Presidential address on the relation of gynaecology to surgery : delivered before the British Gynaecological Society, Thursday February 11, 1897 / by A.W. Mayo Robson.

PRESIDENTIAL ADDRESS

ON THE

RELATION OF GYNÆCOLOGY TO SURGERY

DELIVERED BEFORE THE BRITISH GYNÆCOLOGICAL SOCIETY
THURSDAY, FEBRUARY 11, 1897

BY

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RELATION OF GYNÆCOLOGY TO SURGERY.

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GENTLEMEN,—Though at first I hesitated in entertaining your kind offer of the distinguished and honourable post of president of the British Gynæcological Society, for the double reason of my living away from the metropolis and of my being a general surgeon, I had not long to hesitate after the kind manner in which my friend our late president, Dr. Clement Godson, pointed out to me that my election by the council was unanimous, and, moreover, that the society was a British and not merely a London one. My last objection, that I was a general surgeon, after mature consideration I was myself able to waive, for, on looking through the records of the society as shown in our excellent journal, I was reminded that by far the greater part of the work of the society consists of pure surgery, and particularly of abdominal surgery, to which I have allotted not a little of my time. It has always seemed to me that gynæcology, though easy of definition, is one of those specialities which can be only

thoroughly grasped with difficulty, since it involves a knowledge of the three branches of our art—medicine, surgery, and obstetrics; nor do I see how any man can be a good gynæcologist who is not well acquainted with pathology, and at the same time with the home life, habits, and slighter ailments of patients, in the manner which can be only obtained by one who has had some experience in general practice.

A gynæcologist may, then, be a physician, surgeon, or obstetrician, or all combined, and in a society like this, where every branch of gynæcology is represented, we ought to be able to arrive at the truth in any subject of gynæcological interest which is brought forward for consideration.

In the short time which an opening address is expected to take up, I should like to dwell for a few minutes on the relation which surgery bears to gynæcology, and I think I shall be able to point out that it is only since surgery has asserted its importance in the treatment of diseases peculiar to women, that gynæcology has attained to the important position which it now holds.

We have not to go back many decades to find the time when a gynæcologist was fully armed in possessing a few pessaries, with a speculum and a lunar caustic stick, and I am old enough to remember when nearly every suffering woman with a pelvic ailment was thought hysterical, and neither a fit subject for medical treatment nor sympathy; to call to mind the opinions of those who doubted there were such ailments as hydro- or pyo-salpinx, and, curiously enough, supported their arguments by appeals to *post-mortem* records; to recollect when extra-uterine gestation was an almost unknown ailment, and when death from internal hæmorrhage was considered a sufficient explanation to satisfy all requirements; to call to mind numbers of women dying in a state of collapse from a ruptured pregnant tube, who would now be almost to a certainty saved by operation; to remember when that barbarous procedure, craniotomy, was a thing of frequent occurrence

in case of difficult delivery, instead of being reserved for very exceptional cases, and only resorted to when the child is dead and other more purely surgical means are unavailable or have failed; to recollect when myoma uteri was supposed to be a trifling disorder and to claim its numerous victims from hæmorrhage, exhaustion, or sepsis, without a question of operation being raised, except in the case of polypus; and when women with cancer of the uterus were condemned to a lingering and painful death, without hope of relief or prolongation of life.

There are some among us who can even go further back and call to mind the time when that most successful operation, ovariotomy, was considered ruthless slaughter. The change is so great, and has occurred in so short a time that we might almost term it the "Renaissance of Gynæcology."

To what is all the change due? Doubtless much is dependent on an increased and truer knowledge of the pathology of the diseases peculiar to women and to a more rational therapeusis; but who will venture to argue that the chief reason for the "reformation" is not the all-round improvement in surgery, thanks to the genius of our fellow-countryman, Lord Lister, whom all the world delights to honour and whose elevation to the peerage is a source of congratulation, not only to the noble profession to which he belongs, but to the statesmen who advised it and to the country which has received it with acclamation?

What would our forefathers who went to their rest before the seventies, say, could they come among us and pick up our *Quarterly Journal* or other medical periodicals? Would not they hold up their hands in pure astonishment to read the papers and discussions of last year on intra-peritoneal hysterectomy and pan-hysterectomy for myoma or those on hysterectomy for cancer, showing not only an extremely small mortality for such formidable operations, but the greatest amount of relief to suffering.

Would not they be surprised to find that ovariotomy is now performed with an all round mortality of 5 per cent. or

less ; that a ruptured extra-uterine gestation is no longer almost certain death, but in proper hands means an almost certain recovery ; that abdominal hysterectomy for myoma involves actually little more risk than ovariotomy ; that hysterectomy for cancer is successful, so far as life is concerned, in from 90 to 95 per cent., and that Cæsarean section and Porro's operation are undertaken with the expectation of recovery to mother and child in a very large percentage of cases ?

I think, too, they would be equally astonished to hear that our lying-in-charities, as shown in our late president's valedictory address, are no longer the death-traps which they once were, which could only be referred to with bated breath ; but that they constitute the most valued and useful of the charitable institutions of the kingdom, where the poor pregnant woman may enter, feeling that she is placing herself under the most favourable conditions for passing through her ordeal of maternity.

When we hear of the almost complete absence of mortality in a series of several thousand puerperal cases and of the almost entire absence of septic complications, the fact must be strongly borne home to us that although many of the complications met with after child-birth are directly or indirectly due to pre-existing inflammatory or other affections of the reproductive organs, the modern methods of antisepsis are so far able to minimise or neutralise their dangers, that even in such cases puerperal septicæmia need not be apprehended, and that, should it occur, we must not ordinarily consider the septicæmia as being auto- but hetero- genetic.

The more nearly we look on obstetric medicine from the surgical standpoint, and consider a pregnant woman approaching the full term as a patient being prepared for operation, on the accouchuent as being the operation, and on the puerperal period as requiring the same care and after-treatment that would be given to a grave surgical case, so the more nearly will the ideal results presented by Dr. Godson be attained.

Moreover, though from the anatomy of the parts involved and the peculiarity of the circumstances attending the special operation, the after complications, if any, require special treatment, there is nothing special in the principles which have to be carried out in treating such complications, and the accoucheur who has had a good surgical training will be best fitted to deal with them.

Asepsis or antisepsis is one of the chief questions at present exercising the mind of the surgeon, whether gynæcologist or general, and I hope it will not be thought wasted time if I give my views on the subject, as owing to the almost aggressive attitude which has been taken up by some of the asepticians as opposed to the antisepticians, there is a fear lest the pendulum should be allowed to swing too far, and in straining at the gnat the camel should be swallowed.

To begin with, I grant that asepsis would be preferable to antisepsis if it were practicable.

Metchnicoff has clearly shown that nature provides us with an army of cells ever ready to do warfare with our ubiquitous minute enemies; were it not so life would be impossible.

Thus is explained the success that attended many operations before the reformation in surgery; but the mortality which then occurred clearly demonstrated that nature unaided was only exceptionally equal to the combat.

It was then a question—first, as to the dose of the poison; and, secondly, as to the strength of the resisting force.

If the former was "+" and the latter "—" in quantity, septicæmia and death resulted, and *vice versâ*.

Asepsis aims at reducing the invading force to a minus quantity, without the use of any antiseptic, and its doctrine is simple so far as the surgeon and his instruments are concerned, for it may be summed up in the one word "sterilisation." In many cases, as in an ordinary ovariotomy, where we begin with a clean unbroken skin, it is quite possible to perform a strictly aseptic operation with perfect results;

but, unfortunately, we have other factors to consider, which we cannot reduce to such accurate mathematical precision, in the shape of the patient and the surroundings.

I will illustrate my meaning by two examples :— Supposing an obstetrician be called to attend a patient whose vulvæ are not over-clean, who is suffering from an offensive vaginal discharge, and whose cervix is occupied by unhealthy granulations, cancerous or otherwise, could he rely on syringing with boiled water to purify the parts, or would he rather not feel it safer to employ some well-known and tried antiseptic such as a 1 in 1,000 perchloride solution? Or, again, as in a case under my care in the Leeds Infirmary of compound fracture of the patella with the knee-joint full of filth from the street, could I have hoped to secure union by first intention by the use of simple boiled water, which, however, I did obtain by scrubbing out the joint with a solution of biniodide of mercury ?

What are the arguments used by the asepticians as opposed to the antisepticians ?—(1) That antiseptics are of doubtful value ; (2) that they injuriously affect the tissues ; (3) that they produce general toxic symptoms ; and (4) that they may produce temporary or persistent lesions of exceptional gravity, such as nephritis or diarrhœa.

The last three arguments may be disposed of in one answer—that, if not employed too strong, and if after employing the antiseptic solution it be washed away by some bland fluid, such as boiled water or boric lotion, no harm will result from their use.

Moreover, I am able to personally prove this up to the hilt by my experience in many hundreds of general and gynæcological operations performed without any of these untoward effects.

The first argument is advanced with regard to spores, and in repeating some years ago the late Professor Tyndall's experiments on the dust in the air, I became soon aware of the difficulty of killing these resting spores, which may require boiling once, twice, or thrice, at several hours'

intervals, before the solution is sterile ; but the same difficulties do not arise in the tissues, as the bacteria and bacilli and their spores are soft and moist, and are more easily attacked and destroyed by antiseptics, or even if not killed, as the antisepticians argue, they are rendered less potent, so that the phagocytes are capable of taking them up and destroying them. Whatever test-tube experiments may apparently demonstrate to be the case outside the body, clinical experience proves that when antiseptics are employed in a wound they so influence germs as to make them impotent, whether they kill or merely paralyse them.

While in surgical homes or in special hospitals it is easy to carry out asepsis and to isolate cases not suitable for aseptic treatment, in general hospitals and at the homes of patients it is much more difficult ; and to leave off antiseptic treatment would, I feel sure, lead to many failures and to numerous disasters. I therefore prefer to modify my practice according to circumstances, and while I always adopt all the precautions employed by the aseptician for sterilising hands, instruments, and sponges, and for keeping a wound aseptic, I as a rule use a 1 in 40 carbolic solution for instruments and sponges and a 1 in 2,000 biniodide of mercury solution for the hands. In aseptic cases it is unnecessary, but in septic cases I do not hesitate to apply the solution freely to the tissues. Thus, I think, are obtained all the benefits claimed by the aseptician without the dangers or disadvantages he describes, whilst avoiding some of the risks of failure that he incurs in eschewing antiseptics.

Why should we be anxious to disclaim antisepticism when it brings us results such as our late President can show in obstetric practice, and as many of us can demonstrate in gynæcological or in general surgery ? As showing what antiseptics have done in a large general hospital I would refer to the work of the Leeds Infirmary, and compare the mortality of 1870 with that of twenty-five years later.

In the former year there were in all 469 operations

performed with a mortality of 6·6 per cent.; in the latter year there were 5,039 operations, with a total mortality of only 1·2 per cent., although in the later period the magnitude of the operations performed was in many cases infinitely greater that in the former.

Perhaps in no class of cases has greater progress to be recorded than in abdominal diseases, which formerly were for the most part treated expectantly in the medical wards. For instance, in the reports for 1870 and 1871, under the heading "Abdominal Section" no case is recorded; in other words, the peritoneal cavity was only opened for ovariotomy and for strangulated hernia; whereas, in the two years 1893 and 1894, 573 patients had abdominal section performed in the hospital, the all-round mortality—including malignant cases, strangulation of gut, cases of acute intestinal obstruction, internal gangrene, suppurative peritonitis, &c.—showing a percentage of 12·2, or a saving of life in 87·8 per cent. The statistics of ovariotomy in the hospital twenty-five years ago were so bad that tapping was frequently resorted to in order to defer the major operation, and, even in 1875, twelve patients were thus treated, and only seven were submitted to the radical operation. Out of these seven, five died, yielding a mortality of 71·3 per cent. On the other hand, in the years 1893 and 1894 ovariotomy was performed 132 times with 123 recoveries, giving a mortality of 6·8 per cent., and seeing that this included malignant cases as well as patients extremely ill in other ways, the mortality is one of which no general hospital need feel ashamed. For it must be borne in mind that statistics were in no way considered, and if an operation offered any chance of giving relief it was resorted to. Only a few years ago it was the custom to treat these cases in single wards and to have two special nurses for each, but as the work increased this was found to be impracticable, it being impossible either to provide sufficient small wards or nurses, and it soon became manifest that the patients treated in the general wards recovered

equally well or even better than those that were isolated. Hence isolation was given up, and it is now the custom to operate on those cases in the theatre and to remove them to the general wards, just as is done with other surgical cases.

In looking through the records of the Society, I can find among the numerous communications comparatively little reference to medical treatment, yet every gynæcologist is probably employing remedial agents and methods other than operative in the treatment of the diseases peculiar to women, and some the experience of which might be of great service to the Society. For instance, it would be most interesting to have further records of the trial of various animal extracts in the treatment of uterine and breast cancer and in other uterine tumours. The Glasgow School of Gynæcologists have been recently advocating their employment, either alone or along with surgical treatment, and have reported so favourably of their utility that further trials are called for.

It would be of interest to the Society and to gynæcologists in general if any of our Fellows could throw light on those conditions of pain starting in the pelvis over one or both ovaries, and yet not allied with any manifest gross organic lesion and which, though in most cases associated with a neurotic temperament, must, if we could only find it out, have some definite and distinct cause. These cases should probably, according to our present light, be treated by medical and general means rather than by any mutilating operations, which have too often been tried and found wanting. I hope during the session we may have the benefit of the experience of some of our Fellows on the use of antistreptococcus serum in the treatment of some of the acute inflammatory affections which are apt to occur in gynæcological and obstetric practice, for I cannot but think that the treatment has a great future before it in a class of cases attended both with imminent danger to life and with great anxiety to the medical attendant.

In the *British Medical Journal* for January 2 of this year is a short paper by Dr. Law, of Sidcup, on a case of acute septic general peritonitis with septic metritis, treated successfully by antitoxic serum injections, which is well worthy of study, as is also the paper by Dr. Moorhead, of the Cootehill Union Infirmary, in the *British Medical Journal* for January 23, 1897, on the use of the same agent in a case of acute puerperal septicæmia.

These, along with other reported cases, show that the use of the antistreptococcus serum is a most potent remedy which the surgeon or obstetrician should not lose sight of in some of the desperate cases which at times come under his care.

There are many other matters in our special branch of work which require elucidation, many methods which require modification, many practices which require amendment, and some extreme views which require tempering. We have in our Society no lack of brains and no little enthusiasm, and as we possess a vast amount of experience of every branch of our art I feel sure that we have it within our power, as I know it is our intention, to do much valuable work, and work of such stability that it must disarm all hostile criticism, and give our Society a place in the first ranks of science.