SOME LEADING EUROPEAN GYNECOLOGISTS AND THEIR WORK.

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My last letter described very briefly what I saw in Paris; this letter will speak of some well-known gynecologists in Florence, Vienna, Prague, Dresden and Berlin.

PESTALOZZA, OF FLORENCE.

Having heard that Pestalozza was doing a large amount of good work, I left the beaten track and went to Florence to see him. He received me most courteously and invited me to come next morning, which was Sunday, at 7 o'clock to see some operations. He has an immense clinic, being in sole charge of forty gynecological and eighty obstetrical beds. Ten of the latter are reserved for isolating infected cases coming from outside. Among his own cases he has had no death from sepsis since several years. The first operation was abdominal hysterectomy for multiple fibroids in a woman who had also prolapse of the vagina; he left a small portion of the cervix, to which he afterwards stitched the upper part of both broad ligaments in order to draw up the vagina. He used isolated silk ligatures for the two ovarian and two uterine arteries, and he operated very quickly. The silk was prepared by first soaking it for twelve hours in ether to extract the fat and then sterilizing it in steam for two hours, after which it remains indefinitely in 1 per 1,000 sublimated alcohol. As it appeared to be particularly good, I took down the address of the manufacturer, Botti, silk manufacturer, Ponta Rossa, Florence. He afterwards removed a cervix, which had been left after hysterectomy two years before and which had now become cancerous. Some of the old silk ligatures were found encysted and calcified. He then took me over his hospital and showed me about twenty patients convalescing from laparotomy. I would strongly advise those who intend to visit gynecological clinics in Europe to spend a few days with this talented gentleman.

SCHAUTA OF VIENNA.

During my short stay in Vienna I was unfortunate in not seeing Schauta operate, but this was amply compensated for by seeing his first assistant (Dr. Schmidt) perform a vaginal extirpation of the uterus and appendages for prostatitis. He opened the anterior vaginal fornix first and then the posterior, sewing the peritoneum carefully to the vaginal edge in order to avoid hemorrhage, after which he placed just six silk ligatures in the broad ligaments, completely controlling the bleeding, of which there was almost none. By cutting off the lower half of the uterus he obtained more room for the difficult task of detaching and bringing down the densely adherent appendages.
KOLLISCHER.

I spent an oft repeated morning with Dr. Gustave Kollischer, second assistant to Prof. Schultze, who is quite celebrated for his work on the bladder. In the present instance he placed the urino-scopic tube into the bladder with the catheter in the ureter, by means of his cystoscope which is a modification of Nitsche’s and Brenner’s. I was so pleased with its easy working after seeing it on several cases that I procured one at Lettow’s instrument maker, Vienna. It has many advantages over the ordinary speculum, the principal one being that it does not require any dilatation, nor external light. All one has to do is to draw off the urine, fill the bladder with warm, clear water, introduce the cystoscope and touch the patient with the current from a little 3 C-v battery, when the whole of the bladder is beautifully lighted up and the smallest foreign body as well as the openings of the ureter can be easily seen. There is a small channel adjoining the optical apparatus through which the elastic bulb is past and can be used to guide the instrument little corette for removing granulations and also small scissors for cutting off polyp and foreign bodies for cutting off polyp and foreign bodies for cutting off polyp and for seizing calculi. I told him that he had removed several winking silk stitches from the bladder, which had ulcerated into it after laparotomy and vaginal fistula.

PAWIJK.

Pawik, of Prague, received me very kindly and put me in a good humor by mentioning many of his papers. Speaking of electricity he said he had employed it in many of his operations and that his results were to be due to the exacting of the bladders and filling them with a certain order of electric fluid. He had made many modifications in diminishing the size of fibers and in expelling some of the uterus, but he had given it up because he could not be sure of the result in any given case. He removed a large ovarian cyst by abdomino incision, using catgut for ligatures, and another case for ovarian cysts and supporting ovaries, also by the abdomen, taking great care to wall off the bowels with quantities of sterilized gauze. The operation was performed in one hour, the patient bled little, and the cure was a permanent one. He also showed me a few numbers of ovaries, some of which had not been removed for any reason, and one of which had been removed for a year or two.

MARTIN, OF BERLIN.

Martin still stands at the top of the gynecological ladder in Germany. He operates at his private hospital every day at 12, 13, 14, and 15, and he also operates upon two or three other operators each day, and he did two or three a day during the week. The first was a vaginal hysterectomy for cancer of the cervix, using catgut for the broad ligaments. It would have been a very difficult case for any one else to operate upon. The second was a vaginal hysterectomy for cancer of the bladder, using catgut for the broad ligaments. It was a very difficult case for any one else to operate upon. The third case was of a cystic ovary, in which he opened the abdomen by the vagina, brought out the ovaries, found them diseased, removed five of them and carefully sewed up the remainder with catgut, and put them back again.

OLSHAUSEN, OF BERLIN.

I studied under him ten years ago and was pleased to see that he had not apparently aged at all since then. He gave me a kind welcome and invited me to an operation next morning at 8. When he has several operations he commences at 7. One has to rise at 5:30 or 6 to be there in time. This case was a woman of 65, who had been bleeding for several years and examination a few days before was found to be cancerous. He set to work at once and secured the peritoneum to the vagina. He used nothing but a gut thread, but he always ties three knots on the arterial ligatures. The ligaturing of the broad ligament was greatly facilitated by his having the best needle I have ever seen, known as Olshausen’s “Unterbindungadel,” and much superior to Deschamps’s. As he trusted entirely to catgut I asked him how it was prepared. First soaked for six hours in sub-lime water 1:10,000, second, the water is removed by soaking in twenty-four hours. As it enables us to tell 2-2000 on being cooked for several months in absolute alcohol and used directly from that. After the operation he took me over his wards and showed me a great many cases convalescing nicely from laparotomy. In the latter he closes the abdominal wound with four layers of catgut, the outermost being silk. He objects to through and through silk wound for fear that it will lead pus into the peritoneum; altho another operator, Landau, told me of a woman having died on the sixteenth day, owing to being closed up by layers of catgut, it did not bear. The operation was done by him which would have escaped the skin if she had been sewed up with through and through stitches. Olshausen dresses the abdominal wound with a very little lodoform and a single little strip of gauze, over which collodium is placed. The dressings are changed, and the patient remains undisturbed for twelve days. I saw several of these first dressings removed and they looked very well; the catgut was all absorbed and the knots could be brushed off. As I thought that the buried catgut would cease to hold the wound after a few days, I asked if he ever saw hernias. He replied that he would happen in spite of any method of suturing. I told him that I used silk wound and left it in a month, and got few hernias. He does ventrofixation by passing a silk wound stitch around each round ligament near the uterus and fastening it to the peritoneum as far from each other as possible, and ended it there. I saw him introducing a pessary and sending a woman away, who was brought for operation with a freely movable retroverted uterus, which he first replaced. Next day he did abdominal section for an ovarian tumor with twisted pedicle, and removed the ovaries and tubes and supporting ovaries also by the abdomen, taking great care to wall off the bowels with quantities of sterilized gauze.

No one here flushes the abdomen with water, and they have also abandoned constant irrigation in vaginal work, using in place thereof numbers of small numbers of perforations in the wound, as fast as used. Olshausen did not remove the uterus, but carefully closed all bleeding points and left it in. On the walls of the operating room he has two cards, "NOI TANGERE" and "FAYETE LINGUIS." He told me it was going to be used, but not in Latin. In a paper he showed me he has written of eclampsia, of which he has about sixty a year, sometimes as many as six at a time. As is well known he is the first authority in Germany on obstetrics and is chairman to the Empress.
the top of the fundus to the vagina, the uterus then being held upside down, are avoided by the modification adopted by Martin. The operation consists in bringing out the appendix, removing some cysts in the ovaries and replacing them, and then did vaginal fixation. The next day I saw him eutecting an inoperable cancer with a very pretty electrotome cautery made by Ehrlich, and the uterus was taken out the apparatus which was some porcelain tip heated by platinum wire and was supplied with current from a small storage battery not larger than a cubic foot. It was quite portable and only cost $10 including a cystoscope and a head lamp for operating on dark days.

LANDAU, OF BERLIN.

Landau is one of the leading teachers of Berlin. He is assisted by his brother and he has a large and handsome private establishment in the Phillip Strasse, near the Charte. The pathological department is looked after by Dr. Pick, who speaks English fluently. He has a beautiful method of preparing specimens which are first hardened in 4 per cent of formalin and then stretched on wire netting. They have the specimens of any case, both macroscopic and microscopic, from whom they have removed anything even down to curets and vaginal discharges, systematically indexed for ready reference. I have never seen anything like it anywhere. Dr. Pick gives a course of microscopy to physicians. I saw Landau remove large double ovarian tumors which Dr. Pick took sections from and mounted while the operation was going on and showed us in a few minutes how to care for the cases and through and through the silver wire for the abdomen. Another day I saw him remove pus tubes by the vagina in a case of peritonitis with fixation. He split the uterus up the middle with scissors and after digging out the pus tubes he put two wide clamps on the broad ligament on each side and cut the tubes. I was very favorably impressed with this method in this case. But immediately afterwards he operated on another patient in whom the pus tubes were much higher up in the pelvis and had tremendous difficulty in getting them out by the vagina, and I felt sure that he could have done it much easier by the abdomen.

DURHSSEN, OF BERLIN.

Durhssen seems by common consent to be acknowledged as the ablest among the younger men of note. He is not much over forty, but his large private hospital at 25 Schillerbadamm is filled with important cases and maintained at his own expense and testimony to his ability and energy. He received us most courteously, 15 Johns and a bottle of brandy as our host. He impressed me most favorably with the case of a woman who had removed the uterus by the vagina for hemorrhage due to hemophilia. I asked him particularly, because three years before she had had to come to him for the same thing and he had employed Billroth's operation, which cooks the mucous membrane so well that the did not menstruate at all for three years. He kindly sent his report for me. It is a little boiler fitted with a thermometer so as not to let it get hotter than 150 degrees Centigrade, and the steam is conveyed to the uterus by means of a double tube through the cervix, a quarter to five minutes. The cervix must first be thoroughly dilated and there must be a rubber tube over the steam pipe so as not to burn the cervix, which would cause a stricture. He is an enthusiast for vaginal hysterectomy and claims to be the inventor of vaginal fixation for reversion, having published his first fifteen cases before any one else published one. I was very much opposed to the operation before coming here, but since I have seen Durhsseen doing three in an hour as well as several other operators doing it very quickly I have been most favorably impressed with what I have seen of it. He opens into the peritoneal cavity in two minutes or less, books out the ovaries, tubes and uterus, destroys all cysts by ligature, replaces them, passes a silk worm gut ligature through vagina, peritoneum and muscles, and out again through the ovaries, peritoneum and vagina. This is left until until he has sewed up the opening in the peritoneum with a running catgut suture and the vagina with another row of catgut, after which the fixation ligature is tied. I made many inquiries about the serious operation, but nobody here does it. When I told Oldenhahn that I could generally find the round muscle with my eyes shut he replied to do the operation on a case, but on examination he uterus was found to be first and therefore unsuitable. Next day Dr. Durhsseen remove the vermiform appendix and double pus tubes by the abdomen, which he does in about 25 per cent and by the vagina in 75 per cent. Next day he removed a pair of very angry, gonorrhoeal pus tubes by the vagina. There was recent peritonitis. As she was a young woman he left the uterus and one ovary. This was a very nice case as he did it very quickly and all outside of the vagina.

MACKENRODT, OF BERLIN.

Mackenrodt is one of the coming great men, if not already one. He appears to be about 40 years of age, and is a fine operator. I saw him doing a Caesarean section and subsequent total extirpation of the uterus for cancer. The fetus, about eight months, was taken out alive and did well. There was hardly any bleeding. As soon as the child was removed through the opening in the uterus he put on two ligatures on each side and a few temporary ones on the uterine side and cut between them until he came to the uterine arteries, which he tied. He then separated the bladder and freed the uterus until he had it and the vagina like one tube free almost to the vulva. He felt for the large artery and cut the vagina below it, not with a knife, but with a large red electrical cautery, his object being to prevent it from infecting the peritoneum. The current measured 17 amperes and was obtained from the street. The auscultation of himself and assistants was least thorough, they spend twenty minutes by the clock in disinfecting their hands. He and most of the operators here stand on the patient's left, so as to use their right hands.

In closing my letter from Berlin I must truly say that I have never heard of any one day that I have ever seen in any other city and I cannot speak too highly of the kindness which I was received by one and all. Nearly every day I was up before 6 a.m. In order to get to Oldenhahn's by 7, and from there I went to Landau's, and from there to Durhsseen's or Mackenrodt's and from there to Martin's, where I remained till nearly 2, by which time I felt that I had seen enough for one day. As all these places are within a few minutes of each other, Berlin offers special advantages for a post-graduate course. My next letter will speak of Sanger, Zwetfeld and Jacobs.
SOME LEADING EUROPEAN GYNECOLOGISTS.

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This letter will give you a short description of what I saw at Leipzig and Brussels, and will conclude my series of three articles on the above topic.

SANGER OF LEIPZIG.

Sanger is a man of about forty-five years of age, and like all the great men I have seen over here is a tremendous worker. Altho he is a titular professor of the University, he has no beds at the public hospital, but he invited me to his private hospital, No. 24 Zwolfe Strasse, where he has twenty-five beds and attends rich and poor alike. He told me that he had had no death there since seven months, during which time he had performed two hundred and twenty operations, seventy of them being laparotomies, either vaginal or abdominal. He attributes his success to his very rigorous asepsis, he himself and his nurses and assistants preparing their hands for twenty minutes before the operation. Since ten years he has been using coarse sand and soft soap for his hands, followed by alcohol and then sublimate water. He uses nothing but silk, which is prepared as follows: it is boiled in 1 to 100: first it is washed in 1 to 100 of water, then it is immersed in a solution of 10 of sublimate, 200 of alcohol and 80° of water. It is then wound on little pieces of wood, on which the size is marked, and kept in sublimate alcohol. The patient is always shaved the day before and the skin is prepared with soap and water, either alcohol, alcohol, and sublimate solution. The preparation of the patient occupies three-quarters of an hour. The assistant in charge of ligatures burned them instead of cutting them.

The first operation I saw was for the removal of a four-pound fibroid by abdominal hysterectomy. He removed it with clamps very quickly, and then tied each artery separately with No. 5 silk. He only crosses his first knot once. His hemostasis is very perfect and he keeps on tying until the wound is absolutely dry. His method of sewing up the abdominal wall is peculiar: he passes his sutures on two needles from within the wound, every centimeter apart, including the whole abdominal wall, but only the very edge of the skin. Before tying these he puts in another row of interrupted No. 5 silk sutures, so as to bring the fascia and muscles together exactly and these remain permanently. Between the through and through stitches he placed superficial silk ones every half centimeter, so that they were very close together. The wound was then covered with a light strip of lodoform gauze and this with a large strip of plaster very carefully sealed.

Next day he did a precisely similar operation. He takes about one hundred minutes to do the operation, being the most careful man I have yet seen. Either was the assistant used, and the inhaler was a large wire mask covered with rubber, completely covering the face so that a comparatively small quantity was employed. As the patient was only 23 years of age, he left one ovary and tube in the peritoneal cavity, so as to prevent her from having the nerve-storms of the artificial menopause.

The third morning he removed a hernial sac from the left inguinal canal, which contained a rudimentary uterus, a tumor of the right tube and ovary and a rudimentary left tube. This was a very rare case, there being only a few on record.

The fourth morning he performed implantation of the ureter into the bladder. I was fortunate in seeing this operation, as this was only the third time that it has been done in Germany, once by Wenzel and once by another operator, whose name I have forgotten, altho it has been done in America several times. I think by Fenger, and by Van Hook of Chicago and Boldt of New York. On opening the abdomen he found that she had closed the cyst and that one ovary contained a large cyst. He cut out the cyst and left the rest of the ovary, after carefully sewing up the flap with fine interrupted silk ligatures. He opened up the closed tubes by cutting off the fimbriae and sewing the mucous to the peritoneal edge. The patient, who was a young woman, had had a very severe first confinement, during which the uterus and ureter were torn across, and when they healed there was a utero-ureteral fistula and her urine poured constantly from the vaginal canal. Sanger began by cutting the ureter off level with the uterus, after putting a lower ligature on it. He then sewed up the hole in the uterus, after which he dissected out the ureter from its original home beside the iliac artery until he had it free to a distance of six inches. He then closed the long opening in the peritoneum, after which he threaded the ureter, attached to a bokken, so to speak, between the peritoneum and the abdominal wall into the top of the bladder, where he carefully stitched it. I have since heard that the operation was a perfect success. I was perfectly delighted with the four mornings I spent with Sanger, and I have no hesitation in classing him among the world's gynecologists of first rank.
ZWEIFELE OF LEIPSIC

Zweifel is the gynecologist or chief professor of gynecology, and has a large number of beds in the public hospital for women, which is a large and beautiful building. He is about sixty-five years of age. I saw him perform a very difficult operation for vesico-vaginal fistula in a woman, who had had hysterectomy several times, and who had obtained a hemostatic by Trendelenburg's assistant. He used a very nice electric light, supplied from the street current. The nurses did all the shaving and scrubbing in the operating room while the assistants were getting ready. As it was high up he had the greatest difficulty in paring the edges and in maintaining the position of the uterus, and he obtained a fistula in the vulva. He then performed the operation of Trendelenburg's assistant. He opened the abdominal incision in the suprapubic region and instead of using Trendelenburg's posture to get the large intestine out, he did it in the way an assistant took the bowels out of the abdomen and held them by a towel while Trendelenburg's assistant performed the operation. He then closed the abdominal incision in the suprapubic region and performed an operation to repair the fistula.

TRENDELEMBURG OF LEIPSIC

Although not a gynecologist, yet Trendelenburg has never to Lister done more for gynecological surgery than any other man living, and I made him a visit especially to tell him what we thought of his work. He thanked me for the kindness and told me that he was planning an operation for hysterectomy or other piece of difficult pelvic surgery. Those of my readers who have never seen a bad pair of pus tubes removed in the pre-Trendelenburg days can have no idea of the misery which the operator endured nor of the danger to which the patient was exposed. As he says that there is a time at which we do not know anything about the intestines, our old friend was a very kind host.

JACOBS OF BRUSSELS

Although only thirty-five years of age, Jacobs has by his enormous industry reached one of the highest positions in Europe. He is so clever and so well versed in gynecology that he has been appointed to the head of a gynecological surgery; nor has he any beds at any of the public hospitals of Brussels; but he has forty-five beds at his own private hospital, which is the loveliest in Europe and America. He is so careful in his work that he often tells me that he has been in the operating room for over ten hours. He has opened the abdomen by the vagina, mostly for hysterectomy, seven hundred times, with a death rate of less than two per cent, and he has performed over one hundred abdominal laparotomies for removal of the ovaries, with less than one per cent mortality. His method of dissection is peculiarly his own, so I will describe it: First he scrubs the patient with green soap dissolved in alcohol and shaves her himself. If the operation is vaginal he uses a sponge on a holder to scrub the vagina. The field of operation is then scrubbed with equal parts of carbolic acid and beta cresolis, /o/ of carbonate of ammonia and bichlorate of soda. He then scrubs with alcohol, then with two per cent of formol. The bruise at the base of the wound. The wound. The /o/ of carbonate of ammonia and bichlorate of soda. He then a second time to do it, but doing it beautifully, using black silk for most of the sutures, only three of them being silk not that of the cutting. The sutures were only one-eighth of an inch apart. He then secured the wound with alternate layers of tinfoil and wool, so that the patient was left in the best possible condition. He has also the daintiest operating room I have ever seen, all the tables being of polished brass and plate glass. Next day he removed the uterus, tubes, ovaries by the abdomen for double pyosalpinx, an ovarian cyst and a fibroid tumor. One pelvis has the uterus and tubes out of the abdomen, and the next day he removes the vesicles which spurt as he goes along, his object being to put four or six ligatures at the most on the isolated arteries and not on the nerves. And this reminds me of his answer to the important question, which was the main object of my visit to Brussels, viz., does the perforation of the vagina with clamps, in which he has become so wonderfully adept? Because, he said, with clamps you compress the nerves and cause the woman so much suffering for two days that it takes her two weeks to get over it, while if you tie only the arteries and nerves, she will feel nothing. Believe me, doctors, the vagina is a place for clamps.