and ceases to conceive or even to permit the approach of germs of living knowledge. Our best examples of this condition of intellect are usually distinguished members of their profession, who are mistaken for giants of logical acumen by the non-critical practitioners and the public. It is not intellectual perspicuity and sound judgment at all—it is mere pseudo-skepticism, the worst form of prejudice because it is the most obstructive and mischievous.

As to criticism in reference to the class of subject with which the gynæcologist has to deal. It is of course the same as applied to all medical subjects, but there are some peculiarities in its scope and applications which we may note and exemplify. It implies first of all a certain amount of knowledge and experience as its basis, such as the average mind may become furnished with by a certain amount of industry and from the lapse of time. It implies a certain clearness of intellectual vision as well as intellectual honesty, combined with the power to suppress the emotional side, which always tends to bias the intellect and lead to false conclusions. If it is to do the highest service in the cause of medical science it must be disinterested; and this is the criterion, as far as our ordinary experience goes, with which medical criticism has the greatest difficulty in complying. "The first essential of knowledge is that it be true." The truth or falsehood of statements contained in an ostensible contribution to knowledge is to be made out for ordinary practical purposes by analysis and comparison of the elements contained in it with knowledge already acquired. If there be anywhere contradictions there is falsehood. . . .

If this process be difficult when we are applying the criticism to the work of a friend, or disciple or teacher, how much more severe the task must be in dealing with our own work! Indeed, it is the want of intellectual honesty and clearness in seeing ourselves as others see us which chiefly stands in the way of the application of that criti-

cism which would prevent so many contributions to medical literature from ever seeing the light. Few men have the gift of being hard on themselves. . . .

Let us now try to illustrate, and make more plain and clear, phases of prejudice and its workings. And first take—

I. *Personal character* apart from any motive or influence which could be called blameworthy. The late Dr. Matthews Duncan, whose influence on the progress of gynæcology no one will deny, was brought up in a peculiar school, which had its influence upon him, no doubt; but he was a man of singularly conservative cast of intellect, and probably the turn which his professional method took would have developed sooner or later, even if he had been spared the early influences produced by exhibitions of professional charlatanism, jealousy, malice and evil speaking which probably soured his temper and warped his judgment. His resentment against cant and dishonesty took the form of extreme frankness and honesty of purpose at first, but probably in the course of years it became a mere mannerism. His important professional position and his character gave him great influence upon his juniors and upon foreigners, and there can be little doubt that his dicta upon many gynæcological subjects, apart from serious consideration of their merits and merely by reason of the man's force of character and the clearness of his views, had an unduly retarding effect upon the progress of gynæcology. I do not refer to his efforts at resistance to the current of surgery in gynæcology: in that there can be little doubt he did good service to science. I am referring rather to comparatively small matters on which his utterances were more clearly the expression of individual prejudice—matters probably familiar to all, which one would only refer to with a feeling of kindness and respect if at all.

II. We can hold such conservatism in respect, for it is honest from the moral side and it almost invariably implies a large endowment of the power of analysis and sense of proportion from the intellectual side. But there is a common force at work and influence concerning which we can have nothing but the strongest terms of condemnation and resentment. This is the influence of *personal animosity* disguised in the terms of apparent impartial criticism. Take one or two illustrations, which I shall not set down as positively proved examples of bias of judgment by personal ill-will. You can judge for yourselves.

(1) You are aware that nearly twenty years ago Emmet, of New York, proposed a simple operation for the cure of lacerations of the cervix uteri and the changes in the cervical portion of the uterus

which result from these injuries. It was an operation which "caught on" in America and was abused, but it did not obtain the recognition which it deserved in England. In a recent work on gynecology there is a page which might be an excerpt from a mediæval monograph, so obsolete and erroneous are its statements on the subject of "ulceration of the womb." Referring to laceration, it goes on to say: "A well-known American gynecologist has conceived the idea that this rent is the cause of all the mischief, instead of being a mere incident which is not of the slightest consequence in itself. A great flood of operations has in consequence gone through the practice of gynecology of recent years for the stitching up of this innocent fissure. The real trouble is in the subinvolution and the consequent chronic metritis, as we shall see by and by, and nothing more useless than 'Emmet's operation' has ever been introduced into surgical practice." Now, this language does not sound like fair criticism; it has an emotional ring about it. To one who has frequently performed Emmet's operation and seen it cure cases in which the tortures of the ordinary treatment of "ulceration" had been applied for years, it absolutely and completely discredits the judgment of the writer. But the key to the vigor of the language used seems to me to do much more; it forces upon our attention the element of personal animosity in the guise of criticism. When calling upon Emmet a few years ago I learned the details of a personal quarrel between the author of the operation and the author of the book. The merits of a quarrel are never known till both sides have stated all the truth but, as far as I understood them, the American gynecologist might well be angry and sin not. . . .

III. Another aspect of practice under which we see the influence of bias is in the hostility of those whose names have become associated with an operation or method of treatment to the introduction of any modification or change, or even improvement. It is the bias of the *beati possidentes*. Here, as a rule, prejudice attains its most respectable position; it tries to use the language of criticism, but its sayings are the mere conventionalities of the formulist who assumes he has reached finality. It is loud and confident, but it means little and occasionally becomes almost fatuous. It is Snug the joiner that we hear, not the lion; and yet the voice has occasionally succeeded in frightening the gynecological crowd!

(1) Take, for example, in the first place, the reception given to the electric treatment of uterine disease, especially fibroid tumors, in this country. Contrast the moderation of the language in which Apostoli introduced his careful experimental work to the profession

in England with the language of Mr. Knowsley Thornton and Mr. Lawson Tait, as representing the interests opposed to it, and you can not but feel ashamed of the representatives of English gynæcological surgery. Mr. Lawson Tait's references to his work of over twenty years before, and his testimonials in support thereof, are a thing *pour rire*, but his attack on M. Apostoli's reputation and professional position in Paris belongs to a different category. I am not discussing the merits of the electric treatment of uterine disease; I merely give illustrations of the methods by which science is not advanced. . . .

IV. We see the well-springs of another form of bias in the revulsion in some conservative minds from what they consider extreme statements on the side which they are disposed from bent of intellect or previous experience to oppose.

(1) We are all familiar with the levity with which some gynæcological surgeons open the abdomen for purposes of diagnosis. On the extremely opposite horizon stood the late Dr. Matthews Duncan, who, in spite of all his experience of uterine and ovarian disease, recommended, even in his last published Clinical Lectures, the tapping of dermoid tumors for the purpose of diagnosis with certainty before proceeding to the "great operation" of ovariectomy. The feelings roused by seeing such a man in such an untenable position, the shame of it I might almost say, only stirs further resentment at the recklessness against which his position marked the reaction. . . .

V. Let us now consider for a moment an intermediate condition of the professional mind before taking some illustrations of the influence of criticism in its proper field of influence. We pride ourselves on our intellectual attitude toward new-fangled things, our medical skepticism, which as applied to other subjects gave rise to the mediæval proverb, *Tres medici, duo sceptici*. No sentiment is more popular among us than the oft-quoted "*Nullius addictus jurare in verba magistri*," but the *verba magistri* are just as potent now, in a more restricted province, as among the schoolmen. (1) Take, for example, some episodes in the history of intra-uterine medication. We all remember the use of fuming nitric acid in the treatment of endometritis. In a book published in 1871 you may read "its application causes very little, indeed in general, no pain; it produces but a superficial slough and has a wonderful effect in bringing about a healthy condition of the mucous membrane lining the body and cervix uteri," etc. "Such is the treatment I nearly invariably adopt." The author recommends the protection of the lower part of the canal and the os externum by means of the glass cannula, with as much confidence as if no such

thing as capillarity had ever been heard of. We all remember how we employed this powerful chemical agent and I at any rate could tell of some serious mischances, even though the patients all escaped with their lives. Still we continued under the influence of authority, even though the *magister* had discredited his judgment by describing the curette as "an unscientific instrument and ill-adapted to obtain the object in view." . . .

VI. Let us now consider for a moment an element occasionally introduced into our literature. It might be termed carping criticism which leads to nothing.

The author of a recent book on the surgical diseases of the ovaries and Fallopian tubes says in his preface "though the book is largely based on personal investigation, full justice is done to the original work of other surgeons. This is a method rarely followed by those engaged in that section of surgical craft known by the grandiloquent term—Gynecology." This passage surely sounds like mere spleen; it certainly suggests that the writer has been unfortunate in his acquaintance with gynecologists. I think he would find it very difficult to substantiate the insulting accusation against gynecologists as a class. In the book he takes occasion to refer to "adenoma of the neck of the uterus: the condition known by the ridiculous term of *erosion*."

Here we have an implied criticism of names, which have often been criticised before in an honest, practical spirit. None would more readily welcome any suggestion of value than the gynecologists, but here we have only a sneer; and I regret to have to say that within the compass of the book there is no opportunity afforded us of welcoming a practical suggestion. . . .

VII. Now let us consider some episode in the history of gynecology illustrating the legitimate function of criticism in relation to things which are new in fact or by repute. When Dr. Alexander, of Liverpool, brought before the notice of the profession an operation which he asserted with a considerable amount of well-arranged and well-stated evidence was efficacious in curing retroflexion of the uterus, he at once arrested the attention of all specialists in diseases of women. . . . Many questions were naturally asked about the operation and objections were raised which the author might have taken in a more philosophic fashion. However, no answer could be obtained except from evidence of the results of practice. "To act is so easy; to think is so hard." We all went into action and left the reasoning to follow. Soon from all hands allegations as well as ques-

tions began to demand attention. It was alleged by men whose professional character would bear the strain that the operation was difficult to perform; and the author replied in vain that it depends upon the skill of the operator. It was alleged by men who obviously only sought to do their best for their patients that the results were not permanent, and this no doubt had its effects even against the author's assurance that his results were permanent. It was alleged in objection to the operation that it caused great pain and distress, that there was suppuration almost invariably which continued a long time and that the patient must continue in the recumbent position for many weeks if a good result was to be obtained. These objections came from all parts of Europe and America, and those were by no means few or feeble which came from France, where the operation had been rather warmly taken up. . . .

VIII. The prejudice of international rivalry. The diligent reader of the special literature of France and Germany can hardly miss observing the barrier to universal acceptance of therapeutic measures which the bitter rivalry between the two countries for many years has raised.

France was slow in accepting abdominal section for diseased ovaries which came to it from Germany. The Germans were unwilling for long to accept the curette and the various appliances and measures for intra-uterine medication which came originally from France. . . .

The study of the subject does not necessarily lead to professional pride and exultation, for we are driven to the conclusion that much of our progress has been in circles; and for this sad fact I chiefly blame the indiscriminating respect for authority. . . .

Gentlemen, I have thought myself justified by this opportunity of addressing you on a general subject relating to our special work to "take occasion by the hand" and call your attention to what I believe to be a reproach and an opprobrium to British Gynæcology. . . .