

A SURGEON'S CRITICISM OF GYNECOLOGY.

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It is noted that under the heading of "Unnecessary Operations upon Women," Arthur Dean Bevan (*Surgery, Gyn. and Obst.*, 1906, p. 591) has taken occasion, through assumption without proof, to criticise gynecology and gynecologists. True, he admits that the "evils" which are so "glaring" in the ranks of the gynecologists might affect, to some degree, other special-

ties, and might even creep into the fold of the general surgeon. There is a spirit of ill-feeling shown towards specialism in general and gynecology in particular. Whether or not neurologists or ophthalmologists or orthopedists, or gynecologists profit by specialism does not matter. Whether or not humanity at large profits by specialism matters much. To do away with specialism would reduce us to barbarianism; each man his own hunter, his own fisherman, his own warrior, his own tailor. Providence has decreed differently. Cells are specialists, sexes are specialists, men are more and more specialists as they become more and more civilized. If there was no specialism, no division of labor, there would be no doctors of medicine. But in the science and art of medicine, does the world profit by some perfecting themselves in one line and some in another? Or, would it be better for each medical man to be required to practise all branches of the art, knowing no one thing better than the other, treating all classes of medical cases, doing orthopedic and abdominal surgery, dentistry and gynecology, besides preparing his own medicines and appliances? Any departure from this is specialism. Put in this light, I think all will agree when I say that specialism must exist. I hold that the medical man should have a well-grounded education, a hospital experience if possible, experience in general practice, and then by process of exclusion, some line of work should be reached in which, by devotion to work in that line, one should aim to do something better than any other person has been able to do it, and this is specialism. This man meets with his neighbor working in this line, and a society is formed. Societies become general, and a specialty is created. As specialists have become more and more necessary, and as they have done a vast amount of work to bring medical science a little nearer perfection, or, if we prefer, to carry it further away from imperfection, they fortunately have never been quite isolated. There has been and must be some overlapping. A patient is to be treated, and not the special organs alone, and these special organs bear a relation to other organs. This overlapping of the specialties (and we must not forget that internal medicine and surgery are specialties) is desirable, for it serves to stimulate growth and emphasizes the importance of other fields. The desirability of this overlapping, however, does not do away with the desirability of and the necessity for the existence of

special workers in any given line. Unfortunately, this overlapping has, at times, given rise to jealousies and petty bickering. To those so inclined, it is not strange that criticism is directed in the line of one's economic interest. The specialty of general surgery has exhibited its particular venom against gynecology, not because gynecology has failed to make discoveries, not because it has not labored, not because it has not included good men in its ranks, not because these men have not been earnest workers, not because gynecology has not progressed, not because there is no more work to be done, not because any other specialty could do the work better, not because others are more honest, not because the world would be richer without it, but because gynecology, more than any other specialty, stands in the way of the surgeon's economic interest.

For this reason gynecologists have lost their place upon the staff of many of our large hospitals. The work has been taken from the hands of those who would do it best and make the most scientific use of it, and has been placed in the hands of the general surgeon, who often, at the best, does amateur gynecology, and who makes little scientific use of the material. For this reason we are treated to this unwise and unfair criticism (Bevan: *Surgery, Gyn. and Obst.*, Oct., 1906, p. 591):

"I shall say that my own impression of the surgical work done on women, especially that done by men who limit their work to gynecology, is that certainly 30 per cent. of it is unnecessary and unwarranted." He gives a long list of operations, which are undoubtedly necessary at times, but which are admittedly done unnecessarily at other times.

"First, 'Curettings without pathological warrant.'"

We would like to ask how many times our surgical critic has subjected these curettings secured by competent gynecologists, to microscopical examination.

Sixth, "The operations for so-called cystic degeneration of the ovary, a condition which is found in almost all female cadavers, and which is physiological and not pathological."

Let us remind our anatomical friend that patients are oftentimes found in the dissecting room clinic, uncomplaining over conditions which they would not tolerate in a gynecological clinic. Without burdening himself with proof, he then asks these questions:

First, "Are these operators dishonest?"

Second, "Are they ignorant?"

Third, "Are they misguided surgical enthusiasts?"

He says: "The answer is, that some are dishonest, some are ignorant, and some are misguided surgical enthusiasts."

Again he says, "The principal offenders have been men who have limited their work to gynecology."

"Some are dishonest." Probably some are dishonest, but these statements presume a greater degree of dishonesty among gynecologists than among other workers in the field of medicine. Was McDowell dishonest that he conceived the idea of removing an ovarian tumor, or was he made dishonest by work in this line? Was Marion Sims dishonest that he performed two score of unsuccessful operations upon those slave women and at last successful ones? Were the Atlees, and Tait, and Emmett dishonest because they devoted their attention to this line? Is Wertheim dishonest because he has made a study of carcinoma of the uterus instead of tuberculosis of the lungs?

The thing which makes a specialist in a given line is devotion to work in that line, study of its special anatomy, physiology, embryology, histology, pathology, etc. Does painstaking study of these subjects make for honesty or dishonesty? Do they tend toward scientific or unscientific work? He says, "Women are the easy victims of the surgeons who advise and perform unnecessary operations." Would not this fact rather commend the specially trained man rather than the untrained? Is not the opinion of a man who has concentrated and made a reputation in a given line a little more inclined to be honest and reliable than that of the untrained?

"Some are ignorant." Probably some who do pelvic work are ignorant, on some points at least. We are not now speaking of astronomy, or geology, or religion. We are speaking of knowledge of the pelvic organs and their diseases, and the treatment therefor. Who are the ignorant? The gynecologist or the general practitioner, who does his own surgery? or the general surgeon, who does oftentimes amateur gynecology? If it is the gynecologist, he has only our surgeon critic's implied reason for it, namely, that study in this line leads to dishonesty, and he therefore thinks that in this case, at least, he prefers to remain honorable. If the man who devotes his time to this branch is ignorant, what must be said of the tyros?

"Some are misguided enthusiasts." It is well that our critic did not belittle enthusiasm, for without enthusiasm it would matter little whether one were a surgeon or a gynecologist. It is only "misguided enthusiasm" that is evil. And it is likely that some women have been sacrificed upon the altar of misguided enthusiasm. There has grown up a specialty which has, in the main, applied itself to the task of taking women with their pelvic diseases and restoring them to health, sometimes by operative measures and sometimes by general and local treatment, sometimes by massage and gymnastics, sometimes by tampons and douches, sometimes by position and pessaries, and sometimes by judicious advice. Sometimes the nonoperative treatment has been used too much, and sometimes the surgical treatment is too much lauded. The fact remains that many women need operations, and many do not. Who is the best fitted to deal with these conditions without misguided enthusiasm? The gynecologist, who has studied and proved the comparative value of different treatments, or the untrained man in this line, whose enthusiasm runs to general surgery?

All honor to the general practitioner who does his own surgery, when he does it with judgment and skill. This is the every-man-his-own-surgeon age. All honor to the general surgeon who does gynecology, when he does it with judgment and skill. This is the every-surgeon-his-own-gynecologist age. All honor to the specialists who go further and do better work in certain lines than can the general practitioner or the general surgeon. This is the age of the specialist. All credit to the searchlight of truth, which uncovers the weaknesses and evils of any branch of medicine. This is the age of investigation. All credit to any honest effort, to lift any branch of medicine out of dishonesty and ignorance and misguided enthusiasm, and any other evils with which it may be beset. This is the age of progress. But when one specialty is singled out by men who are members of its overlapping rival, and charged with glaring evils which exist equally in all, when these evils are practised more by the dabblers in the specialty than by the specialist, it looks very much like an effort on the part of those who have prophesied the passing of this specialty, to make that prophecy come true.

Gynecologists have made mistakes, are making mistakes;

but the tyros often perpetuate the evils long after they have been corrected by their originator. The question is not whether the gynecologist can do better stomach surgery than the specialist in that line, or better brain surgery than the one who has devoted his attention to that line, or better ear surgery than the aurist, but rather, can he treat the diseases of the pelvic organs of women more judiciously than can one who has not made special study of these diseases. If he cannot, he deserves to pass into history. If knowledge counts for nothing, he stands an even chance of passing. Already the general surgeon finds the field too large for one man's capacity, and makes his reputation by concentration on some branch of the work. As long as time and man's capacity are limited, there will be specialties, and no one can prohibit it by criticism or by grasping hospital positions. Every such act publishes the fact that we are willing to see medical education and medical science take a step backward. One cannot do the best work in a certain line without specializing, and there are always many who want the best.