On the proper sphere of constitutional and topical treatment in certain forms of uterine disease : introduction to a discussion in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cardiff / by W.S. Playfair.

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INTRODUCTION TO A DISCUSSION IN THE SECTION OF OBSTETRIC MEDICINE AT THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION IN CARDIFF.

BY

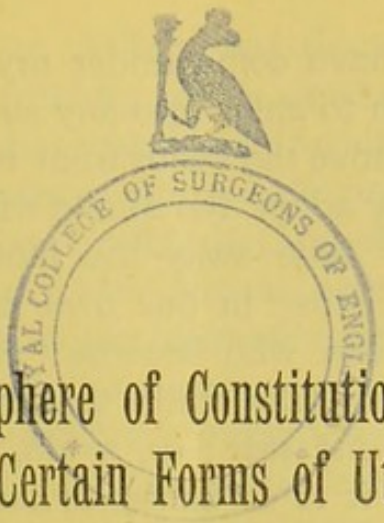
W. S. PLAYFAIR, M.D., LL.D., F.R.C.P.

Professor of Obstetric Medicine in King's College, Physician for the Diseases of Women and Children to King's College Hospital.

REPRINTED FROM "THE BRITISH MEDICAL JOURNAL," SEPTEMBER 26TH, 1885.

London:
JOHN BALE & SONS, 87-89, GREAT TITCHFIELD STREET, OXFORD STREET, W.

1885.



On the Proper Sphere of Constitutional and Topical Treatment in Certain Forms of Uterine Disease.

THE subject which has been selected as the topic for discussion in this Section is one, the importance of which to all who are interested in gynæcological work it would be difficult to exaggerate. Ever since modern gynæcology became a serious study, a time within the memory of the older amongst us, there has been a tendency amongst those of our brethren who are known as general physicians, not only to depreciate the accuracy of our conclusions, but to attribute to us the grave fault of over-estimating the influence of uterine disease on the health of our patients, and, worse still, of doing many of them serious injury by unnecessary and injurious local treatment. Only last year, this feeling found caustic expression in the admirable Gulstonian Lectures of my friend, Dr. Clifford Allbutt, in which so bitter and scathing a censure was passed on the practice of gynæcologists, that he will not be surprised at it having given rise to much annoyance, or even something stronger. This feeling induced Dr. Routh to read an excellent paper at the Medical Society of London, in which he ably, but, I think, from rather too one-sided a point of view, controverted Dr. Allbutt's statements, and, carrying the war into the enemy's camp, showed how often the physician who is ignorant of gynæcology falls into grave error by overlooking the origin of some diseases that come under his observation. The fact is undoubted, and it would be easy for me to point out many lamentable errors

of this kind that have come under my own observation; but I have no wish to enter into any such discussion. My object is not to remove the beam from my neighbour's eye, but rather, if I may adapt the simile with reverence, to see how best we may take away the mote which has been pointed out as existing in our own eyes. Dr. Allbutt talks to us of women who become "entangled in the net of the gynæcologist, who finds that her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little, or it is as flabby as her biceps, so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week of the year, except during the long vacation, when the gynæcologist is grouse-shooting, or salmon-catching, or leading the fashion in the upper Engadine;" and he then proceeds to tell the College of Physicians that it is time that "we complete our reaction from this gynæcological tyranny, and that we of this College no longer permit ourselves to be snubbed by these brethren of ours, who calmly tell us, with their superior airs, that our use of such expressions as uterine neuralgia, neurasthenia, and the like, comes of a shallow sciolism, and is grounded on the emptiness of our knowledge of uterine diagnosis." Now this is undoubtedly very smart writing indeed, and I will venture to repeat here, what I have elsewhere said in Dr. Allbutt's presence, that he has been tempted by his admirable mastery of English to indulge in the use of epigrammatic language, the force of which he can have hardly appreciated; and, indeed, he has already made the "*amende honorable*," so far as to explain that it was not intended to apply to the practice of the instructed and scientific gynæcologist, but to that of men who do not thoroughly understand the class of disease they profess to treat. It certainly does not bear that limitation upon the face of it; but, so explained, it comes to little more than this: that the man who does not understand what he is doing, is likely to make a muddle of it, a truism which unquestionably holds good with regard to many other departments of medicine besides the one we

are considering. Dr. Allbutt has done me the honour of claiming me as a supporter of his views on these points.

It is true that I have paid considerable attention to the neurotic complications of uterine disease, and it is also the fact that I have pointed out, what I believe to be a matter of vital importance which should never be lost sight of, that, in consequence of the intimate relations of the uterine organs with the whole female economy there is a grave risk of developing or intensifying neurotic complications, which in time may, and often do, completely overshadow the original local disease; and that these, in their turn, become the leading features of the case, and call for our chief attention. But while I have certainly done this, no one can possibly attribute to me any want of appreciation of the value of gynæcological work. In season and out of season, I have maintained, what I believe to be a certain fact, that there is no department of medical science in which, within the last quarter of a century, more real and solid advances have been made with greater gain to suffering humanity, than in that which comes under the head of gynæcology. Within that time, or little more, all that we know of such topics as ovarian and uterine tumours and their operative treatment, hæmatocele, pelvic inflammation, and much more equally important, has been made out, and placed on a solid basis, both as regards diognosis, pathology, and treatment. This is a record of which we may well be proud. As regards the proper management of such diseases there can be no question, and there is little room for difference of opinion. Even Dr. Allbutt will admit that, with regard to topics such as these, the College of Physicians has no need to dread the influence of "gynæcological tyranny." But that, beyond these and such diseases, there are some of a less determinate character, in the management of which there is much room for difference of opinion, and in which errors of practice are very apt to prevail, is a fact which, I think, it is our duty to recognize. It is very difficult indeed from the inherent and somewhat vague character of these

diseases, to lay down any definite rules for our guidance, and I am not without hope that the discussion I am now inaugurating may be of some use to us in this respect.

Let me say at once that, while I am prepared to admit that many of us commit errors of judgment, and that the fault of overmuch topical treatment in such diseases is far from uncommon, and often leads to very deplorable results, I strongly repudiate the assumption that such errors are in any way intentional. This I deem it necessary to insist on, for I regret to say that the contrary impression is not unknown. That many commit mistakes in their management of uterine cases I freely allow; that these are due to any cause but want of judgment and error of judgment, with rare exceptions, such as may occur in the hands of the base and unscrupulous in any other department as well as in this, I entirely disbelieve. Moreover, there is the opposite evil not to be overlooked, and by no means a trivial one, of under-estimating the importance of these less determinate uterine conditions. There exists a certain school of gynæcologists who have allowed the pendulum to swing much too far in the opposite direction, and who have come almost to formulate the theory that no woman ever has anything the matter with her. Case after case has come under my notice, in which women with the plainest evidence of local disease have been sent away with advice not to have anything more to do with "womb-doctors," and told that their pains and sufferings are purely imaginary: while, as a matter of fact they were intensely real, and quite capable of relief. Whether the error of over-estimating or of under-estimating the influence of such conditions is the worst, I shall not take upon myself to determine.

Now, the class of cases in which such differences of opinion and practice are most apt to prevail are, as you are all aware, those conditions in which the uterus is deviated from its normal axis, and those in which there is either some morbid state of the endometrium leading to catarrhal discharges, or those frequently associated abraded and

altered conditions of the cervix that, in the early days of pathology, used to be described as "ulceration"—a term which was a complete misnomer, and which, I hope, is now almost entirely banished from use. It is to the limits of topical treatment in such cases alone that I shall direct my observations, for it is in them only that the errors of treatment referred to are apt to be met with. I cannot venture to lay down any fixed rule as to how much topical treatment is justifiable or necessary, nor can I do more than describe my own opinion and practice as a basis for discussion. Before doing this, let me say, as to constitutional treatment, that, in my judgment, it is quite impossible to over-estimate its importance in the management of uterine disease. If you bear in mind the highly developed nervous organisation of our patients, the fact that in most of them, real or imaginary inability to take proper exercise has existed for a length of time, you will not be surprised that the general health has almost always suffered; and that, in many, it has done so to an extent, as I have already remarked, which completely overshadows the original local complaint. In fact, I take it that the most difficult problem with which the gynæcologist has to deal, is to know how to combine the attention to nutrition, exercise, and the like, which is essential for the maintenance of the general health, with the general and physiological rest which is often very important in his management of the local ailment. In the face of a problem so complex, surely it is not surprising that error is often committed, and that the patient lapses into the melancholy condition of neurosis which is frequently associated with uterine disease. I have more than once had occasion, and probably shall have again, to break a lance with my friend, Dr. Graily Hewitt, as to the excessive importance in the causation of uterine disease which he attributes to deviations of the uterus; but I thoroughly endorse what he has said as to the necessity of attending to the general nutrition of the body in their treatment. Now, in the first place, as to the local and mechanical treatment of uterine deviations; it is

certain that, of late years, we have been passing through an era of flexions, which for long have been the fashionable female complaint; and the first question our patients put to us, after a vaginal examination, is, "Am I displaced?" Not unfrequently, indeed, they are told, *faute de mieux*, and because their attendant finds himself unable to arrive at a more accurate diagnosis, that "the womb is a little displaced"—a dictum which often carries with it to the mind of the patient horrors innumerable which weigh on her like a nightmare. This is not the time, nor have I the inclination, to discuss here the real pathological importance of flexions. Since, however, I must be brief and dogmatic, I may say that it is impossible for me to understand how any close student of female disease can arrive at the conclusion that they are of no importance. The striking and immediate relief which follows the adjustment of a well selected pessary, in a suitable case, is a fact I have so often observed, that it is as sensible a proposition, to my mind, for a man to say that castor-oil never acts as a laxative, as for him to contend that pessaries never do good. I am quite satisfied that there are many well marked cases of flexion which produce no symptoms; and, therefore, call for no treatment at all. Given, however, a case in which a pessary is indicated, in which it is well fitted and gives relief, is it necessary to subject the patient to frequent examinations and much topical treatment? Most certainly not. If, as we are told occasionally happens, such patients be obliged to visit their physicians once or twice a week for a succession of months, then I do not hesitate to say that a gross abuse is being committed. There may be one or two visits at most, to see that the pessary is producing no irritation; and it may be that, for many weeks or months, no further topical treatment is required. In saying this, however, I would guard myself from the error of under-estimating the concomitant lesions of uterine flexions, which are often as of much consequence as the flexions themselves.

The next great class of uterine diseases, in which errors

of overmuch topical medication are apt to be made, are those which come under the head of the so-called "ulceration" of the cervix, which, properly speaking, are mere abrasions, the results of intra-uterine or cervical catarrh, or endometritis, which generally produce them. In the early days of gynæcology, when the speculum was first introduced into practice, the former were the lesions most spoken of; and I believe it to be an undoubted fact that their importance was vastly over-estimated, and grave errors committed by much too frequent, and altogether unnecessary, topical medication, in the way of applications of caustic to the surface of the cervix, which, at the best, could only have a quite temporary effect. I suppose every well instructed gynæcologist will admit that such abraded states of the cervix, even when most marked, are of no importance whatever *per se*, and are only of consequence as evidences of some more important condition—such as endometritis, or a lacerated cervix with ectropion. Frequent cauterisation, therefore, cannot be a legitimate practice under any condition. If it ever occur, of which I have no personal knowledge, it must be from ignorance, and from a mistaken view of the importance of the lesion, for which there was a tolerable excuse some twenty or more years ago, when the speculum was first introduced into this country. I am disposed to think that the assumption that such errors are now committed is merely a survival of prejudices, which might have had some foundation in the past, but which have no real basis in the present day. As to the more deep-seated lesions referred to, they certainly do not call for any amount of topical medication that can fairly be deemed excessive Even in a case of endometritis adapted for intra-uterine medication, the value of which I am the last to question, one, or at the most two applications in the week immediately following menstruation, for two or three consecutive months, is, I believe, the very utmost that is ever necessary or justifiable.

Beyond the diseases which I have mentioned, I know of none in which gynæcologists can fairly be accused of the

error of over-much topical treatment ; and, if the view I have taken of them be correct, it is obvious that they can and ought to, be treated without any amount of attendance or frequency of visits, at which any one should cavil. The conclusion of the whole matter, so far as a very close study of it has enabled me to form a conclusion at all, is, that in this, as in every other department of medicine, the *via media* is the safest and the best. Let every case be studied in its integrity ; let us endeavour neither to over estimate the importance of the local lesion, nor of the disturbance of the general health. In arranging a plan of treatment, let us carefully remember the risk, and it is a very serious one, of developing a neurosis ; bearing in mind that topical treatment, fairly justified by the local state in a patient of a certain type, may be positively contra-indicated by the highly strung and mobile nervous organisation of another ; above all, let as be sure that we have accurately diagnosed the nature of the ailment, and not started some plan of treatment merely for treatment's sake—an error certainly not limited to gynæcological practice.

Guided by principles such as these, the gynæcologist may fairly claim for his work a success, in alleviating human suffering, that will justify him in passing by unheeded any amount of prejudice and misrepresentation.