

ARTIFICIAL STERILIZATION.‡

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Since Kehrer, in 1897, brought this subject forward for discussion, a number of authors have expressed themselves with relation to it; but it is noticeable that in an age like ours of much writing, comparatively little has been published upon the matter. It is possible that the indications for sterilization do not yet rest upon certain grounds; and also, that many cases are not published for fear of criticism of the indication.

There is a certain analogy with induction of abortion; and I believe that those who easily find an indication for abortion, will likewise find it for sterilization.

I need say very little as to the methods of sterilization. So much is certain, that partial resection even of relatively large

*See Deleuze. Contribution to the study of rupture and of perforation of the bladder (spontaneous intra-peritoneal). Thèse de Lyon, 1901.

†Morel and Raymond. Rupture of the bladder in a case of general paralysis. Soc. anat. 2 dec. 1904.

‡Abstract. Zentralblatt fuer Gynecologie, No. 11.

portions of the tube, with differing methods of ligating the stump, do not give a sure result. In tubal resection through the vagina, it is to be considered that the ovary is brought nearer the uterine horn, and that a fold might occur which would bring the ovum exactly to the point of closure of the uterine end of the tube; where an opening might remain, or recur, or a utero-peritoneal fistula form. Therefore, the best method, is the removal of the whole tube, with amputation and suture of the uterine horn; although even here, it may be that an opening would remain which might receive the ovum.

I will not consider the cases of sterilization which occur as secondary to the primary operation; although I do not overlook the fact that many operators have, and do now sterilize the patient at the end of an operative procedure, which will put the patient in jeopardy, if a succeeding pregnancy occurred. The first one of such operations is vagino-fixation. I have therefore concluded, not that I will sterilize because of doing a vaginal fixation; but that I will not do a vaginal fixation, that I may not be obliged to sterilize.

In my opinion, an associated operation for sterilization, should have the same indications as for a primary operation. If the indication is strong and pressing (and under other conditions, it is of course not to be undertaken) then it is proper and right to do it as a primary operation. In regard to the danger; it is to be considered that the indication for sterilization usually occurs in individuals already ill.

The ease with which an abdominal operation for sterilization can be done does not make it right to actually do it. There is somewhat of a contradiction in that the primary indicated operation requires a definite consent; while it is not, or not always, required when the operation occurs as an associated operation. The difficulty in determining the indications, and the need of protecting the position of the physician, as Kehrer has shown, makes it desirable that such an operation should only be undertaken, in absence of the consent of the patient, with a written agreement of the house officer, and an experienced colleague. In consideration of the gravity, and the consequences of the operation, this postulate has a more or less general acceptance. I am in agreement with this; and further, for years, I have felt that the induction of abortion, except in extreme cases should be done only in consultation with another physician.

The consent of the patient prior to sterilization, is a matter of

course. More often in these latter days, the province of the physician is to oppose the desire of the patient for the sterilization; this desire being based upon the wish for sexual intercourse, without the danger of conception. I have often been requested to agree to this; and even to do a vaginal fixation, because it was known that the latter carried with it, a sterilization.

Other authors, as well as myself, have expressed the need of explaining to the married couple what possibilities might occur. It is to be expected that a couple with children, would more likely give consent than one without children. How often I have seen cases where the couple with children did all possible not to have more; their despair when they lost their children; and the happiness, when they finally had another. A woman losing her husband, and marrying again, may yearn for children. There are numbers of women, who have had Cæsarean section repeated, when the first or second, or both children have died. Is this compatible with the physician's advice to sterilize in cases of absolute narrow pelvis? In respect to social conditions, the woman's position may so change by the death, or separation from her husband, that she would give everything to be able to bear a child.

It is these reflections which make it exceedingly difficult for the physician to give advice. No rule can be made to apply to all cases. The physician will always have a great responsibility which he can only take upon himself after a clear and careful judgment of all things concerned. The gravity of the matter, and the fact that the physician recommends the operation only upon the strongest grounds, will have weight against the desire of the woman, or her husband; and have a restraining effect upon the frequency of the operation.

In my opinion sterilization is not to be undertaken except when there is the certainty, or at least the greatest probability, of the incurability of the disease; or the permanent danger coming from a pregnancy. As long as there is a chance of cure without sterilization, the operation is not warranted.

The opinion of Kehrer, that there should be living children, does not appear to me to be well grounded in all cases. The presence of such would make the decision much easier; but with a condition of serious illness, as for instance, a Nephritis, a delay could not be made, until a child was born. When there are imperative reasons for sterilization (and only such should be the motive) then these above considerations (Kehrer's) have no

place; and when I hear that sterilization has been done because there were already children, I have doubts as to the value of the indications.

In former times, under the impression of the danger of Cæsarean section, there was no thought given to the fact that the Porro operation also sterilized the woman; but now the conservative Cæsarean section has numberless supporters; whose main argument against the Porro is that it sterilizes. To-day, in consideration of the comparative freedom from danger in Cæsarean section in well-appointed hospitals, no one would consider sterilizing the woman without added indication.

It is disagreeable to induce repeated abortions in one patient; yet it is not justifiable in every case of absolute narrow pelvis, immediately after the first abortion, to sterilize the woman. It is certainly difficult to say, after how many abortions this should be done; and it is in great part left to the judgment of the physician; but one should well consider the request of the pregnant woman, who accepted repeated Cæsarean section, only on the condition that there should be no further danger of pregnancy.

The conditions are different when the woman with absolute narrowed pelvis comes under observation only when labor is in progress. Here, one has to do with a woman under circumstances making her not fully capable of judgment and decision. In my opinion, at the present day, and with no other conditions demanding it, I should not sterilize at the first labor.

In regard to other indications such as general illness and local conditions, I would name before all others, even as Kehrer does, chronic nephritis, which is generally accepted as an indication for sterilization. The other conditions named by Kehrer: chronic anæmia, marasmus, heart lesions, especially myo-degeneration; stomach, intestinal and liver diseases, emphysema and induration of the lungs, etc., would of themselves seldom come into consideration; for first, their incurability (a primary requisite for sterilization) is not always to be determined with certainty; and secondly, the conditions for a conception should be present, and other anti-conception measures refused.

I consider as quite unsettled the question of sterilization in nervous diseases or psychical disturbance. A discussion at Vienna upon induced abortion in psychoses, came to no practical conclusion. In any case, I believe that it is not admissible, without further reason, to interfere with pregnancy in a case where

the mind is disturbed; or by operation, to prevent it, simply in consideration of the less important child. Sterilization should seldom come into question in these cases; for in severe psychoses the opportunity for conception is never given, or should not be; and in the greater number of the lighter forms, the question of incurability is not to be definitely answered. There are always cases, however, in which sexual congress cannot be prohibited; and yet pregnancy, with its injurious influence in certain psychoses, is to be prevented. Just here, however, the question as to sterilization is so much harder because the assent of the principal personage is not obtainable, and the decision can be arrived at only through close study, especially on the part of the psychiatrist.

A practical question, is the sterilization in tuberculosis in general, and especially of the lungs. Those who hold that pulmonary tuberculosis is curable, or at least may remain stationary for a long time, and I am of this opinion, and who hold that pregnancy injuriously affects the diseased lungs, will act differently from those who think otherwise. I believe that every case of pregnancy in tuberculosis should be looked upon as is pregnancy and carcinoma. In the latter case, and beginning carcinoma, no one would wait a moment before total extirpation of the uterus, at whatever age of the foetus. In the same way, should we not do what we can at the earliest moment, to aid the healing of the pulmonary tuberculosis. In the latter case we sacrifice the life of the foetus; while in the former, we not only do that, but also an important organ. I agree with Zweifel, who urges a broadening of the indications for the interruption of pregnancy in the tuberculous. Whether it is an abortion, or a miscarriage is immaterial to my mind. If, therefore, the interruption of pregnancy in the beginning and curable stage of tuberculosis is right in principle, then it seems to me there are indications for sterilization. I do not consider those cases of severe tuberculosis where cure is impossible, and where the risk of operation is increased, or of further weakening the patient. I have in mind those cases especially of hereditarily disposed persons with stationary process, or chronic course, in whom, however, a sexual abstinence is impossible, and anti-conception measures are refused, or declined from moral or religious motives. It is considered a wrong in married life to be abstinent and thus perhaps increase the worry, care and trouble of the sick woman, and give rise to unhappiness in wedlock. It is

readily understood how these indications, in this day of operations, would easily serve as indications for operation. The operation should not, however, be abandoned because likely to be abused; and I hold that it should be employed by a physician of attained experience.

Finally, I wish to call attention to one indication not often mentioned. Injuries to the uterus, which by re-opening in pregnancy and labor, may hazard the life of the woman. Even if spontaneous, and induced early and full term cases, have come to successful issue in uteri where the rupture has healed, yet the danger is great. The danger is so much greater, because we are usually unaware of the rupture in a previous labor. In these cases it seems to me, that sterilization is the proper measure; for a tear of the uterus may occur during the pregnancy, and the probability of such an occurrence increases with each pregnancy. If one believes in sterilization with vaginal fixation, which does not carry with it such danger as does pregnancy in a uterus once ruptured, and with scar tissue through it, the strength of which we cannot estimate, then in the latter case this operation is more strongly indicated. Similar conditions arise in other injuries of the uterus, as in enucleation of new growths. Even though it is noteworthy that a uterus from whose walls many myoma have been enucleated, is still functionable; yet in these cases of complicated and extended operation I would advise artificial sterilization.