

THE
AMERICAN GYNÆCOLOGICAL
AND
OBSTETRICAL JOURNAL.

MAY, 1895.

THE EARLY HISTORY OF VAGINAL HYSTERECTOMY.*

BY GEORGE J. ENGELMANN, M. D., ST. LOUIS.

The history of vaginal hysterectomy, this supposedly most recent of gynæcological operations, takes us back fully one century and is of peculiar interest, because every step in its development can be clearly traced and because it reveals to us a soundness and broadness of medical thought and a perfection of gynæcic surgery in the first decades of this century which is as instructive as it is surprising.

The discussions of that day in reference to carcinoma uteri cover much the same ground as that recently gone over, and the conclusions reached as to the relative value of high amputation and complete extirpation are the same as those now attained as the result of more general experience; *then*, the views were those of the advanced surgeon only; *now*, they are held by the profession at large. It shows us how useless a discovery is and how readily forgotten if not in line with the march of general progress and in keeping with the spirit of the period.

Not until the last decade has this operation become one of the accepted surgical procedures, and yet as long as three fourths of a century ago it was successfully performed by the methods now in vogue and described with an accuracy and attention to detail now rarely found.

* Read before the Southern Surgical and Gynæcological Society, Charleston, November, 1894.

Some new procedures or discoveries are the results of inspiration or the product of independent thought, and others, as it is so strikingly instanced by this operation, are the culmination of a series of progressive steps, the natural sequence of gradual development.

In this case accident and ignorance paved the way: the cutting off of the inverted and *prolapsed puerperal* uterus, under the supposition of its being a neoplasm of some kind, was the first step; if this could be so easily accomplished the *prolapsed cancerous* uterus could certainly be removed, and this was proposed (Wrisberg, 1787; Osiander, 1793) and at length accomplished (Osiander, 1801), by drawing down or artificially prolapsing the organ; the uterus had now been successfully amputated above the seat of disease, and then, in a favorable case, complete prolapse, it was cut away, together with the appendages (Langenbeck, 1813), leaving but a little of the fundus with its peritoneal covering; it was but a trifling step further to total extirpation, and this soon followed (Sauter, 1822 *) and *in situ* but without the application of ligatures, which seemed an impossibility yet was accomplished a few years later (Dubourg, 1829) after bringing down the partially liberated organ, and this completed the last step in the perfection of vaginal hysterectomy.

The possibility of successful removal of the cancerous uterus *per vaginam* had been demonstrated, "but the opposition of a non-progressive and jealous profession and of a public terrified at an undertaking so bold and new," prevailed, and the operation was forgotten to be rediscovered in the new surgical era, a period better adapted to such incisive procedures.

The cutting off of a prolapsed puerperal uterus by the midwife was an accident repeatedly recorded in recent centuries and even in antiquity but passed unheeded until the latter part of the last century, when detailed reports of such cases now and then appeared in the medical journals, notably the one related by Wrisberg (*Goettinger Gelehrter Anzeiger*, No. 81, p. 810). A midwife who had inverted and prolapsed the uterus in her efforts to drag out the placenta seized a bread-knife and cut off the bleeding tumor which protruded from the vagina, believing it to be a polypoid growth of some kind.

* I can not too warmly thank my good friends, Drs. E. S. Lewis, of New Orleans, and James R. Chadwick, of Boston, for having kindly placed in my hands the valuable publications of Dubourg and Sauter, which have given me many pleasant hours and an impetus to further study in this direction, so that I am now in a position to present the historical features of this operation, the practical side of which I have endeavored to lay before the profession in my paper on Vaginal Hysterectomy.

Wrisberg reasoned that if a prolapsed puerperal uterus could be removed without danger to life or injury to health the prolapsed non-puerperal uterus could likewise be removed, and he proposed amputation of the prolapsed cancerous uterus but did not venture to carry out his suggestion.

Though it be true, as Baudelocque claims in 1803, that Lauvariol suggested the operation about 1783, or as Lazari claims (*Medico-Chirurgical Journal*, of Parma, 1812) that the priority belongs to his countryman, Monteggio, it was the publication of Wrisberg which first bore fruit; inspired by his ideas, Osiander took up this line of thought in 1793, teaching the operation, which he for the first time actually performed in May, 1801, though he did not publish until his ninth successful case, in 1808, having in one instance performed the operation a second time upon the same patient on account of a recurrence after three years.

Attention was now directed to the subject of amputation or excision of the uterus, extirpation as it was then called, and cases in point were more frequently recorded.

The midwife still continued her work, and in Siebold's *Lucina* (vol. i, No. 3, p. 401) we find the complete description of a case occurring in Switzerland, in which the attendants were surprised by the descent of a large tumor, and as it could not be removed by traction, the article states, "the boldest of the fool women present seized a razor and cut it off"; ice checked the hæmorrhage, rest and Nature completed the cure, which was perfect, only an incontinence of urine remaining.

Physicians taking note of the success of the procedure resorted to amputation where reposition was impossible—thus the case of Hunter in Duncan's *Annals of Medicine* (1799, vol. vi), and of Joseph Clark (*Journal de médecine*, 1805, vol. ix); but as a method for the treatment of irreducible inversion amputation has not been revived, though recently extirpation has again been advocated for the relief of prolapse.

As a surgical procedure for the removal of the cancerous uterus, the question was now before the medical world, and in 1810 the Royal and Imperial Academy of Vienna offered a prize for the most satisfactory solution of the problem, demanding an answer to a series of carefully prepared questions, thoroughly covering the subject of uterine cancer and its surgical treatment, which would do credit to any scientific body at the present day.

They may be well recalled as extremely suggestive even at the

present time. The first two refer to malignant disease in any part of the body :

1. Under what conditions may we expect permanent relief from the removal of a malignant growth ?

2. Is the removal of a malignant growth advisable, even though a cure is not reasonably to be expected and the general condition of the patient may even be aggravated ?

3. Is the extirpation of the carcinomatous non-prolapsed uterus to be considered as one of the duties of the surgeon ?

4. If so, what is the best method, how is it to be done, what special precautions are necessary, what are the dangers and how are they to be guarded against ?

5. What cases, considering location and extent of the disease, are to be operated upon ?

6. Can a satisfactory diagnosis be made in the individual case as to the feasibility and successful issue of the operation ?

7. Is the cure complete with the successful issue of the operation and healing of the incision, or are further therapeutic measures indicated ?

The fact that the prolapsed puerperal uterus could be safely removed had been amply demonstrated and Osiander had shown that the non-prolapsed uterus could be brought down within reach of the surgeon's knife and its cancerous portion removed, but would this secure against return of the disease? In case of a malignant growth in breast or testicle the entire organ was removed, but while it would appear that complete extirpation of the cancerous uterus alone could secure immunity, was this feasible or even justifiable? the practical solution of the problem involved too serious, too desperate and novel an operation to be undertaken by even a bold surgeon without some justification, and this was given by the questions propounded by the Vienna Academy, a power in medicine.

Yet it was some time before the operator ventured beyond a high amputation, prolapse of the intestines and the opening of the abdominal cavity were feared and stood in the way of complete removal.

Langenbeck (Langenbeck's *Neue Biblioth.*, 1813, ii, p. 672), approximated total extirpation in a favorable case, one of complete prolapse, removing the cancerous uterus and appendages by very high amputation, leaving merely a thin layer of uterine tissue underneath the peritoneal covering of the fundus.

The final step was taken by Sauter (Conzanz, 1822), who successfully removed the entire organ *in situ* without the use of ligatures ;

the patient survived the operation, was relieved of suffering, for a short time was able to do her own work but died six months later, without any evidence of relapse, from indistinct bronchial and intestinal troubles.

Sauter published quite a little volume fully describing this case and seeking to answer the questions of the Vienna Academy. He shows that extirpation of the cancerous uterus is feasible, an operation which can be safely and successfully performed and which the surgeon is in duty bound to resort to for the relief of suffering woman-kind. The method was practically the same as that now adopted, as near as it could be without speculum, ligature or pressure forceps, but knife and scissors were kept close to the uterus in order to avoid larger vessels. Loss of blood was slight, but one small vessel spurting and this readily controlled by pressure with fingers; styptics, sponge and lint for tamponade were on hand, but not needed; the uterus could not be drawn down, as the polypus forceps would not hold in the friable tissue of the cancerous cervix, so the organ was pressed down by the hand of an assistant, who also sought to press the intestine upward.

The reasons given for the operation and for every step in it are such as might be expected from the scientific surgeon of to-day: The sufferings of the patient were unbearable, she clamored for relief or death, but she was beyond help by medication, the knife alone was in question. Operation was still possible, because the infiltration did not extend to the vaginal walls or the ligaments and tissues surrounding the uterus; but the only operation so far performed, the so-called extirpation, the amputation of Osiander, would be useless, as the disease already extended beyond the cervix toward the fundus; removal of the entire organ afforded the only possible hope. Thus reasoned the brainy, high-minded village surgeon, and the wretched sufferer gratefully took the slender chances of the desperate operation he was willing to undertake for the first time. Though a cure was not effected, she was relieved from suffering, temporarily restored and died an easier death, the probable result of an operation at so late a stage, when the cervix was already destroyed and the body of the uterus invaded; the operation was justified if not absolutely indicated.

Sauter laments the impossibility of earlier operation, which he advocates, and laments and condemns the ignorance and narrow-mindedness of the "mere prescription-writing physician," who fails to recognize the disease and seeks cure by medication, until the condi-

tion of the patient is such that relief at any price is sought, but she is beyond the possibility of surgical help.

Have conditions changed much?

Sauter believes himself to be the first to have performed this operation and so does Dubourg who, in 1829, successfully removed the entire cancerous uterus at Auteuil, near Paris, and at a later date operated in New Orleans, as described in his little memoir on the *Extirpation of the Uterus* (New Orleans, 1846), a very thorough little work and remarkably like the preceding one of Sauter, covering the entire ground, urging the operation as one from which the surgeon skilled in the use of the knife must not shrink.

The various steps of the operation are like unto those of the present, as we may see from his *résumé*: "First, an incision with the bistoury upon the tense vesical wall of the vagina. Second, a dissection around the neck with scissors for about one half the circumference of the vagina. Third, the application of the double tenaculum to the fundus; the passing of the fingers to the rear and turning forward of the uterus, making it appear outside with its ligaments, then ligation and dissection complete the extraction, resting the entire uterus on the vulva; exploring the posterior wall of the vagina in order to remove a more or less large flap in accordance with the extent of the infiltration." Let me call especial attention to the manner in which he emphasizes this latter step, which he deems as important as the searching for each single glandule which may be found in the amputation of a cancerous breast. Other equally good points are made which have been looked upon as results of comparatively recent experience. So Sauter notes the disease of the kidneys caused by pressure upon the ureter, either by an enlarged uterus or a pelvic deposit, not as a contra-indication like other lesions of the kidney but rather a point in favor of operation.

In 1829 extirpation of the cancerous uterus had been successfully performed in France and Germany, the method had been practically perfected and these operations had been fully described in medical publications; but the era for such bold procedure had not yet come, the surgical mind was not yet prepared to grasp such apparent extremes nor was the public prepared to accept such measures.

Dubourg, who tells us that in 1846, to his knowledge, the operation had been performed some thirty times, says that it has met with opposition "as malicious and false as that which was raised against Ambroise Paré and his ligation of arteries. The entire herd of medicos incrustated by routine, the mass of intriguers who speculate

upon their science, sought to advertise themselves and to cast ignominy upon this great man ; and if Ambroise Paré, this physician of four Kings, was vilified for seeking to replace the cruel methods of checking hæmorrhage, by burning the wound with red-hot iron or boiling wax, should he complain if he be persecuted for practicing this noble operation ? ”

He truly says that it must be a cowardly surgeon who will listen to the cry of the public, who are unfit to judge, or to the malignity of his brethren, who are always ready to defame him. It can only be a surgeon who is a poor friend to his patient who will hesitate to aid woman to escape the horrible torments of that disease, by every means science can suggest, even at the risk of his own reputation ; and he truly prophesies that in time the extirpation of the uterus will prove useful to a large class of invalids.

“ When this operation,” he adds, “ appears less terrible it will be decided upon before woman is weakened by hæmorrhages, by suffering or cachexia ; the chances will then be more favorable, by reason of a less vitiated constitution.

“ It will be more useful when operative methods have been perfected, and we will operate with greater skill because even the failures are instructive. The only real contra-indication is the cancerous cachexia or the ravages of disease upon the parts to be operated upon.” Notwithstanding the success of isolated operators here and there, notwithstanding the success achieved by the now practically perfected operation, it fell into oblivion. It had been brought fairly and fully before the profession in all its phases, described in the lecture-room, in medical journals, in separate publications and even in text-books.

E. von Sieboldt's *Diseases of Women* (vol. iv, p. 500) describes the methods of Oslander—high amputation with cauterization, high amputation of the cervix, excision with packing of the cavity with styptics and complete extirpation by vaginal hysterectomy. Yet this pioneer of the capital operations was doomed to oblivion ; it was premature. Possibly it may have been public prejudice which swayed the surgeon, but certain it is that we hear nothing more of the operation until revived after the undoubted success, and the acceptance by the public, of ovariectomy, which was actually a contemporary operation ; vaginal hysterectomy the European, and ovariectomy the American sister. In their first years, during the first quarter of this century, the fate of both was the same. Both were too far in advance of their time ; neither the profession nor the public were ripe for such

procedures, to which we must be led by the slow process of progressive development.

Hysterectomy completely died out, while ovariectomy lingered along. Our own great McDowell battled in vain against the prejudices of the times, and in vain, as it seemed at the time, was his work which has since proved so great a boon to humanity.

The work of the Atlees saved ovariectomy from the death of its fellow, but no Atlee appeared for hysterectomy; none were bold enough to continue the work of hysterectomy in the face of the attacks made and the abuse heaped upon this operation as it was upon ovariectomy, be it by ignorance or jealousy on the part of the profession or by prejudice on the part of the public.

We must remember, too, that it was a brave woman only who would face the trials of this time-consuming operation without anaesthesia, and woman must be ever grateful to her brave sister of that day who for the first time faced this danger.

Ovariectomy, which had barely survived, not under the fostering care of the great hospitals and the teachers of surgery but at the hands of the country surgeon, received a certain impetus with the discovery of anaesthesia, and was rapidly perfected with the advent of the antiseptic era. When this had been thoroughly established as an operative procedure and its methods perfected, the surgical treatment of the diseased but non-enlarged ovary was the next step. Then the attention of the surgeon was directed to the uterus itself, and Freund's operation was the first step in this direction—the removal of the uterus and, of course, by abdominal section, which had proved so successful in operations upon the ovaries, but the results were almost invariably fatal. This was in the seventies, in the very home of Osiander, hardly more than half a century since the cancerous uterus had again and again been successfully removed *per vaginam*, while by the new method death was almost inevitable.

The work of Freund found imitators here and there, but almost always with the same result, and a lull followed.

Extirpation of the uterus by abdominal section was a failure, and the numerous fatal results caused a temporary halt; the attempt had been made in the wrong direction, under the impulse of the dominating idea of the period, the success of ovariectomy by abdominal incision.

Freund's operation is an admirable example of the prevalence of fashions, as it were, even in surgery. The removal of the ovary by laparotomy had proved unexpectedly successful, but as yet the knife

had penetrated no farther into the abdominal cavity ; it had not ventured beyond the ovary and laparotomy was synonymous with ovariectomy. Ovariectomy led to hysterectomy. The success of abdominal surgery in operations on the one organ naturally promised well for the other, and not until continued fatal results had proved this method an impossibility was this line of attack abandoned ; then we returned to follow in precisely the same course which had been taken four-score years before ; from the high amputation of Schröder to total extirpation was an easy step. Hysterectomy *per vaginam* was the natural sequence to the high amputation and at once proved successful. Thus the operation had been rediscovered, as it were, or had been again reached in the natural sequence of surgical progress.

Again, in this reappearance of the operation we see the gradual development step by step ; while in the earlier period extirpation had been more rapidly reached, through amputation of the prolapsed parturient uterus, the prolapsed and then the non-prolapsed cancerous organ ; in the recent period of the reappearance of the operation, amputation of the cervix, high amputation with conical excision, led to complete extirpation after the failure of the attempts induced by the prevailing interest in laparotomy. Freund's operation is a conclusive proof of how completely the work of earlier surgeons had been lost, and the fatal results of hysterectomy by this method would naturally suggest the thought whether many a life might not have been saved by a little research, whether untold anxiety and suffering on the part of the patient and worry and disappointment on the part of the physician would not have been prevented by a glance at the work of the previous generation, by the study of the surgery of earlier days.

Hysterectomy, with anæsthesia and antisepsis, with speculum and pressure-forceps, in this era of popular and successful surgery, was far more easy for the surgeon. And yet the new operation in the early eighties was of comparatively slow growth, because it was approached with some doubt by reason of the serious results which had followed extirpation of the uterus by abdominal section.

Comparatively favorable results, a comparatively low mortality, ere long firmly established vaginal hysterectomy as one of the accepted procedures in surgery for the removal of the cancerous uterus. The operation is not distinctly referable to any one surgeon but seems to have gradually grown in the well-prepared soil, and certainly now it was timely and in proper season.

The only difference between the modern method and the old was

the speculum and the ligature, which greatly facilitated the work of the surgeon, while antisepsis removed the most serious dangers and anæsthesia many difficulties; and now that extirpation of the cancerous uterus had been rendered a comparatively safe and simple procedure, it was Péan, its staunchest friend, who extended the vaginal method to other than malignant diseases.

The natural sequence was the application of the operation to other dangerous and incurable diseases confined to this organ, to benign neoplasms and inflammations; and within the last decade this operation has been developed and has attained a degree of perfection which is astonishing, even in view of the triumphs accomplished by antiseptic surgery in all directions at the present day.*

Thus vaginal hysterectomy has been extended in its application from the removal of the cancerous uterus to the removal of the non-malignant, whether diseased or tumefied organ, and this is the advance of the present over the past, but even this had been distinctly suggested; thus Sauter says that "the conditions which necessitate total extirpation are malignant disease and, perhaps, *other morbid conditions confined to the uterus*, localized and proved incurable, which cause great suffering or undermine health, if they *do not threaten* the life of the patient."

Though we have but little time and less leisure for historical research in this progressive and practical age, so firmly are we impressed with the pleasant sense of the superiority and perfection of this period, this little retrospect touches upon so much that is of interest that we may well give it a more than passing thought. First of all, we can trace the development of this operation step by step, with every link in the chain complete, clearly demonstrating the course of medical progress and throwing light upon seeming discoveries, the steps to which are less apparent.

Then, again, the development of this one operation is so fully portrayed that it presents among its many points of interest a comparison between the surgery and surgeons of the past and the present, between methods old and new, revealing striking contrasts and yet striking similes as well, notwithstanding the difference of conditions and circumstances in all phases of life. In fact we find much that has re-

* I shall not here enter upon the various claims of priority for hysterectomy in connection with disease of the appendages, pelvic suppuration and uterine fibroids. This pertains to the history of the day, to the surgery of this decade, and may be found in my paper on Vaginal Hysterectomy for Suppurative Disease of the Appendages, *Trans. Southern Surg. and Gyn. Soc.*, 1893.

cently been claimed as new discussed, if not practiced, by the conscientious and observing surgeon of that day.

This operation was proposed at an early day (1793, 1787), and yet, notwithstanding the clear demonstration of its feasibility, by the successful removal of the puerperal uterus, it was not attempted until years later (1801), nor was the pen rashly wielded.

Osiander did not publish until he had operated upon his ninth case, 1808, seven years after his first attempt. Langenbeck, who operated in 1813, did not publish until 1817; the same mature deliberation characterized the work of our own McDowell. Dubourg published in 1846, in New Orleans, his work in Auteuil of seventeen years before, though briefly described at the time.

The interesting little work of Sauter on *Complete Extirpation of the Carcinomatous Uterus* (Constanz, 1822), an admirable exponent of the best medical thought of that day, is dedicated to "the operating medico who has been and will yet be interested in hysterectomy, to Osiander, and to woman and her heroism, the inspiration to this work."

He touches upon many points which we have looked upon as among the more important of recent acquisitions. He applies this operation not alone to cancer but also to *other* not otherwise controllable diseases confined to the uterus, which undermine the constitution of the patient; and in discussing the question of complete extirpation or high amputation as practiced by Dupuytren and Osiander, he gives preference to extirpation because, as he rightly says, though the cancer may appear to be confined to the cervix, we can not tell how far the infiltration has already extended; and he even believes total extirpation to be preferable to high amputation in the early period, when the cervix alone is involved, as there is less danger of hæmorrhage and greater certainty of success. The main contra-indication is the evidence of cancerous infiltration in any of the tissues surrounding the uterus, be this ever so slight, then cachexia and serious lesions of any vital organ. But we must remember Sauter calls special attention to the fact that we must except certain renal lesions which are produced by pressure upon the ureter and, on the contrary, call for the operation, which affords the only assurance of cure. He urges early operation, before the vitality of the patient has been sapped and her recuperative power diminished, and loudly blames the mere "prescription-writing physician" for toying with medication and not heeding or not recognizing the deadly enemy until the sufferer is beyond the surgeon's help. Judicious observation is evi-

denced by Sauter's preference for total extirpation, as more likely to remove every vestige of disease, and Dubourg's advice for complete removal of all visible infiltration in the uterus and about it as equally important with the removal of infiltrated glands in the operation for mammary cancer.

If I have again recalled some of the views expressed, it is to emphasize the correct opinions held in those early days—opinions which were too far in advance of the general knowledge of that time, so that they were ignored and forgotten, to be again reached in the development of a more advanced era.

All the various methods of the present day for the drawing down of the uterus were resorted to; Osiander used the ligature passing through the uterine body, and when this tore out he used a calculus forceps; the volsellum forceps were used by Dubourg; the toothed polypus forceps by Wenzel; Struve even invented an instrument to be inserted into the uterine cavity for pulling down and controlling the position of the part.

Extirpation by the *combined vagino-abdominal method* was likewise proposed. Guterblatt (Sieboldt's *Obstetrical Journal*, vol. i, part 2, p. 228) describes the opening of the abdomen and the liberation of the uterus from its connection from above by *cutting downward upon an instrument* devised by himself, which was *inserted through the vagina* and served to press up the parts and guide the knife, apparently identical with one of the new instruments of the present day used in this supposedly new method of operation.

Even the erratic procedures of an ingenious operator whose method is scarcely believed a possibility by the wondering surgeons of this era of simple and rapid hæmostasis, vaginal extirpation without ligature or pressure forceps, in fact supposed to be a myth by many, is purely and simply the operation of 1822, a return to the early days.*

The operations were successful and remarkably well performed if we consider the exceedingly unfavorable conditions existing, a neces-

* March 16, 1895. This paper was written in the fall of 1894, before serious consideration had been given to the operation without ligature or pressure forceps, and the possibility of such a procedure was doubted, but within the last months the "peeling" out of the uterus has been advocated in some of our journals, and this operation, once a necessity, is now placed before us as the most advanced of surgical procedures. The work of earlier surgeons seems to have been completely unknown or ignored, but these methods, highly creditable in the first quarter of the century, must now be termed bad surgery.

sarily tardy operation, the patient weakened by suffering and discharge. Opinions were antagonistic, "the surgeon had to face the vigilant jealousy of his brethren and the curses of a justly terrified public," and the death of the patient was likely to be accounted murder; brave men they were who faced such dangers and sought to give relief in the far advanced cases which alone came for operation. The prognosis is remarkable if we consider the period; the reasons given by Dubourg for operation are that the woman has no other resource and that she will sacrifice, to the hope of health and to relief from suffering, at worst only a very short period of a wretched life. Nor does Sauter expect more from operation in the advanced stage; he looks for the death of a patient at an earlier day than without extirpation, even though this prove successful and she does not die on the table; he rightly believed that the brief span of life would be more bearable and death more rapid and easy. The technical difficulties of this operation were also much greater, without speculum or pressure forceps, without anæsthesia or antisepsis. The parts were comparatively inaccessible unless drawn down; hence the ligature was rarely used. A tampon of lint or punk with styptics served to control hæmorrhage, which never proved alarming.

Sauter looked upon the ligature as impossible and hence did not use it; the one essential point in which he is not up to date; * while Dubourg did not deem it essential but applied it when necessary after the partial liberation and bringing down of the organ; in his first case one single vessel was tied and a great deal of blood was not lost; in these extirpations of the uterus without the use of the ligature the amount was estimated at from one half to one and one half pounds. The time occupied in the first operation of Sauter was forty-five minutes; but with this experience he believes that fifteen minutes will suffice for the next. Dubourg required twenty-five minutes, but a Spanish surgeon kept his patient on the table for three hours.

The discussions are much the same as those which we have passed through in the past decade before the complete acceptance of the operation. First came the question as to the advisability of the operation, under the theory that cancer was a constitutional not a local disease. Then as to the probability of a cure, even though all the diseased part be removed, and whether amputation or complete extirpation was preferable when the disease was limited to the lower part of the cervix.

* March 16, 1895. This method, the peeling out process, has lately been placed before the profession as the most recent modification of the operation.

The possible danger to the system from removal of the uterus is so well treated by Dubourg that I cite his own words. He says: "The uterus has neither organic value nor reaction before puberty nor after the change of life, which comes sooner or later; the operation brings it about immediately. A woman who has suffered extirpation of the uterus can be compared to one who has passed the menopause, because, in the first case, she is deprived of the organ and, in the second, of its function only. In both cases her constitution no longer receives the stimulus, hence there is no contra-indication from any reaction which may be caused by the properties or influence of the uterus in a case in which the life of the woman is in question."

Prejudices and jealousies undoubtedly influenced many of the views expressed: Osiander was attacked on all sides; Wachter, a Dutch obstetrician, believes that Osiander's successful cases were not cancer but some benign neoplasm, while those which were malignant died rapidly after a more or less prolonged period of immunity.

Wenzel (1816) in his book on *Diseases of the Uterus* believes that no good could come from the amputations of Osiander, as part of the infiltrated organ remains, and that patients so cured for a time die more rapidly after the inevitable reappearance of the disease. He says that complete extirpation alone can offer hopes of relief. In fact, various writers express the opinion that hysterectomy proper must be resorted to if any operation is to be attempted, while others claim that amputation may cure.

Dupuytren (*Bib. Med.*, February, 1815) tells us that of his seven cases of amputation or extirpation of the neck, one has returned in eighteen months; one in two years; and another was well after four years; and this holds good at the present day for the average case which is already far advanced and in which extirpation is really indicated.

The numerous claims for priority are indicative of the imperfect dissemination of medical literature. Langenbeck, who first operated five years after the publication of Osiander, does not mention him with a word; Italians and French claim the operation as well as Germans; Baudelocque in 1803 expresses his doubts as to the method and says that it was suggested twenty years before in the Chirurgical Academy by Lauvariol, and Lazari in the *Medico-Chirurgical Journal*, of Parma (1812), claims the priority of the suggestion for Monteggio.

Sauter says, and from all I can gather I believe this to be true, that he is the first who extirpated, completely removed, the cancerous uterus when not prolapsed (1822). This same claim is made by Du-

bourg for his operation performed in 1829, and it seems, justly as far as France is concerned, as the famous *Dictionary of Medicine* of Breschet (1822) says, that this operation is impracticable and impossible. The public press and the medical journals of the country certainly give him the credit he claims, and the interest which his operation aroused may well be appreciated when I say that the secular press of the day proclaimed his success, a most unusual proceeding at that period.

It is unnecessary to cite the various opinions. The fact is that the amputations of Osiander, the *extirpatio colli* of Dupuytren, had been fairly successful and had led to complete extirpation, as successfully performed and fully described in 1822, and some surgeons, though few they may be, occupied almost precisely the same ground which the advanced surgery of the present day has taken after the experience of the past decades. Sauter urges vaginal hysterectomy in cases of uterine cancer, unless the neighboring tissues, ligaments or vaginal walls show evidences of infiltration, and such infiltration of the surrounding tissue he points out as the one contra-indication, in addition to cachexia and constitutional disease.

If the disease is limited to a small part of the organ the indications for the operation are positive, he says; if it is more advanced, they are dubious; if extending to neighboring tissues, contra-indicated.

If the indication is a dubious one, it is the duty of the surgeon to operate, to give the patient the one chance for life. Amputation he believes less certain, claiming that what is true of other organs is true of the uterus: that if any part is thus diseased it is better to completely remove the whole, and he urges hysterectomy in place of amputation, even if the disease be limited to the lower part of the cervix, claiming that the danger is no greater and the hæmorrhage even less in total extirpation than it is in partial amputation.

As to the malignant disease itself, he clearly expresses that view, which now is most general, and upon this he bases his plea for early operation. He says: "It seems as if Nature for a time held the dread enemy imprisoned, to give us time to exterminate him ere he broke forth in every direction in his destructiveness. Death is certain without operation and late operation useless."

So clearly and fully have the indications been given, so minutely has the operation been described, so fully discussed, and yet it fell upon barren soil. The spirit of the period was not sufficiently advanced and complete oblivion followed.

With so thorough a preparation, so complete a paving of the way, that faulty and fatal misstep in the progress of gynæcological surgery, abdominal hysterectomy, might well have been avoided, had the authors and operators of earlier days received the attention which is due them.

GEORGE JULIUS ENGELMANN, A.B., A.M., M.D.



Born in St. Louis, Mo., July 2, 1847. Founder. Vice-president, 1886, 1895. President, 1900. Council, 1879, 1882, 1888, 1898.

A.B., Washington University, St. Louis; 1867; A.M., 1870. M.D., Berlin, 1871. Master in obstetrics, Vienna, 1872.

Professor of diseases of women and operative midwifery in the Missouri Medical College and St. Louis Postgraduate School of Medicine. Consulting surgeon to the St. Louis Female Hospital. Physician-in-chief of the Maternity Hospital.

President of the Southern Surgical and Gynecological Society, 1890; St. Louis Obstetrical and Gynecological Society, 1887-1889. Honorary president of the International Congress of Gynecology and Obstetrics, 1892-1899. Fellow of the London Obstetrical Society; British Gynecological Society; Boston Obstetrical Society. Member of the American Medical Association; Massachusetts Medical Society; American Association for Advancement of Science; St. Louis Academy of Science. Honorary member of the Harvard Medical Alumni Association; Medical Society of the State of New York; North Texas Medical Association; University Archaeological Association of Philadelphia. Corresponding member of the Obstetrical Society of Philadelphia; Medico-Chirurgical Society of the German Physicians of New York; Buffalo Society of Natural Sciences, etc.

Died, November 16, 1903.