FORD (W. E.)

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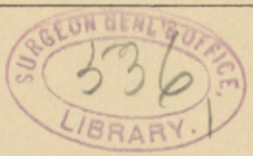

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THE ULTIMATE RESULTS OF TRACHELORRHAPHY.*

By Willis E. Ford, M. D., Utica, N. Y.

The necessity for a surgical operation depends many times upon anatomical considerations, though minor gynæcological operations are often elective and are advised because the after-history of other patients similarly treated justifies it, and not because there is danger to life. The opinion as to whether a procedure is to be advocated or not, sometimes depends upon the point of view taken by the operator. Thus those gynæcologists who have been developed from general surgeons may differ widely from those who have been general practitioners, or who have been interested in some special branch of medicine.

Trachelorrhaphy has thus been discussed from many points of view until it is a threadbare subject, and yet the widest difference exists both in the theory and practice of gynæcologists to-day regarding it. My early training in nervous diseases has naturally made me seriously consider the nervous condition of women, while in later years devoting my time to gynæcology, and I shall therefore in this short paper refer only to the results of trachelorrhaphy on nervous disorders.

Living in a small city, I observe the post-operative condition of women, and am able to continue the clinical observation of a larger proportion of those operated upon than a metropolitan surgeon can hope to do. This personal observation of a large number of cases, many for years after a trachelorrhaphy has been done, has led me to conclusions which I venture to present here.

Much has been said about the reflex nervous disturbance produced by tears both great and small in the neck of the womb, and the operation has been advised because of this, though I confess I could never see any justification for the use of the term reflex pain or reflex nervous disturbance.

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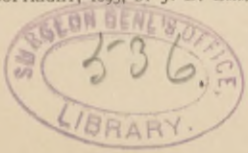

A mass of cicatricial tissue at the bottom of an old laceration may and does so interfere with the normal circulation of the parts that congestion and actual enlargement of the uterus occurs, and pain comes as the result, or an inflammatory condition remaining for a long time may start a neuritis, which gives continual tenderness and pain in the pelvis.

I have not seen this produce loss of inhibitory power of the cord which gives true reflex explosion. It can not be said that pain or other continuous symptoms in remote parts of the body are due to reflex influences. Mere transference of pain is not of a reflex nature. Continual irritation of an afferent nerve may so disturb the ganglionic center that after a time the inhibitory power is lessened or overcome and an explosion takes place along some other nerve leading from this center. This is always, however, spasmodic, temporary and transient, like all other normal reflexes.

Neurasthenic women have pain and uncomfortable sensations in many parts of the body though not all the organs are diseased. And again neurasthenic women have sometimes considerable pelvic disease, indeed this may have caused the neurasthenia, and yet they get well without operation.

What has always seemed more strange is the fact that women with uterine disorders—say cervical lacerations and the accompanying metritis, having perhaps hæmorrhages to such an extent that the general health is undermined, and the mental inhibition, if one may use such a term, being lost, the patient becomes insane, even then they recover from the insanity without uterine treatment, and more speedily, I believe, than they do with it.

The reason for this latter fact probably is that it is not wise to disturb the emotions or to divert the attention of unbalanced minds to organs which are so frequently the seat of perverted sensations. The physical basis of all disease is so thoroughly rooted in our minds that the removal of the cause seems a necessity. Cervical laceration is only an indirect cause, and if we exclude the term reflex neurosis or reflex pain, as I am sure we must, we shall have to say that a nervous disorder is made better by trachelorrhaphy only because it improves the general health. All of this is outside the general question as to the amount of nervousness based on mental apprehension, because it is known there is something wrong with the womb. And again, the mental effect of an operation *per se* can not be considered here, though many neurasthenics are undoubtedly benefited by it as by the faith cure.

There is, on the other hand, a large number of cases that are made worse mentally by an operation of any kind, because having escaped death from an operation and not having suffered pain, the overwrought mind morbidly turns to surgery for relief of every uncomfortable sensation.

Much discredit has also been thrown upon this justifiable and in many cases necessary operation because of the promise of relief to nervous symptoms, a promise not justified by the facts. Instances are by no means rare in which surgeons are importuned to do operations that would not only be useless, but would be hazardous without the prospect of any advantage to the patient. It is quite probable that trachelorrhaphy ranks first among operations that are done without any benefit to the patient, and at the same time one may truthfully say no operation in proper cases affords so much relief with so little risk and discomfort to the patient.

For instance, during the past year four of my clients, whom I had some years ago delivered of children without accident or injury, became nervous and out of health ; in two of the cases from an unreasonable amount of social duty and pleasure, and in the other two from the care of large households, combined with long illness of members of the family.

All consulted me regarding the necessity for the operation of trachelorrhaphy. These women, being intelligent and cultivated, had been told of the slight rent in the neck of the womb at the time, and I had kept them in bed for a longer period than is usual, and they got up well. Long afterward, when out of health, they heard of some friends who had been operated upon, and at once became impressed with the necessity for a trachelorrhaphy. I declined to operate, and two of the cases went away and were operated. One was sewed up so tight that the cervix had to be thoroughly divulsed after coming home, and the other woman is still as feeble and nervous as before. Two were not operated, and after a time, with very simple treatment, recovered.

This experience perhaps more than anything else caused me to look up my own statistics as to the ultimate results in nervous women. In doing this I have omitted all reference to cases that were uncertain in the surgical result, or were lost sight of, or were done for other physicians and concerning whom I had nothing more to do than to operate. Excluding thus a large number of operations, I have collected one hundred and thirty-six cases of my own that have been carefully observed long enough afterward to be used for statistical

purposes. None of these cases were operated upon this year, and a few of them go back to nine years ago.

I have not thought it worth while to classify them as to the time operated because one year is sufficient to get a fair estimate of the result. Neither have I thought it necessary to state whether the tears were unilateral or bilateral, for in my experience this is of less importance than the depth of the tear, and regarding this I may state that slight rents where the membrane has healed and remained sound never seemed to justify an operation.

Of these one hundred and thirty-six cases, sixty did not present any unusual nervous symptoms and the operation was done for the usual condition of ill-health, with pelvic pain caused by erosions of the cervix, metritis, etc. The recovery in all was satisfactory, the restoration to good general health followed, and the ultimate result was all that could be asked for. In the other seventy-six cases there was marked nervous disturbance. That group of symptoms which go to make up the condition known as neurasthenia was what brought the patients to the physician, and it was then discovered that they had deep lacerations with enlarged uterus and erosions, etc.

It is hard to classify symptoms of neurasthenia partly pointing to physical disturbance and partly to mental perturbation. Women in this condition with pelvic disorders have the same symptoms that others have who are free from pelvic disease. The want of energy, both mental and physical, the emotional disturbance due largely to the acquired habit of yielding to physical discomfort and the apprehension that soon effaces the will, the consequent disturbance of secretions and perversion of nutrition, all combine to make a symmetrical picture of misery.

I carefully repaired the torn cervix in each case and got a good union, keeping the patient in bed for a sufficient time to allow the involution of the uterus to take place. In forty-nine cases the recovery from the nervous symptoms under proper management for a year took place, and in twenty-seven there was no marked change from the operation. In two of these I afterward removed the appendages for actual disease of the ovaries, leaving twenty-five cases uncured after the lapse of more than one year. The percentage of recoveries from a general neurasthenia was not larger, therefore, than one may reasonably expect without operation. This was not due to any failure of the operation itself, and in only the two cases mentioned did I find any appreciable pelvic disturbance afterward.

It would seem that a well-marked nervous disorder which has be-

come established is not removed by an operative procedure which is justifiable, even if it reaches to the original cause of the departure from health.

The fact that none of these cases where marked neurasthenia was present showed much immediate improvement in symptoms after the operation and that a large percentage did not recover after the lapse of a year was disappointing at the time, though the consideration of these statistics that seems to point to a rule has not surprised me.

If it was true that permanent perversion of function of a distant organ could be caused by a peripheral irritation, then the term reflex nervous disturbance as it has been used in gynæcology would be correct and the cures by operation would be certain.

My experience with this operation for the relief of well-marked nervous disorders has not been very different from my experience with oöphorectomy in the same class of cases.

When a local disease or injury is so serious as to impair the general health an operation for its cure gives a brilliant result, but when under the same circumstances a well-marked nervous disorder has come on instead of general ill health the same operation does not promise so much. If the general health is not impaired at all trachelorrhaphy does not materially influence the course of a nervous disease, such as neurasthenia in its various forms, neuralgia in remote organs, epilepsy, hysteria, hysterical aphonia, etc.

The reason for this lies in the fact that these disorders, when once fully established, have a deeper cause than any peripheral irritation, no matter how continuous or how severe. It is better to recognize this fact than to promise for trachelorrhaphy or oöphorectomy more than these operations can be reasonably expected to accomplish.