

AMERICA'S CONTRIBUTION TO GYNECOLOGY.

BY

EDWARD T. ABRAMS, A. M., M. D.,

Fellow of the American Association of Obstetricians and Gynecologists.

Dollar Bay, Michigan.

THE tendency of Americans to laud everything foreign and view with common complacency all things American, is nowhere more apparent than in the enthusiastically received opinions of foreign writers and operators, to the well-nigh total neglect, or, at least lukewarm acceptance of the labors and results of our own countrymen. While in years we are not so old, yet in our contributions to the world's knowledge we are rich in experience and results.

America is the home of modern gynecology, and to-day has still a goodly number of most enthusiastic workers who are blazing the way along the pioneer front of this specialty.

American gynecology had its inception in the rural habitation of Virginia as early as 1791, when Dr. Boynham had the boldness to open the abdomen and remove an extrauterine fetus.

In 1806, Dr. Clark records the fact that he introduced his hand into the bowel and removed an extrauterine fetus by putting his fingers into its mouth and applying traction.

But the birth of American gynecology very properly dates from 1809, when Ephraim McDowell, of Kentucky, successfully removed an ovarian tumor weighing 22 pounds. When we think of all the surrounding conditions under which the operation was performed, we can surely feel a just pride for the boldness, courage, and dexterity of the great operator. His patient, Mary Crawford, travelled many miles on horseback to his home. It was a task of no ordinary undertaking, for in his own mind he knew that he was about to undertake an operative procedure, the practical results of which were absolutely and entirely unknown to the medical world. Yet within his own heart burned that fire of approbation that has come to all great men in the epoch-making periods of their lives. It came to McDowell, and though without trained assistants, without trained nurses, without modern antiseptics or appliances, knowing that outside the bolted and barred door of that rude hut stood an angry and sullen group of men, with that universal leveller of all rights and all wrongs to them in that lonely wilderness, the rope—declaring that should Mary Crawford die, McDowell should pay the price of his butchery with his own life. Nevertheless, this man of genius, with his foresight of inspiration, planned and deliberately first opened the first abdomen for the removal of an ovarian tumor.

The world knows the rest. How Mary Crawford, tied to the rude operating table, without the aid of an anesthetic, withstood the inconceivable agony of an abdominal section; how McDowell, with a boldness and a precision akin to inspiration, removed the tumor, ligating its pedicle with tape, and came near anticipating the technic of to-day; but his scissors stopped short of cutting the tape and dropping it back into the abdominal cavity. In later years, had McDowell's technic been more fully studied, the clamp devised by the ingenuity of one "across the water" would never have been heard of, and the technic of ovariectomy perfected fifty years before it was. His patient recovered within the prescribed time of to-day and lived for many years afterward, a monument to the boldness, courage and genius of McDowell. Great operator, gentlemen, we hail him as the father of abdominal surgery.

A case that stands on record as one of the most remarkable ever



performed, was that of Dr. John King, of South Carolina, who cut through the vagina, and removed through the incision a living child that had been carried to full term in the abdominal cavity outside of the uterus. This was in 1816.

Would you know the isolation, the loneliness, the solitude, the lack of intercommunication of those pioneers of a century ago? Then realize for a moment that Nathan Smith, of Yale, performed his first ovariectomy in 1821, being entirely unaware of McDowell's great work of a dozen years before.

Hugh Hodge, of Philadelphia, took the view that enlargement, dislocation, congestion, hypersecretion and tenderness of the uterus should not be considered inflammation, but by supporting the uterus all those conditions would gradually be relieved and finally disappear. And so in 1830 he gave to us and the world his pessary, based on far more correct principles than were those of any other former ones, and in its practical application a decided improvement over any or all of them.

While up to this time all work had been done largely in private practice, we can readily see that if advancement was to be made, if progress was to be achieved, work must of necessity be done on a larger scale and deductions worked up from a much larger basis. This could be done only by the establishment of a free clinic, and this honor belongs to Dr. G. S. Bedford, of New York, and it was connected with the University Medical College in 1841.

The year 1844-45 will ever be remembered as one of the epoch years in American gynecology. Washington Atlee, working in the Lancaster County Hospital, Penn., performed two successful ovariectomies and thus established beyond controversy the legitimacy of the operation at a time when it was denounced by the profession.

It was during the same years that Marion Sims devised the wire suture and discovered a successful method of treating vesicovaginal fistula. The cause, a sudden death in childbed, baffled the entire profession up to 1852, when James A. Meigs, of Philadelphia, found its cause to be cardiac thrombosis.

The first hysterectomy for fibroid tumor was performed in Lowell, Mass., by Dr. Gilman Kimball, with a successful result. He must be credited not only with the performance of the operation, but also with the conception of the procedure.

In considering Atlee's work, we should not fail to take into consideration his method of operating on uterine fibroids, which was one of great boldness, and accompanied with unprecedented success. His method of diagnosing obscure cases of abdominal dropsy by

tapping should not be forgotten, for he was one of the first to point out that the removal of fluid was of great value in making a differential diagnosis of broad ligament cysts and fibrocystic tumors of the uterus from ovarian tumors.

Nor should we forget that great and grand man, Edmund Peaslee, who was for a generation the inspiration and ideal of a host of young men, for it was he who first, in 1854, used the drainage tube in cases of ovariectomy, followed by septicemia, through which the sac was freely washed out.

The year 1855 must ever be the memorial year in American gynecology. In South Carolina, on the 25th of January, 1813, there opened its eyes for the first time, a child that in the course of years was destined to exert a great and lasting influence upon medicine and surgery, not only in his native land, but through the entire world, and for all time—Marion Sims. He began the practice of his profession in Montgomery, Alabama. He soon became widely known for his successful operations for clubfoot. In 1845, after a long series of experiments, he made known his hypothesis on the cause and effective treatment of *trismus nascentium*. It was during the same year that he began the systematic study and experimentation in the treatment of vesicovaginal fistula, during which time he invented the duckbill speculum. The coming of this speculum cannot be overestimated. It not only placed all gynecological work upon a different basis, but made the development of all plastic work possible. And while we are among those who depreciate and deplore the naming of instruments and operations after men's names, yet in our heart we are glad that whether it be in New York, London, Paris, Berlin or Vienna, this speculum is known after the name of the American Sims. In 1853 he removed to New York.

Whatever one's talents may be, if he would strike out from the old beaten paths of the *then* accepted ideas; if he would make any impression upon the adamant age in which he lives; if he would attempt to tear down the false but highly honored structures reared by former ages, and unquestionably accepted by the authorities; if he would throw in deep through the accumulated crust of ages the pick-axe of investigation, and with the laborer's spade remove false ideas, based upon erroneous conceptions, would he do all this and expect to receive a respectful hearing even from the few he must needs address himself to a large audience, if perchance the few may be among them. Sims fully realized this, hence his removal from the scenes of his early life and labors to the larger field of life and labor, New York.



After repeated efforts, Sims succeeded in so far arousing the medical profession, through the influence of Dr. Valentine Mott, the great surgeon, and Dr. Francis, a prominent professor of internal medicine, that a meeting was called in May, 1854. The object of the meeting was to introduce Sims, who was to demonstrate a new method of curing vesicovaginal fistula. Perhaps the success of the effort was due more largely to the young president of the New York County Society, whom some of us have had the pleasure to meet and know in his declining years as Fordyce Barker. The idea of the establishment of a hospital for the treatment of diseases of women, appears to have been pretty thoroughly gone over in advance of the meeting. An idea, however, may be gained of the conception of what constituted the sum total of the proper equipment of an up-to-date gynecologist from the remarks of one, Dr. Reese, who was present at the meeting. Said he, "the field is too small for a special hospital. Anyone can apply nitrate of silver to an old ulceration through an old cylindrical speculum; and all that is needed to cure leukorrhoea is an astringent injection. There is no difficulty in introducing Physic's globe-pessary for prolapsus." And so to his mind, as to many another since his day, diseases of women were something of small concern and might very properly be relegated to mesmerists of his day, as they might to the so-called Christian scientists of our own time. The meeting, however, was a great success in point of enthusiasm, and the Woman's Hospital came into existence. We must not lose sight of the fact, however, that the prime object in establishing the hospital was that Sims might have a place to demonstrate his work upon vesicovaginal fistula, for from what we have been able to learn, there was more need of the hospital for the treatment of vesicovaginal fistula, than for the special treatment of all other diseases of women. Thanks then to the surgical ability and technic of Sims, which made it absolutely necessary that the Woman's Hospital should be called into being. He has been styled by many the founder of our American gynecology, but he was more than that; he laid down broad principles and brought to his work that nimbleness of dexterity which won for the specialty an enthusiastic reception, which resulted in bringing to him a galaxy of young men that were destined to work out, elaborate and discover principles of surgical technic, and unravel mysteries of pathology that were to astonish the medical world, and bring lasting joy and happiness to suffering humanity.

It was but a year after the establishment of the Woman's Hospital that James White, of Buffalo, demonstrated a case of successful re-

duction of an inverted uterus of eight days duration. He maintained that chronic inversion of the uterus is generally reducible. He was the first operator in America who had successfully reduced a chronic inverted uterus.

Vaginismus was an affection known and treated with very scant success, until Sims in 1861 removed the remains of the hymen and a section of the tissue at the perineal extremity of the ostium vaginae.

John Byrne and Fordyce Barker called the attention of the profession, in papers written in 1862, to pelvic hematocele. The real importance of their papers cannot be easily overestimated, for up to the time their papers were published, but one case had been recorded.

It was our own beloved Parvin who, in 1867, operated upon a case of uterovaginal fistula, by turning the displaced distal extremity of the ureter into the bladder, and then closing the vaginal opening. The procedure had been entirely worked out by himself, and was a decided success. It was in the same year that Newman, of New York, reported such important results, especially in extrauterine pregnancy, with electrolytic treatment.

The name of Thomas Addis Emmett will ever shine with a brightness that will become more and more resplendent with the passing of years. Any historical reference to our American gynecology, however brief or superficial, without making mention of him and his work, would be like the play of Hamlet with Hamlet left out.

Sims was a Southerner, and at the outbreak of the Civil War expressed sympathy for his countrymen in the south. This brought down a cloud of opposition. Sims hurriedly resigned. Dr. Emmett was the only man in this country who had either the knowledge or interest in gynecology, and he was the only one that had the capacity of carrying on the work of the Woman's Hospital. For ten years after Sim's departure Emmett was the only attending surgeon at the Woman's Hospital, as he was the only exclusive specialist in this country, and it was the only special hospital in the world for diseases of women. It was during these years that men flocked to his clinics from all parts of the world, to obtain something of his knowledge of this hitherto unknown specialty.

It was Emmett who gave us the plastic operations for the cure of lacerated cervix, for rectocele, for cystocele, for rectovaginal fistula, for laceration and prolapse of the urethra. It was he who first performed those plastic operations of marvelous mechanical ingenuity and patience of restoring the whole vagina, together with the base of the bladder and the urethra after they had sloughed away, and giving the patient retentive power.



He invented well-nigh all the instruments used in plastic work. In 1900, he resigned, after forty-six years of continuous service, and to-day he sits in the gathering twilight of a long life spent in the interest of humanity, awaiting the approach of the "silent boatman" to be borne away across the bosom of that still, calm ocean we call death, to realms of eternal youth and happiness.

The year 1870 was one of more than ordinary interest to the gynecological world. It was then that Dr. N. E. Noeggerath demonstrated the incurability of latent gonorrhoea and its wide-spread existence. It was he who first pointed out to the profession the frequency of pelvic inflammation among women from sexual intercourse, if the male had ever contracted gonorrhoea. He also performed reduction of an inverted uterus by digital compression of both horns. He was also one of the three gynecologists of this country that called the attention of the profession to the importance of hematocele.

It was Dr. Lente, of New York, who devised the silver probe with the platinum cusp in order to apply fusible substances to the uterine cavity. The method in its day was a decided improvement over all others, but happily, the day of caustics in gynecology has forever gone.

Dr. Jackson will ever be remembered as the founder of the Woman's Hospital of Chicago. It was in the same year, 1871, that there were thirteen medical colleges that had full professors of gynecology.

The name of Robert Batty will always be associated with the extirpation of the ovaries for the relief of dysmenorrhoea, due to imperfect ovulation; the object being to bring about at once the change of life, and in this way cure the disease by eliminating a function. As we sit and calmly view his work in the light of modern gynecology, after a lapse of more than forty years, we must render a verdict against it, as being based upon erroneous principles and resulting in disastrous culminations.

It is now more than forty years ago since Dr. John Ball, of Brooklyn, N. Y., demonstrated the successful treatment of constriction and other irregularities of the cervical canal by quick and rapid dilation of the same by expanding instruments of steel. He used a three-bladed self-retaining pessary in the after-treatment. In this we shall easily see how nearly he anticipated Carstens in the use of the stem pessary.

The extensive use of *viburnum prunifolium* in the treatment of uterine disease, characterized by loss of blood, was due in a great measure to Dr. Edward Jenks, of Detroit. He was also one of the

main promoters in the organization of the American Gynecological Society, an organization that has done so much for the promotion and development of this specialty.

The first gynecological society in America was organized in Boston in 1869.

George Engelmann, of Boston, was the first to call attention to a collection of facts concerning hysteroneurosis, which showed that neurosis of the brain, pharynx, larynx, eye, stomach, intestines, bronchi and joints of a severe and misleading character, are very frequently produced by nondevelopment or disease of the uterus or ovaries, or both. His contributions along this line are well worth one's time and study to-day, though they first came before the profession in 1877.

Marcy first used the continuous animal suture and gave to us the tendon suture. Then an array of illustrious names that will be forever associated with the history and development of gynecology; Van de Walke, Baker, Warren, Fenger, Mann, Brown, Munde, Thomas, Coe, Goodell, Ashby, Ethridge, Pryor and Garrigues.

Herrick, of Michigan, performed the first operation for the cure of retroversion.

Sutton, of Pittsburgh, performed the first successful laparotomy for pelvic abscess in this country, while Dr. Charles K. Briden was the first to perform laparotomy after the rupture of the fetal sac in tubal pregnancy. During the last ten years while the world has been constantly advancing and working out theories, the American gynecologist has been alert and ever forcing to the front. There is scarcely a single operation that was originally devised in Europe, that has not been improved or simplified at the hands of the American gynecologists, and when the time shall come to rear the tall marble shaft, which shall commemorate to the world for all time, the relief brought to womanhood by human thought and human ingenuity, bright upon that towering column, shining in the sunlight of a grateful motherhood and sisterhood, will be seen two words standing out in letters of living light, "*American Gynecology.*"