



T. Gaillard Thomas
(1831 - 1903)

- Prof GYN NYC Coll Phys Surgeons
- Surgeon Woman's Hosp NYC

HISTORICAL SKETCH OF GYNECOLOGY.

At the present day, when so much attention is being paid to the diseases peculiar to women, it becomes almost necessary that a chapter upon the history of the subject should precede others of a more practical character in a systematic work. A knowledge of what has been accomplished in reference to any subject, and what was known concerning it in previous ages, cannot fail to interest the student, and render him more capable of appreciating recent advances. In this way, too, a taste for the study of ancient literature may be inculcated, and many a useful hint, many a suggestive statement may be met with which will germinate for the common good. Some of the most valuable contributions to modern gynecology will be found to be foreshadowed, or even plainly noticed, by the writers of a past age, and afterwards entirely overlooked. As examples may be cited, the use of the uterine sound, sponge-tents, dilatation of the constricted cervix, and even the speculum itself. Indeed, we need not seek in ancient literature for illustrations of this fact, for nowhere could a more striking one be found than that of so valuable a procedure as Sims's operation for vesico-vaginal fistula being fully described in every detail in 1834, and so completely forgotten in twenty years as to be accepted as entirely new at the end of that time.

There can be no doubt that a knowledge of medicine was possessed by the ancient Egyptians, whose literature has only within the last century been opened to profitable investigation. Until 1799, all concerning it was enshrouded in darkness. At that time a French engineer, while throwing up earthworks at Rosetta, discovered an insignificant looking stone, which has since furnished the wanting key, its inscription being written in Greek as well as in the ancient hieroglyphics. Since then valuable papyri have been, thanks to the researches of De Sacy, Akerblad, and Champollion, fully and satisfactorily deciphered. The data thus obtained

erates. They have ordinarily been attributed to him, but Dr. Francis Adams, the translator of the works of Hippocrates for the Sydenham Society, declares them to be, "ancient but spurious, whose author is not known." In these books the subjects of metritis, induration, menstrual disorders, displacements, etc., are discussed. Aretæus, Galen, Archigenes, and Celsus, who probably lived in the first and second centuries, all treated of gynecology; the first describing the vaginal touch, the varieties of leucorrhœa, and ulceration of the womb: while the second makes the first allusion on record to the speculum vaginae, as being a distinct instrument from the speculum ani, and the third gives a description of peri-uterine cellulitis which shows him to have been at least familiar with the fact that the tissues immediately connected with the uterus were liable to suppurative inflammation, the purulent products of which discharge themselves through the vagina or rectum.

Soranus, the younger, made important contributions to gynecology. He was educated at Alexandria, and went to Rome in the year 220 B. C., where he wrote his celebrated work *De Utero et Pudendo Muliebris*. He is the oldest historian of medicine, and the biographer of Hippocrates. His accurate descriptions of the sexual organs were much admired. He takes pains to assure his readers that he dissected the human cadaver, and not monkeys, as did Galen and others. He compared the form of the uterus to a cupping-glass, showed the relation of this viscus to the ilium and sacrum, and made known the changes which the os undergoes during pregnancy. He attributes procidentia to a separation of the internal membrane of the uterus, speaks of the sympathy which exists between the womb and the mammary gland, and describes the hymen and clitoris. He understood digital exploration and the use of the uterine sound and vaginal speculum. Many of the ancient writers confounded the uterus with the vagina; he distinguished the one from the other very clearly. Soranus likewise differentiated pregnancy from ascites and solid tumors, and laid stress upon the absence of tympanites and fluctuation in solid tumors as a means of distinguishing them from ascites, in which they are present.

From this time for centuries, there is abundant evidence that the study of the subject was pursued with vigor, but so many of the works of the authors of those periods exist only in fragments, and so many are strongly suspected of being fictitious, that we pass them over to stop at the faithful compilation of Aëtius,¹ who flourished at Alexandria in the sixth century after Christ. His works, compiled in the great library at Alexandria, contain a digest of what was known and done by his predecessors and contemporaries, and offer the fullest and most reliable evidence concerning

¹ I am indebted to the library of the New York Hospital for an opportunity of fully consulting this and other rare works which were accumulated by the late Dr. John Watson.

deep seated, by the discharges." And again, "The person using the speculum should measure with a probe the depth of the woman's vagina, lest, the tube of the speculum being too long, it should happen that the uterus be pressed upon."

It is curious to see how, even in many minor matters, the ancients anticipated discoveries which our contemporaries have brought forward as entirely new. For example, the air-pessary, made so popular in France and other countries by Gariel, is described and recommended by the Greeks. Colombat¹ declares that, "The ancient Greek physicians made use of pessaries like those just mentioned (air pessaries), of the form and length of the male organ, which is the reason why they are called *πριαπισκτωα*, or priapiform pessaries." Albucasis, in 1104, describes herpes uterinus; and uterine hemorrhoids are alluded to by Paulus Ægineta² in this explicit manner: "Hemorrhoids form about the mouth and neck of the uterus, which will be discovered by the speculum." And thus it is with so many other modern suggestions, that the student of ancient medical literature is most willing to admit the truth of the proposition, formulated by Aristotle over two thousand years ago, that "probably all art and all wisdom have often been already fully explored and again quite forgotten."

The learning of the Greek School was appropriated by the Roman, which was an offshoot from it, as the writings of Celsus, Aspasia, Moschion, and Antyllus abundantly testify. But the knowledge of the schools of Greece and Rome was destined to be scattered abroad. At the period of the subjugation of Egypt and the destruction of the celebrated library at Alexandria by the Saracens, A. D. 640, it passed as a trophy of war into the hands of the Moslem invaders. "In a few centuries the fanatics of Mohammed had altogether changed their appearance," says the learned Draper.³ "When the Arabs conquered Egypt, their conduct was that of bigoted fanatics; it justified the accusation made by some against them, that they burned the Alexandrian library for the purpose of heating the baths. But scarcely were they settled in their new dominion, when they exhibited an extraordinary change. At once they became lovers and zealous cultivators of learning." The physicians of Alexandria were greeted by them as instructors, and from the seed thus planted sprang the Arabian School. With other information, of course, they gained that pertaining to gynecology, but, the Mohammedan laws forbidding the examination of women by one of the opposite sex, the study languished in their hands; and although Rhazes, Avicenna, and their successors copied from Greek writers upon it, a want of zeal, due to want of personal observation and

¹ Diseases of Females, Meigs's translation, p. 152.

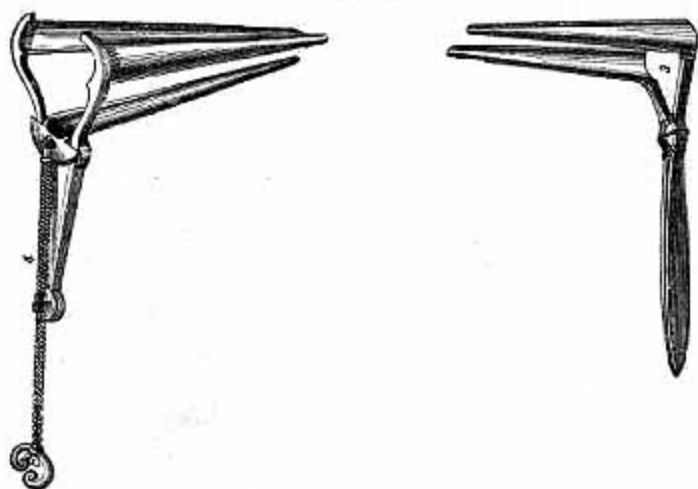
² Sydenham Society's edition, vol. i. p. 645.

³ Intellectual Development of Europe, p. 285.

ani, vaginae et uteri,' in that by its help ulcers of the rectum, vagina, and uterus may be seen, to be carefully observed, according to their extent and kind."

Aëtius and Paulus evidently knew of a tubular speculum, since they say, "lest the tube of the speculum be too long," etc.; but Scultetus, as

FIG. 1.



Ancient valvular specula. (Scultetus.)

already shown, figures a bi-valve and quadri-valve, closely resembling those in our hands at present. It is worthy of mention, in this connection, that there is now preserved, in the Museo Borbonico at Naples, a bi-valve speculum which was removed from the ruins of Pompeii.

It has already been stated that Aëtius makes reference to a sound for replacing the uterus. This is by no means the first notice of this useful instrument, for it is repeatedly mentioned by Hippocrates. One of six passages from writings imputed to him, I translate from the work of Monsieur T. Gallard.¹

"Treatment for rendering fertile a sterile woman; attention is directed to that part which consists in replacing a displaced neck of the uterus.

"Just after the patient has taken a bath and a fumigation, open the uterine mouth and replace it at the same time, if necessary, with a sound of tin or lead, at first small in size, then larger, if it passes, until the difficulty seems remedied; dip the sound in any emollient preparation which may be thought best, and which should be rendered liquid by melting."²

¹ Leçons Cliniques sur les Maladies des Femmes, p. 115.

² Hippocrates Œuvres Complètes. Tome vii. p. 379.

into disuse without having ever been really forgotten. It was described by successive writers up to the nineteenth century in language as distinct as words could make it; and yet not only did they who read, but they who wrote it, not comprehend its meaning or appreciate its significance. Like the Indians possessed of the diamond, all saw and yet none valued. How could Ambrose Paré, for example, writing in 1640, have indicated its use more clearly than when he tells us, in chapter xix., that ulcers of the womb may be recognized, "by the sight, or by putting in a *speculum*?" In a copy of his works, in the library of Prof. W. A. Hammond, the word *speculum* is italicized in this sentence. Scultetus, as we have seen, not only described, but figured the instrument in 1683.

In 1761, Astruc, "Royal Prof. of Physic at Paris," in describing occlusion of the vagina and obstruction to the menstrual flow, says: "There is nothing more required than to examine the vagina by introducing the finger into it, rubbed previously with oil or pomatum; but, if that be not sufficient, a *speculum uteri* may be used, or some other more simple instrument for dilatation, in order to be able, by means of the dilatation of the vagina, to judge by the sight of what the touch could not decide."

In 1801, forty years after this, Récamier is supposed by many to have invented the *speculum*. Most assuredly it was not for the invention, but for the regeneration of an instrument which had been curiously lost sight of, that the world was indebted to this great man, who was really the founder of the modern school of gynecology. Guided by the advice found in many works which his library must have contained, works with which to suppose him not to have been perfectly familiar would be to cast a slur upon his medical research, he employed a *speculum vaginae* in 1801. Like his predecessors, he did not appreciate the great results which were to flow from it; nor does he appear to have regarded himself as having invented it. It was not until 1818 that he introduced it to the profession, and gave it its place as a valuable addition to science. Can any one suppose that it could have required seventeen years of experimentation and study for a man with the talent of Récamier, to have applied this simple and useful instrument to purposes of utility? Is it not more likely that the experience of seventeen years taught him the full value of the instrument? The credit which belongs to Récamier is not that of an inventor, but that which is equally great, of having recognized the value of what was well known, but not appreciated by his predecessors and contemporaries.

Even before this fortunate revival, as the eighteenth century approached its close, the glimmer of the new era which was about to dawn could clearly be detected in the advanced views which were promulgated by Garangeot and Astruc in France, and Denman, John Clark, and Hamilton in England. The early part of the nineteenth century found the field occupied chiefly by Sir Charles Clarke and Dr. Gooch in England, and

Récamier and Lisfranc in France. These were not the only eminent writers of that time, but they were unquestionably those who chiefly moulded professional opinion.

Even at that period gynecologists divided themselves into two parties, which may be said to have coalesced only within the last decade. In England the feeling was strongly in favor of regarding the local disorder as the result and not the cause of concomitant constitutional derangement; while in France the uterine disease was viewed as the main element, and the general condition regarded as dependent upon and resulting from it.

The great advantages of the speculum secured its rapid adoption in France. More slowly it forced its way, in spite of many prejudices, in Great Britain, and before a great many years had passed, it was, throughout the civilized world, placed upon an enduring basis as one of the many boons bestowed by medicine upon humanity. The way being opened for investigation by this instrument, new aids to diagnosis and treatment were rapidly brought forward. In 1826, Guilbert read before the Academy of Medicine of Paris an essay proposing the application of leeches to the cervix. In 1828, Samuel Lair read before the same body a paper in which he counselled the use of the uterine sound, which had never been utilized. In 1832, M. Melier presented an essay, in which he offered two new suggestions in the treatment of uterine diseases—one, injections into the cavity of the cervix; the other, local applications through the vagina by dossils of lint saturated with astringents, narcotics, etc. His views are quoted extensively by French writers, and Nonat says that the author recognizes, "avec une franchise qui l'honore," that Boyle, Chaussier, Guillou, and others had a short time before him used similar means. Very curiously neither Melier nor his commentators mention that both these suggestions are made and fully elaborated by Astruc, in his excellent article upon "Ulcers of the Uterus." He describes these applications of medicated charpie very carefully, remarking that it is advisable to "tie a thread to every pledget, in order to draw it out again when it is proper to renew the dressing." And he not only advises injections of water, impregnated with different substances, into the cavity of the womb, but also the juices of plantain, houseleek, nightshade, etc. "For," says he, "as it is of consequence that these injections should enter into the uterus, where the ulcer has its seat, it is proper they should be made by a professor of midwifery, capable of introducing skilfully the end of the canula into the orifice of the uterus," etc.

At this time arose the question as to cancer of the uterus, whether it was the local manifestation of a general blood state, or the result of an inflammatory engorgement long neglected; a question which excited warm discussion, and brought forth the most opposite views.

The ambition of Récamier was not satisfied with exposing the cervix uteri to view. He had the boldness to explore the cavity of the body of

the organ, almost establishing the use of the sound, and even, by means of a species of scoop called a curette, ventured in certain cases to scrape its investing mucous membrane. In addition he described, through one of his students, pelvic cellulitis, and gave the first intimation which modern observers have had of the possibility of pelvic hemocele.

The impulse given by Récamier to gynecology cannot be overestimated, for the instrument which he had rediscovered, and the merits of which he had appreciated, was destined to remove it from the field of speculation and theory, and to place it in that of exact science. From about the year 1820, it began to attract general attention, and to receive the endorsement of the profession.

The subject at that time received more notice in France than in any other country, and for the next twenty years Lisfranc, Boivin, Colombat, l'Heritier, Imbert, and others enriched its literature and advanced its interests. But it was not until towards the end of that time that any really remarkable advance was effected. Then it was that Kiwisch, in Germany, Huguier, in France, and Simpson, in Great Britain, took the lead in their respective countries.

It has been already stated that from the earliest period of medicine the uterine sound had been recommended, and that in the seventeenth, the eighteenth, and the nineteenth centuries this recommendation had been repeated. In spite of this it had never become an instrument of practical value, and even after 1828, when Lair recommended it, it fell entirely out of notice. By a curious coincidence Kiwisch, Simpson, and Huguier, without concert or communication with each other, about the same time urged its adoption, and by vigorous efforts forced it upon the attention of all interested in gynecology as a diagnostic means of inestimable value. Before this time the sound was practically unknown; after it, it held its place as one of our most valuable diagnostic resources.

The labors of Récamier marked an era in gynecology. One scarcely less important was effected by those of Simpson, who, appearing in the field about the year 1843, created an enthusiasm for the department, and gave an impulse to it by the vigor and originality of his writings, and the brilliancy of his contributions. His articles, indeed, first incited the study of uterine displacements in Great Britain, and to his efforts may be traced, in great degree, the interest which has been of late years aroused in that country with reference to uterine pathology. Until this time the subject had attracted very little attention there, and advances which had been made in it were due almost entirely to French pathologists. It is true that the excellent work of Sir Charles Clarke existed; but that warm and zealous interest which has since resulted in so much benefit to gynecology had not then been excited. But Prof. Simpson was not alone in this work. Dr. J. H. Bennet, of London, at that time a young physician, who had for some years served as *interne* in the hospitals of Paris, returned to his

ance which he attached to the matter may be appreciated from the following quotation. In reviewing the state of uterine pathology in Great Britain, as illustrated by the standard work of Sir Charles Clarke, he says: "Various forms of cancerous ulceration are carefully described, but the very existence of inflammatory ulceration is not mentioned. Now, when we reflect that, as I shall hereafter show, in nearly five cases out of six of *confirmed* uterine disease, in which chronic discharges, mucous, puriform, or sanguinolent, or other well-marked uterine symptoms are present, there exists inflammation or inflammatory ulceration of the cervix, it is easy to conceive how erroneous must be the views respecting uterine pathology, of a medical school ignorant of so vitally important a circumstance."

The last edition of Dr. Bennet's work was published in 1861, and a quotation of the views held by him in 1870 shows that they were essentially unaltered. Yet I believe that I am correct in saying that the great majority of the progressive gynecologists of our time sustain the views which are opposed to his. I find myself to-day endorsing the action of Sir Charles Clarke in publishing a work on diseases of women "in which the very existence of inflammatory ulceration is not mentioned," or is mentioned only for the purpose of disputing its validity.

One great advance which was effected by the work of Dr. Bennet was the placing upon a surer basis than it had yet occupied, the differentiation of engorgement and induration from commencing cancer of the neck.

It would be well, before proceeding further, to consider very briefly the different pathological views which from this time, and even somewhat before it, were offered to the profession, and more or less generally adopted.

They may be thus enumerated:—

1st. That inflammation is the starting-point of most of the affections of the uterus, and that a large number of evils follow this morbid state as results.

2d. That uterine disorder is dependent upon a constitutional derangement, and would yield without other treatment than that directed to the removal of the general condition.

3d. The view of Dr. Bennet, which is similar to the first mentioned, with this additional point, that metritis generally limits itself to the neck, and only exceptionally affects the body.

4th. The view of Dr. Tyler Smith, that leucorrhœa arising from glandular inflammation in the cervix is the cause of granular derangement of this part, and of subsequent engorgement.

5th. The view that uterine disorders often, if not generally, commence in displacement, which is a primary and not a secondary condition, and that to relieve the train of morbid symptoms, this, its exciting cause, should be first removed.

6th. The view that uterine disorder is commonly the result of ovarian

inflammation, which reacting on the womb is the prime mover, in many cases, of its morbid states.

I have no intention of fully discussing here the merits of these theories, but will limit myself to a few words connected with each.

The theory mentioned first in this enumeration is the oldest on record, the writers of the Greek School, even, adopting it. Thus Paulus Ægineta heads his chapter on the subject, "Inflammation of the uterus and change of its position." One of the symptoms of such inflammation he considers to be retroversion of the uterus. In the beginning of the present century this was generally accepted in France. Lisfranc and Récamier adopted it, and it was transferred to, and advocated in, Great Britain by the writings of Dr. Bennet.

The views of this last author, appearing as they did at a time when the field of uterine pathology was almost entirely uncultivated, and characterized as they were by a great deal of persuasive force, produced in this country a marked impression. As to myself I am forced freely to confess that since the publication of the first edition of this work my opinions with regard to them have undergone a material alteration. This alteration has resulted not from theoretical reasoning, but from careful and candid investigation and experimentation at the bedside. I have come to regard the belief of Dr. Bennet in inflammation as the great moving cause, the common factor, in the production of uterine diseases, as an error. And as my views have thus altered with reference to pathology, they have, necessarily, likewise changed with reference to treatment. It appears to me that the time has arrived when many who formerly accepted the opinions of Dr. Bennet will be prepared to admit the fact that his treatment is too severe; his use of caustics too heroic; and his neglect of artificial support to the displaced uterus too decided. No one could have accepted his views more cordially than I did. They were seductive by reason of their simplicity, and plausible from their apparent rationality. Careful observation at the bedside, in as large a field as could be desired, has led me to feel that evil, rather than good, results from an adherence to them. Feeling this, I shall strive in the work which I am now undertaking so to modify my statements as to meet what I regard as the true requirements of the subject.

Let us however bear in mind, while venturing to criticize the views and practice of Dr. Bennet, that science is progressive, and that what was good a quarter of a century ago has simply given place to what is better. If, with all the lights of modern pathology, we stood now where Dr. Bennet stood when he wrote, the discredit would have been with us; it is not with him that we do not do so. However others may differ from him, no candid mind can deny the obligation under which he has placed his brethren by arousing their attention and directing their investigations into proper channels.

No one can devote himself to the practical study of uterine diseases without being impressed with the strong grounds which exist for the maintenance of the second of the theories mentioned. No grave uterine trouble affects the system for any length of time without reacting to a greater or less extent upon the general health. The nervous system becomes greatly disordered, the functions under its influence are badly performed, and derangement in hematosis is the invariable result. As the local disease often approaches stealthily, and may exist for a length of time without exciting suspicion, what is more natural than that many should view it as one of the numerous results of the general depreciation? These three facts, however, which will constantly repeat themselves, as often, I may say, as favorable cases offer for testing the question, will, I think, very generally lead to a distrust of the doctrine: 1st, the fact that uterine disease and constitutional derangement existing together, a cure can rarely be effected by general means *alone*; 2d, that the uterine affection being removed, the general state is at once improved; and 3d, that those general conditions which prostrate the vital forces to the last degree, as, for instance, tuberculosis, uræmia, scurvy, leuco-cythaemia, etc., destroy life without ever showing, unless as an exception to a rule, uterine disease as a consequence.

The constitutional depreciation of a woman will, however, sometimes prove a predisposing cause of local disease. As granular degeneration under the eyelids will arise from this cause, so will a kindred condition often occur on the cervix uteri, yet both will require local as well as general treatment. The enfeebled woman is more liable to subinvolution, passive congestion, and displacements, after delivery, than the strong; and inflammation of the glands of the cervix is a well-known result of phthisis pulmonalis, tertiary syphilis, and anæmia.

The theory of Dr. Tyler Smith¹ I lay before the reader in his own words: "It is my conviction, notwithstanding, that in the majority of cases in which morbid states of the os and cervix are present, cervical leucorrhœa, or, in other words, a morbidly augmented secretion from the mucous glands of the cervical canal, is the most essential part of the disorder, and that the diseased conditions of the lower segment of the uterus, which have been made so prominent, are often secondary affections resulting from the leucorrhœal malady." This theory was by no means a new one when advanced as above mentioned, for Lisfranc² mentions it thus: "Observation proves that leucorrhœa can in the first place cause uterine engorgements, and that later it may be kept up by them; it occasions them often."

Lisfranc, however, says "often," while Dr. Smith says, "in the majority of cases." But even before Lisfranc it had attracted attention, for

¹ On Leucorrhœa.

² Clin. Chirurg., vol. ii. p. 303.

Paulus Ægineta¹ gives "defluxion" as one of the causes of "ulceration of the womb." That an acrid leucorrhœal discharge will create abrasion of the os, follicular vaginitis, urethritis, pudendal inflammation, and pruritus, no one will deny. We see a similar irritation occurring on the upper lip in nasal catarrh in children, which sometimes spreads as an eruption over the whole face. The leucorrhœa regarded by Dr. Smith as the primary disease is, however, only a symptom of cervical endometritis, which may disorder nutrition in the deep tissues of the cervix, and result in enlargement and induration. The views of Dr. Smith were brought forth at a time when Dr. Bennet was pressing the theory of inflammation as the keystone of uterine pathology, and in combating the idea of parenchymatous inflammation, he recorded the important fact that the morbid state described under that name is very often preceded by, and results from disease taking its rise in the mucous lining of the canal. Dr. Smith's position was maintained with all that ability and force which have rendered him so popular as an author amongst us in America, and the influence of his writings upon uterine pathology can be, at present, clearly traced in this country.

In the year 1854, a discussion, which soon assumed extensive proportions and elicited great warmth, arose in the Academy of Medicine of Paris, with reference to the treatment of uterine displacements. M. Velpeau stood forth as champion of the view which is here expressed in his own words. "I declare, nevertheless, that the majority of the women treated for other affections of the uterus have only displacements, and I affirm that, eighteen times out of twenty, patients suffering from disease of the womb, or of some other part of this region, those for instance in whom they diagnose inflammation (engorgements), are affected by displacements." In this and subsequent discussions he was upheld by some of the most eminent practitioners of Paris, and by many the view then expressed is still adhered to. No one of experience will question the fact that a disorder of position of the uterus will often result in subsequent disorder in nutrition and sensibility. Every one must have repeatedly met with cases in which the reposition and support of a displaced uterus have at once dissipated a collection of symptoms which by many would have been attributed to inflammation of the mucous lining or parenchyma. Every one must have found in many cases the relief of a displacement, which was regarded as only an unimportant concomitant of the morbid state, result in complete cure. But admitting this is merely admitting the propriety of regarding displacement as one of many untoward influences which may disorder the innervation, circulation, and nutrition of the uterus; not making it the chief factor in the production of uterine diseases.

The primary importance of displacement was long ably maintained in

¹ Op. cit., p. 624.

this country by the late Prof. Hugh L. Hodge, of Philadelphia, and the adherents of this theory are numerous.

The most signal instance of its adoption which has recently occurred is that of Dr. Graily Hewitt, of London. While he does not make displacement absolutely essential as a primary factor of uterine disease, and limits his belief in its agency almost entirely to flexions or deformities of shape, the importance which he attaches to such displacements may be gathered from the following quotations from the third edition of his valuable work upon the diseases of women.

“*a.* Patients suffering from symptoms of uterine inflammation (or, more properly, from symptoms referable to the uterus) are almost universally found to be affected with flexion or alterations in the shape of the uterus of easily recognized character, but varying in degree.

“*b.* The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation.

“*c.* The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of the chronic inflammation present.”

In a certain number of cases very grave and annoying symptoms of uterine disease will be found due to chronic ovaritis, an affection in which treatment is so inefficient that every practitioner must dread to meet it. The symptoms of uterine disease being present, an exploration of the pelvic organs is made. No uterine disease of any kind is found to exist, but prolapsed into Douglas's cul-de-sac are found the ovaries, large, tender, and tumefied. In other cases uterine disease will be found coexistent with enlargement, tenderness, and displacement of ovaries, and the practitioner indulges the hope that so soon as the uterine disorder shall be cured the ovarian trouble will disappear. Such a sequence, however, does not occur, and he recognizes, to his disappointment, that what he regarded as a secondary matter is really one of primary importance. For this reason no examination of the pelvic viscera should be considered complete which does not involve a careful investigation of the state of the ovaries.

For many years a thorough sceptic as to the frequency of ovarian disorder as a cause of the ordinary symptoms of uterine disease, I am now convinced of its truth, and in few cases do I give more guarded prognoses than in those in which I find one or both ovaries enlarged, tender, and prolapsed.

Since the year 1850, when he published his well-known work upon the subject of Ovarian Inflammation, no one has been a more constant or consistent advocate of the claims of ovarian pathology upon the notice of the gynecologist than Dr. Tilt, of London. At a meeting of the London Obstetrical Society, in April, 1873, he recapitulated his views, and it

cannot fail to be a matter of interest to see how time and experience have affected them. The positions which he originally took were these: 1st. That the recognized frequency of inflammatory lesions in the ovaries and in the tissues that surround them is of much greater practical importance than is generally admitted. 2d. That of all inflammatory lesions of the ovary those involving destruction to the whole organ are very rare, whilst the most numerous, and, therefore, the most important, may be ascribed to a disease that may be called either chronic or subacute ovaritis. 3d. That, as a rule, pelvic diseases of women radiate from morbid ovulation. 4th. That morbid ovulation is a most frequent cause of ovaritis. 5th. That ovaritis frequently causes pelvic peritonitis. 6th. That blood is frequently poured out from the ovary and the oviducts into the peritoneum. 7th. That subacute ovaritis not unfrequently causes and prolongs metritis. 8th. That ovaritis generally leads to considerable and varied disturbance of menstruation. 9th. That some chronic ovarian tumors may be considered as aberrations from the normal structure of the Graafian cells.

Dr. Tilt pointed out that although these views, when promulgated, had been adversely criticized by Drs. Rigby, West, Bennet, and Churchill, they were now to a great extent accepted; and that they have been amply demonstrated both clinically and microscopically by Aran, Bernutz, Gallard, Négrier, and Siredey. I would emphatically dissent from his 3d postulate, which I regard as entirely too sweeping an assertion, but with the remaining eight I fully agree.

Of late years rapid advances have been made in the surgical treatment of the diseases of women. Under the lead of Simpson, Wells, Brown, and Keith, in Great Britain; of Simon, Esmarch, Ulrich, Hegar, Spiegelberg, and Schröder, in Germany; and of Sims, Atlee, Emmet, Peaslee, Dunlap, Agnew, and Kimball, in the United States; operations for ovariectomy, the cure of ruptured perineum, vesico-vaginal fistulæ, constriction, or tortuosity of the cervix, prolapsus uteri, laceration of the cervix, etc., have been perfected and are now constantly practised.

During the last quarter of a century three men have led the profession in the surgical portion of this department, and by their originality done a great deal to create what exists to-day; Sims in America, Baker Brown in England, and Simon in Germany. Before their period anaesthesia was unknown and their predecessors lacked its aid. For them it offered its rare advantages, and they had the genius to make good use of them.

Both the science and art of gynecology have been greatly advanced by the pathological researches of the German school. To-day confessedly in advance of all other nations in the study of pathology, the laborious, conscientious, and persevering scholars of that country are altering and improving our views in reference to this subject, while contributions of great practical value are coming forth from them to enrich our literature. Among these may be especially mentioned those by Kiwisch, Hennig,

Waldeyer, Simon, Spiegelberg, Martin, Scanzoni, Klob, Schroeder, Veit, and Schultze.

It is a great source of pleasure to me before closing this sketch to be able to record the fact that America has not been wanting in her contribution towards the progress of this branch of medicine. While the interests of gynecology were, during the early part of the present century, advanced in other lands by those whose names have been mentioned, in America they were pressed upon the attention of the profession and assiduously cultivated by three able advocates, all, singular to relate, from the same city,—Dewees, Meigs, and Hodge. Each of these observers brought to his work the most signal ability and enthusiasm, and, having abundant opportunities, as public teachers and writers, of disseminating their views, they each exerted a decided influence upon the mind of the profession. To the last of these gentlemen the profession throughout the world is more deeply indebted for means of properly sustaining the uterus by pessaries than to any one else who has ever labored in this field, and we see in our day his determined opposition to the phlogistic theory of uterine disorders rapidly gaining advocates amongst the ablest and most philosophical in our ranks.

From this country have emanated, as contributions to this important department of medicine, anæsthesia, ovariectomy, the revival of the method by which vaginal fistulæ have been made amenable to systematic treatment, and which since the time of Gossett had been entirely forgotten; and last, but by no means least, the introduction into ordinary practice of Sims's methods of exploring the pelvic viscera.

I have elsewhere called the results of the labors of Récamier and Simpson eras in the progress of this department. I now venture so to style those of Marion Sims. In doing this I make no reference to the improvements inaugurated by him in the treatment of injuries to the genital organs; my allusion is to the great advantages which now flow and are to flow from the invention of his speculum, which exposes the uterus by a new principle, and opens the way to a more complete examination of that organ. Récamier marked an era by improving our powers of diagnosis in exposing the cervix uteri; Simpson another, by opening to investigation the body of the uterus; and Sims a third, by rendering both investigations more simple, complete, and satisfactory.

There is no more certain way of appreciating the effect of light than by withdrawing it and marking the degree of darkness which results. If all that Sims has done for gynecology were suppressed, we should find that we had retrograded at least a quarter of a century.

The ordinary specula in use before the discovery of Sims's, simply separate the vaginal walls mechanically, and thus expose the uterus. Sims's instrument, on the other hand, elevates the posterior vaginal wall, which allows the entrance of air to distend the whole passage, the woman lying

most influential majority. I confess that even to me the slow advance made by Sims's speculum, *as an instrument for every-day use*, has been a matter of great surprise. Familiarized, however, by years of practice with both methods of examination, and prejudiced in favor of neither, I cannot doubt the result. The assertion of its rights by the new method will give an impetus to the advance of gynecology which in some degree it has even now effected.

I cannot close this part of my subject without appealing to those working in this department who are willing to test the matter, in the following manner. Learn the use of Sims's speculum, not by personal labor and experiment, but from one who is fully master of it; have at your disposal a trained nurse, and persevere with the method for three months, and you will endorse the statement as to the vantage ground which you will occupy, which just now appears so exaggerated to you. Nothing is easier than to attack *upon paper* such a position as that which I have here assumed; nothing more tempting than a half humorous, half sarcastic review of it. But the question is one of too great moment to be thus dealt with. All earnest workers in our ranks are in search after truth, not striving to prove themselves right; all wise men are eager to avail themselves of improvements in their calling, not to find warrant for hugging what is old.

Although the scope of this chapter will not admit of the mention of all the works which have recently appeared upon this subject, I cannot refrain from mentioning one which comes to us offering, among other valuable contributions, one of the most important pathological facts, and with it its corresponding surgical resource, which the last half century has yielded. The work is the highly original and valuable one of Dr. Thomas Addis Emmet, of New York; the pathological contribution which, even if this eminent author had done nothing else to lay his profession under obligation, would indelibly write his name upon the records of gynecology, is the diagnosis and treatment of laceration of the cervix uteri. No one contribution to this department which has been made in the period mentioned has exerted a more marked influence upon uterine pathology than this is now doing, and will do in the future. None will have more influence in abolishing useless and hurtful therapeutical resources.

During the past thirty years a decided effort has been made all over the civilized world to introduce into medicine a remarkable innovation—the opening of its doors to the entrance of women as practitioners. The prevalent and very just sentiment, that the gentle and sympathetic nature of woman would, in this department of labor, find an appropriate field of action, at that period began to be clearly expressed, and the urgent demand which was made by progressive minds in different countries has at the present day been fully met. This has not been accomplished without opposition. The usual adverse striving of narrow and non-progressive minds has not been wanting to retard the advance of the movement, but

in spite of this, with an almost unprecedented rapidity when its magnitude is considered, it has arrived at assured success.

The connection of woman with the practice of medicine is a matter of no recent date. The sentiment which fosters it now has existed in an undeveloped state from the earliest ages. Aëtius makes mention of the writings and practice of Aspasia, who was a doctress at Rome about the third century, and copies extensively from her upon ulceration and displacements of the womb. Paulus Ægineta is, for some of his chapters, indebted to Cleopatra, fragments of whose writings he has preserved for us. He evidently quotes her with respect, and credits her with what he borrows. In the thirteenth century an Arabian woman, Trotula by name, published a treatise, in which she mentions that many Saracenic women practised the art of obstetrics at Salerno. In later times, during the seventeenth and eighteenth centuries, women were graduated as Doctors of Medicine in the Italian Universities, and as such enjoyed great consideration. In 1732, La Dottoressa Laura Bassi graduated at Bologna, and filled the chair of Natural Philosophy for six years. In the last part of the eighteenth century, Madonna Mazzonlina lectured on anatomy at Bologna, while others of lesser note filled positions of minor importance. To the women of Arabian civilization the department of obstetrics was entirely surrendered; for so great were the sensuality and libertinism of the Saracens, that the Mahomedan laws prohibited the attendance of males upon females; and thus their whole treatment, except in extreme cases, devolved upon the midwives.

In France a portion of the work of medicine has long been allotted to "Sages Femmes" or midwives, and the names of Mmes. La Chapelle and Boivin, who lived in the last part of the eighteenth and the beginning of the nineteenth centuries, come to us clothed with great authority.

The demand of our time then is not that woman may practise medicine, but that she should have every opportunity which that time offers her to prepare herself for the work. Many have doubted, and upon excellent grounds, the ability of woman to cope with man in this field of labor, for there is no resisting the evidences of history, that, in spite of opportunities and incentives, female practitioners have failed in time past, not only to advance, but even to maintain the integrity of the art intrusted to their hands. The experience of the future may contradict that of the past; but even its doing so will offer no good reason for despising the lesson which the past has left on record. As futile would it be, however, to resist the overwhelming "logic of events," and to shut our eyes to the fact that the "woman movement" has conquered for itself in medicine a position which entitles it to consideration and respect.

The opportunity which is now offered to woman for retrieving what has been lost in former ages is certainly all that the most exacting of modern reformers could require. The prejudice which for years existed against

her in this connection appears to be, in this country and in Europe, almost entirely eradicated. In many of the most ancient and eminent of the universities of Europe they are free to matriculate, and in most of the largest cities both of Europe and America female medical colleges exist. In this city, some of the most able of our junior teachers are engaged in instruction in the Female Medical College, and many of the most eminent and conservative of the senior members of the medical profession have accepted positions as consultants to the hospital attached to the college. Female practitioners are freely met in consultation in general practice, and the County Medical Society, one of the two representative associations of the city, admits them to its ranks as members. The general and sincere feeling of the progressive and most prominent members of the medical profession here is unquestionably this, to allow to females a fair opportunity to enter the field of medicine, and strive to establish their ability to perform its arduous functions, however much they may doubt the success of the enterprise. All appear willing to intrust the solution of the problem of woman's fitness for the duties of medicine to time, the great crucible of human theories.

"The burning question," says J. R. Chadwick, in an excellent review of this subject, "is no longer, shall women be allowed to *practise* medicine? They *are* practising it; not by ones or twos, but by hundreds; and the only problem now is, shall we give them opportunities for studying medicine before they avail themselves of the already acquired right of practising it?" Admitting that this question is justly put, can any one wishing well to humanity and to science venture to array himself on the negative side?

An innovation in general surgery which bids fair to be one of the greatest improvements which has ever been effected in that art has been reserved for our time—the establishment upon a systematic basis of anti-septic surgery. No departments of surgery will feel, indeed are now feeling, the influence of this more decidedly than those of gynecology and obstetrics. The great evil from which they have suffered is septicæmia, and this it is the special object of Listerism to prevent and overcome. Not only does this method offer great advantages in ovariectomy, in all its details except the use of the spray it may with the greatest advantage be applied to all operations within the pelvis.

I am so often consulted by recent graduates as to the works which they should make the basis of a library upon gynecology, that I feel that I may render a service by the following list. Only such works are recorded as will prove of absolute service to the active practitioner who seeks knowledge chiefly upon practical points :—

- Nonat—Maladies de l'Utérus, 1 vol.
- Aran—Maladies de l'Utérus, 1 vol.
- Becquerel—Maladies de l'Utérus, 2 vols.

- Blatin et Nivet—*Maladies des Femmes*, 1 vol.
 West—*Diseases of Women*, 1 vol.
 Tilt—*Uterine and Ovarian Inflammation*, 1 vol.
 Bennet—*On the Uterus*, 1 vol.
 Simpson—*Diseases of Women*, 1 vol.
 Hewitt—*Diseases of Women*, 1 vol.
 Churchill—*Diseases of Women*, 1 vol.
 Byford—*Medical and Surgical Treatment of Women*, 1 vol.
 Sims—*Uterine Surgery*, 1 vol.
 Baker Brown—*Surgical Diseases of Women*, 1 vol.
 Tilt—*Uterine Therapeutics*, 1 vol.
 Scanzoni—*Diseases of Females*, 1 vol.
 Meigs—*Diseases Peculiar to Females*, 1 vol.
 Bedford—*Diseases of Women and Children*, 1 vol.
 Colombat—*On Females* (annotated by Meigs), 1 vol.
 Ashwell—*Diseases of Women*, 1 vol.
 McClintock—*Diseases of Women*, 1 vol.
 Courty—*Maladies de l'Utérus et de ses Annexes*, 1 vol.
 Hodge—*Diseases Peculiar to Women*, 1 vol.
 Klob—*Pathological Anatomy of the Female Genital Organs*, 1 vol.
 Spencer Wells—*On Diseases of the Ovaries*.
 Kiwisch—*On Diseases of the Ovaries*, 1 vol.
 Wright—*Diseases of Women*, 1 vol.
 Emmet—*On Vesico-Vaginal Fistulæ*, 1 vol.
 Duncan—*Parametritis and Perimetritis*, 1 vol.
 Duncan—*Fecundity, Fertility, and Sterility*, 1 vol.
 Athill—*Diseases of Women*, 1 vol.
 Gallard—*Léçons Clinique sur les Maladies des Femmes*, 1 vol.
 Peaslee—*Ovarian Tumors*, 1 vol.
 Atlee—*Ovarian Tumors*, 1 vol.
 Barnes—*Treatise on Diseases of Women*.
 Goodell—*Clinical Lectures on Diseases of Women*, 1 vol.
 Leblond—*Traité Élémentaire de Chirurgie Gynecologique*, 1 vol.
 Schroeder—*Diseases of Female Sexual Organs*, 1 vol.
 Tait—*Diseases of Women*, 1 vol.
 Emmet—*Principles and Practice of Gynecology*, 1 vol.
 Hegar and Kaltentbach—*Die Operative Gynäkologie*, 1 vol.
 Skene—*Diseases of the Bladder and Urethra in Women*, 1 vol.
 Mary Putnam Jacobi—*The Question of Rest for Women*.
 Martineau—*Traité Clin. des Affec. de l'Utérus*.

The following journals are now devoted to this subject:—

- Centralblatt für Gynecologie.
 Annales de Gynecologie.
 Obstetrical Journal of Great Britain and Ireland.
 American Journal of Obstetrics and Diseases of Women and Children.
 Obstetric Gazette.
 Archiv für Gynäkologie.