

CONSERVATISM IN GYNÆCOLOGY.

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Over two years ago, I wrote a paper for the Boston Gynecological Society on "The Conservation of Energy and Conservative Gynecology," every point of which I can now emphasize with double force; and some time prior to this, I also made a plea for patience in the treatment of oöphoritis and salpingitis. While my own personal experience in surgical gynecology is exceedingly small, I have seen, perhaps, as many operations as most men of my years, and have assisted at a large number. In the conservative treatment of the diseases of women I have had quite an intelligent experience. What I write is based upon a long series of observations, and upon two years of hard work upon the Continent. I have, too, the courage of my convictions; for what I have seen, that do I believe and know. The surgeon, with his brilliant results, lays up for himself treasures upon earth, and brings about him all the luxuries that wealth, reputation and social prestige can give. The patient plodder in conservatism is often out of pocket; goes to his home with many a misgiving and many a heartache. I hope for his sake, at least, that there may be a real, actual heaven, in which his treasures may be laid up, for scientifically, if he has rescued his patient from suffering, he has done more than the surgeon who, in half an hour, has rid her of pain at the expense of some of her organs, and at the risk of her life.

And first, I wish to say a word in regard to uterine tumors: I hold it as axiomatic that *no tumor calls for surgical interference unless it is immediately endangering life*. This brings in the question of hæmorrhage and early operations. Hæmorrhage does endanger life, it is true, but not in the sense which I mean. I hold a hæmorrhage to be *dangerous*, only when it fails to yield to conservative principles of medicine—ergot, etc. Therefore, a myoma that bleeds presents no indications for removal, unless the bleeding be beyond the control of other well known measures. Primary, simple hæmorrhage, of itself does not endanger life, unless it be beyond the control of the medical man. Tumors only bleed when associated with endometritis fungosa, or with a predominant glandular endometritis, or with a glandular endometritis on one side, conjoined with an interstitial endometritis of the other side. It may not be

impossible to modify these conditions by local treatment, at the same time that we act upon the capillaries by the internal administration of ergot. At all events, only a small percentage of myomata *endanger life from any cause whatever*, and a plea for an early operation cannot possibly find a logical foothold in these cases. In rapidly growing cysts, which endanger life by pressure, and by interfering with those functions which are necessary to life, the question is one of quite another nature. A myoma may endanger life by rapid development (rare), or by blocking up the pelvis and so interfering with the functions of the bladder and rectum, or by undergoing degeneration—but even in these cases, electricity and ergot should be given a fair trial. Every woman who has her abdomen opened subjects herself to a certain fatal risk. The responsibility of a fatal issue no surgeon has any conceivable right to assume, until he has satisfied himself that all other means are useless, and that the woman *must* die unless operated upon. Now a myoma, without alarming hæmorrhage, that grows slowly, and that occasions no discomfort from pressure, surely does not demand a dangerous operation; and yet I have seen many such cases die after a laparotomy, when they probably would have lived many years had they been left alone. Any woman would much rather live on for years as a sufferer, than to have the tumor taken out at the risk of her life. Even in the earliest stages of their development in which a diagnosis is possible, a laparotomy is *always* a dangerous operation, and no surgeon can possibly say beforehand whether such a tumor will assume an alarming form or not. I am convinced that many myomata have been operated upon unnecessarily, and I am equally sure that the careful use of ergot and electricity by intelligent men will render the necessity of laparotomy for uterine myoma an exception. The mania for surgical renown has become such an epidemic that medical men forget that there are tumors and diseases which do better under conservative handling. The mistakes that are made, and the results that are obtained, should be lessons pregnant of thought. But they are not. Death follows death; mistake follows mistake; and still the crowd rush madly on.

I cannot conceive of anything more pernicious than the advice urged by an eminent surgeon: "When in doubt, open the abdomen and find out." It reminds one of Dr. Pangloss: "When in doubt take the trick." In the first place, there are few cases in which the competent gynecologist cannot map out the disease—approximately at least. In the second place, he has no right to relieve his ignorance at the slightest risk of a human life. Fortunately for us all, a beneficent one, has prevented any general acceptance of such a doctrine. I have seen some splendid results following upon the use of ergot, and have read of others equally good in Chicago. Apostoli and others are doing first-rate work with electricity. Certainly, with these facts patent, it is simply uncalled for (I dislike using a stronger word) to open the abdomen, unless this practice has failed, and the *woman's life is in immediate danger*.

These thoughts are impressed upon me by long

and close observation. I know of no cure for rapidly growing cysts, or for malignant growths, or soft myomata, but the operative treatment, and it is in these cases that an early operation is demanded—the earlier the better. Here surgery is truly conservative. Another class upon which surgery has gloated, is that in which the adnexa are involved. I have written so much, and at such length, upon this topic, and I have so often demanded a hearing for less “scalpel” and more patience, that I almost hesitate to add anything further. I will not go over the field which I have already traveled, because other men, abler than myself and of more experience, have lately urged the same plan of conservative handling. It is sufficient to say that many cases in which the operation is advised *will* get better by patient, persistent, vigorous treatment. Local applications, rest, treatment, exercise, electricity, Turkish baths, and a subjective condition of environment directed toward the patient's psychic symptoms, will surely, but slowly, bring about an amelioration. I have seen this plan work well, and I know it to be true, even were I not supported by such men as Goodell, Ball and others. This line of treatment is troublesome and is best carried out in a private hospital; and unless the patient has some means, it is quite impossible to practice it properly. It has become almost a conviction with me, that the instances in which a laparotomy is necessary for disease of the adnexa are exceedingly rare.

My experience with these cases, and with this treatment, has been sufficiently ample to allow of my forming an opinion which is entitled to respect. Most earnestly, then, I urge upon the profession to rid themselves of their skepticism, and to try at least such regular, constant surveillance and care. The field is wider than pure surgery, just as praiseworthy and brilliant, and more immortal in its results. Couple with surgery a thorough knowledge of conservatism, and the end must crown the labor.

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