

[Reprinted from the NEW YORK JOURNAL OF GYNÆCOLOGY AND OBSTETRICS
for May, 1894.]

THE RELATION OF HYSTERECTOMY TO CONSERVA-
TIVE OPERATIONS UPON THE APPENDAGES.

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I find that I have been criticised for what has been called inconsistency, the ground of complaint resting upon a comparison of my utterances relative to certain procedures designed to preserve the appendages, with those recently expressed upon the subject of ablation of the uterus for salpingitis. I am too deeply interested in the welfare of both subjects to permit anything said by me to stand as a stumbling block to either; but as I am confident that a correct reading of my utterances will fail to reveal inconsistency, I beg leave to present the necessary extracts.

Speaking upon the subject of "curetage and subsequent depletion by means of drainage with gauze packing," which I strongly advocated, I said to the New York Academy of Medicine, December 3, 1891 (see *Transactions*, 1891):

"The conditions to which the method has been applied include acute as well as chronic inflammation of the uterus and its appendages, parturient and non-pregnant. . . .

"It is to be hoped that no one will misunderstand me in reference to the treatment of chronic salpingitis and infer, because I favor attacking the interior of the uterus in certain cases, that I oppose direct operation upon the appendages in appropriate cases. Such is far from being the attitude I maintain. I favor attacking the interior of the uterus in chronic metritis and endometritis, because by



so doing we can prevent the extension of disease into sound appendages, and in the diseased tube modify the disease so as to limit the damage that may be done. This is of special value in cases where already one set of appendages are diseased, and yet the other remains healthy. Cases in other words in which at the present time, were we to open the abdomen we would not only remove the diseased member but the sound one as well, because experience teaches that in such cases the unaffected organs soon become diseased. This I believe to be solely due to the absence of efficient treatment of the interior of the uterus. I likewise favor this measure in the presence even of double chronic salpingitis, because there are some patients who, with a full knowledge of all the dangers and inconveniences of the disease, prefer to take their chances rather than submit to mutilation, and yet their condition is such as to demand treatment at our hands. . . .

"I beg leave to present at the end of this paper a synopsis of the histories of some of these patients. In one it will be noted that a laparotomy was done, and then the uterus was attacked. The charts cover several of these cases; they represent instances in which, having freed the appendages from all adhesions, or the ovary from a cyst, I attacked an associated metritis or endometritis at the same sitting."

Two months later I presented a paper upon the same subject to the New York Obstetrical Society (see *The New York Journal of Gynecology and Obstetrics*, May, 1892) in which, after again strongly advocating the measure, I said:

"I wish here, Mr. President, to make the statement that, this method, in common with every human endeavor, has its failures as well as its successes. The failures, however, have never left my patients in worse condition than before, but have simply fallen short of that degree of relief which would justify one in stating to the patient that she had escaped the certainties of laparotomy.

"Granting then, that we have our failures, what do they signify? In every instance, the result obtained has been a diminution in the size of the peri-uterine mass. Our knowledge of these masses in general, teaches us that in the main, they are composed of the tube. The diminution then, implies an attempt on the part of the tube, to return to its normal state. The exact condition of such appendages can, of course, only be determined by exploratory incisions, but, given a case of salpingitis, peritonitis, ovaritis, in which the inflammatory process is active and possibly excessive, and subject that case to the preliminary treatment here mapped out, so as to obtain as much improve-

ment as can be had, is it not fair to assume that, should we then be obliged to open the abdomen, we would find the appendages in far better condition for conservative operation than had we operated sooner.

"It is obvious then, that whatever may be our ultimate course, this preliminary treatment is a necessity. . . ."

"To sum up the points which I desire to bring before you in this paper, I would say that I first wish to call attention to the advisability of extending our treatment of peri-uterine inflammation by scraping and packing the inside of the uterus—by selecting for this treatment, the period immediately antecedent to menstruation. In case this does not give a sufficient degree of cure, making it necessary to go further, that we operate in such a way as to save the patient all or as much of the appendages as their condition will warrant, bearing in mind always that the essential object of our procedure is the maintenance, as far as possible, of the function of menstruation. . . ."

In April, 1893, I again said, before the New York County Medical Society (Intra-uterine Treatment by the Curette and by packing with Gauze in Salpingitis and its Complications): "The purpose of this paper is to formulate as far as possible this method of treatment in the disease in question—and to that end it is my purpose to group the varieties of the disorder as they have come before me. The differentiation of conditions present in each case has been made as the result of a thorough examination under ether, after a careful inquiry into the previous history. The method of physical examination employed being the bimanual method, both by vagina and rectum. The uterus being steadied with the volsella, and the method of examination mentioned carried out in every instance with all the care and thoroughness of which I am capable.

"None of the cases presented any special obstacle to the examination, so that the conclusions (diagnostic and therapeutic) reached were in all of them satisfactory to me and to the gentlemen who happened to be assisting me.

"This statement is made at the outset, because there being no doubt in my mind as to the deductions, I wish, as far as your faith in me as an observer will permit, to secure first your acceptance of my premises and thus permit you the more easily to follow to my conclusions. For convenience of study I have arranged the conditions under four headings or groups:

"*Group A.*—Lesser degrees of salpingitis, the lesion confined mainly to the tubes.

"CASE I.—This case represents a minor degree of tubal disease in which there is probably no closure of the infundibula, but thickening of the walls throughout. The appendages being non-adherent. And yet because of this condition, there is loss of elasticity in the corresponding upper border of the broad ligament with consequent shortening, and of necessity some check upon the mobility of the uterus on that side.

"Curetting and packed November 10, 1892. Result as determined four months later, good symptomatically and anatomically.

"CASE II.—Aged twenty-seven; married. In good general health, with the sole exception of pain in menstruation, and sterility. Dating her ailment from a mild attack of pelvic inflammation following a forced abortion three years ago. Appendages thickened and adherent to posterior-face of broad ligament, the right being attached so low, as probably to rest upon the lateral fossa of Douglas's.

"Curetting and packed May 1, 1892. Result as determined one year later. Nothing remains but enlarged ovary on right, this now movable. Sterility same as before. Result symptomatically and anatomically—good.

"CASE III.—Miscarriage two years ago; no special discomfort at the time nor since, with the exception that she has more weight and fullness in the pelvis at menstruation, than before the miscarriage and is sterile. The condition of the appendages is much the same as in the second case, with the exception that the infundibula of the left tube is prolapsed and rests on the floor of Douglas's *cul-de-sac*.

"Operated February 20, 1893. Result.

"April 10, 1893.—Free on right; a small mass in Douglas's *cul-de-sac*. Connected with left appendages.

"Group B represents distinct instances of pyosalpinx (pus tubes).

"CASE I.—Mrs. P., aged twenty-four, married, three children, last, two years ago,—following this birth pelvic inflammation,—slow recovery, ill-health ever since. Anæmic, weak, flows excessively at the menstrual period. Uterus enlarged, retroverted, adherent to floor of pelvis. Appendages on both sides enlarged, the one on the left the more so,—this one representing a mass as large as a walnut.

"Curetting and packed April, 1892. The uterus lifted to the normal position easily and held there by a pessary. Examination six months after the operation: her general health good, uterus in normal position. No thickening appreciable on right side; on the left side the mass diminished one half, menstruation normal, and the pelvic pain which had been so persistent as to almost forbid locomotion,

has entirely disappeared, so that the patient is able to attend easily to her household duties which are by no means light.

"April, 1894.—Improvement has continued. Local condition about the same as April, 1892.

"CASE II.—E. M. This case was operated upon October, 1891. The uterus measured four inches and a half, was sensitive, soft, with a mass about half the size of the enlarged uterus situated on the left side. This mass when pressed upon, diminished slightly in size, and, at the same time, there was a free discharge of pus from the cervical canal.

"The case was curetted and packed on the 19th of October, the cavity re-packed on the 26th. On November 3d the canal of the uterus was three inches and a quarter, there was no pain on pressure, the mass on the left side was half the dimension which it had had at the outset, and the patient was discharged on November 14th in such comfortable condition that she declined all further treatment.

"CASE III.—B. H. Here we have an instance of pelvic inflammation, in which the uterus was imbedded in a mass of exudate which sprung evidently from the double salpingitis which existed. The masses, on either side were fully as large as the body of the uterus. The uterus was fixed, although in an anterior position. In Douglas's *cul-de-sac* there was fluctuation, and examination from the rectum revealed the intimate relation of the left appendages. The patient's temperature ranged from 100° to 102°.

"All the evidences of a pelvic abscess being present, it was determined to open into the fluctuating regions in the posterior vaginal fossa. This was done, and about two ounces of turbid serum escaped. Passing the finger into the opening made, the rounded outline of the inflamed appendages was easily made out.

"Four days after this operation the uterus was curetted and packed.

"On April 24th, twenty days after this last operation, examination shows that the uterus is of about normal size, the masses on either side have so largely subsided that they are about one third the dimensions on entering, and the patient, from having been bedridden from pain and weakness on admission, is now so well that she insists upon her discharge.

"Group C represents long-continued cases in which the adhesions are well organized and dense. Cases, therefore, in which, because of the organization of the inflammatory product, but little improvement is to be expected from any treatment which looks to resolution.

“CASE I.—Mrs. K., aged thirty-one, married, United States. Operated upon in March, 1892.

“The patient complains of constant vaginal discharge,—of painful menstruation. In other respects, her health is good. She dates her ailment from a miscarriage six years ago. Following this miscarriage she had pelvic inflammation, and was ill with pelvic pains, and distress in menstruation, which interfered with exercise.

“The mobility of the uterus was found to be somewhat impaired; hard masses existed on both sides, but most markedly on the left; there was a good deal of pelvic tenderness, which was greatly increased when upward pressure was made upon the uterus.

“It was evidently an old case of pyosalpinx in which the discharge was largely from a pus tube. The case was curetted and packed. Convalescence was smooth, but two weeks after the operation violent pelvic pains supervened, and examination showed that there was a large inflammatory mass behind the uterus. This was opened, and about two ounces of sero-purulent fluid evacuated. It was evidently the inside of the tube, because the same material as was obtained from this cavity exuded from the uterus prior to the operation when the mass was pressed upon.

“CASE II.—The patient had suffered from pelvic peritonitis two years ago in consequence of treatment for posterior displacement. Never had children. The uterus was retroverted, was adherent slightly, and a hard, slightly sensitive mass existed at the base of the right broad ligament, posteriorly.

“The uterus was first forced forward as far as possible, and was then curetted and packed.

“Four months after the operation there was slight diminution in the size of the mass as well as of the pelvic pains from which the patient had suffered. The amount of benefit derived, however, seemed to be no more than would have sprung from counter-irritation from pelvic massage and attention to the general health.

“*Group D.—Irregular Cases.*”

“CASE I.—In this case the patient gave the history of having suffered from menstrual pain for nine months, which was constantly on the increase. This pain had lasted through the intermenstrual periods, and for a month before operation she was incapacitated for her usual work, that of a domestic.

“Examination showed that there was no special enlargement of the uterus, which measured only two inches and three quarters, but on either side of the uterus there were masses, showing very clearly

that there was considerable implication of the appendages, the masses being about two thirds the size of the uterus itself.

"The uterus was curetted and packed on the 30th of January last, but she experienced no relief; if anything, she was in more pain than before.

"On February 24th, the size of the uterus and of the masses on the two sides was about the same as at the operation three weeks before. Laparotomy was therefore performed. It was then found that, in addition to salpingitis, with marked thickening of the tubes, there was a purulent infiltration of both ovaries, each of these organs containing cavities filled with pus. It is needless to say that the appendages on both sides were removed.

"CASE II.—Here a considerable mass was situated on the right side of the uterus; with thickening of the broad ligament on the left side. The mass on the right side being movable, it was diagnosed as a case of purulent salpingitis on the right, with adhesions and thickening of the appendages on the left. The uterus was about the normal length, but from the freedom with which the sound moved about in its cavity, was evidently enlarged.

"The patient was operated upon by laparotomy on the 27th of June, 1891, and the appendages on the right side were removed, the mass on that side proving to be a hæmatoma. Upon the left side the end of the tube was open, but it, together with the ovary, was adherent to the posterior face of the broad ligament. These appendages were freed from their attachments and allowed to remain.

"The interesting feature of the case is that the patient returned to the hospital in February, 1892, when she complained of pain on the left side, and was found to have a mass in the region of the left appendages, which mass had not existed there before, and the cavity of the uterus now measured three inches and a half instead of two inches and three quarters, as before.

"This case was curetted and packed on the 8th of February, and was discharged on the 25th of the same month with about the same amount of thickening on the left side as had existed prior to the laparotomy in the previous June; with a uterus measuring three inches, and without pelvic pain.

"This case should have been curetted and packed at the time that the laparotomy was done. The endometritis which originated the tubal disease, was no doubt present at that time, and subsequently lighted up and produced the recurrent salpingitis which was responsi-

ble for the patient's pain and discomfort, and for the evident enlargement which existed on the left side.

"The good result which was obtained in consequence of the operation done at this late date, proves what might have been accomplished if curetting and packing had been done originally.

"*Group D* is introduced to illustrate, first, the shortcomings of the operation, as in Case I, and the need for its prompt application, as shown in Case II. In Case I we were dealing with a suppuration in the ovaries, in addition to suppuration in the tubes. The suppurative process in the ovaries was clearly uninfluenced by the treatment, which is in exact accordance with what we would expect. The suppuration here being in a connective-tissue space, having no direct connection with the uterus, its behavior would be identical with inflammation in any other connective-tissue space or glandular organ, no matter in what part of the body it might be situated, and would, therefore, be benefited but little by anything which might be done upon the interior of the uterus.

"The same remark, no doubt, holds true in reference to the suppurative process when it exists in the cavity of the peritonæum, which enables us to state that suppuration in an ovary or in the cavity of the peritonæum, would in no way be benefited by the process of uterine depletion which results from the curetting and drainage.

"CONCLUSIONS.—The legitimate conclusions to be drawn from these cases are, therefore, the following :

"1. The effect of the operation upon the uterus and annexæ which are intimately and directly connected with it through its vascular and lymphatic supply (the Fallopian tubes and the broad ligaments), is to cause depletion and diminution in size. 2. Properly done it will not excite inflammatory reaction. 3. In the lesser degrees of inflammation of the tubes, and as far as has at present been observed, in cases of pyosalpinx, with enlargement of the uterus, the anatomical result of the operation is a diminution in the bulk of the inflamed structures, which clearly points to the occurrence of more or less resolution. Symptomatically, the operation causes a decided improvement in the sensations of these patients. In cases of long-standing salpingitis, especially if there be no particular enlargement of the uterus—cases in which, in all probability, organization of the inflammatory products has taken place, the operation produces neither anatomical nor symptomatic improvement.

"Then again, cases in which the inflammatory products exist in the free peritoneal cavity or in the ovary in the shape of pus or in

the shape of organized material, would not be benefited by the operation.

"We, therefore, conclude that, all things being equal, the treatment is most efficacious in the more recent cases. In view of the fact that in no case where it has been properly applied ill results have followed, we also conclude that in every case of endometritis and metritis with tubal disease, in which the conditions favorable to resolution are present, the curetting and packing of the cavity of the uterus should be employed before the radical operation of removing the appendages is broached. And we maintain this attitude, not only because of the possibility of such relief being obtained as will satisfy the demands of the patient, but because of the opportunity offered for such an amount of resolution as will place these appendages in a condition more favorable for conservative operation than if no such treatment as that advocated above were employed."

The extracts thus far presented relate to efforts at relief and cure short of laparotomy. In reference to those advocated by me after laparotomy I will present the following extract from a paper read before the American Gynæcological Society May 16, 1893, which fully represents my attitude :

"I now formulate the propositions of this paper in order that you may the more easily grasp the points for criticism.

"1. As a rule, women are the better mentally and physically for the maintenance of menstruation and ovulation up to the period of Nature's menopause.

"2. The minor discomforts which pertain to the function even though they be clearly dependent upon the ovary and tube do not require removal of these organs.

"3. The appendages may be operated upon to the promotion of child-bearing (four cases out of eighty).

"4. Disease of the appendages does not always demand complete removal; certain conditions permitting partial removal.

"5. The condition of the ovary should be the chief factor in determining the question of procedure.

"6. If the ovary contains pus, it and the associated tube should be removed; it being the rule that whenever an ovary is removed the tube must accompany it.

"7. If the tube contains pus, the ovary being free from pus or disseminated degeneration, the operator is at liberty to amputate the tube and leave the ovary; the same rule may apply in cases of hydro-salpinx and hæmatosalpinx.

"8. Cysts of the ovary do not demand its removal, provided they are not general throughout the organ and can be enucleated—hæmatoma of the ovary being a possible exception.

"9. Tubes with open infundibula, even though adherent and affected with parenchymatous inflammation and endosalpingitis, do not demand removal except when one opens into a pus cavity.

"10. A tube whose outer end is closed and yet otherwise is in good condition may be opened, cleansed, and its inner and outer coats coaptated, and then be returned to the abdominal cavity, provided it does not contain pus; possibly the same may apply to old blood.

"11. Adhesions do not demand the removal of the tubes and ovaries, unless they be so dense that in breaking them the appendages are seriously injured. This presupposes that the appendages in themselves are not sufficiently diseased to demand removal.

"12. In all cases of subacute or chronic tubal disease, it is of the first importance to treat the interior of the uterus. Curetting it with the sharp curette and then firmly packing it with gauze being the best method of treatment."

The extracts given so far, prove my faith in the kind of intra-uterine treatment specified for certain forms of salpingitis, and they prove also my faith in the so-called "conservative" operations upon the appendages. It is evident, however, that I clearly indicate, if I do not specify, certain diseased conditions which contraindicate the measures aforesaid, which conditions render necessary removal of the appendages. It is evident that the limit within which I advocate ablation of the appendages is much narrower than that so far permitted by the average operator, and it is equally evident that the phrase, "when it is necessary to remove the appendages" possesses a significance with me which differs no little from that belonging to it when used by the average operator. Bearing this in mind I now present extracts from my article upon Ablation of the Uterus for Salpingitis, which was read before the New York Obstetrical Society, October, 1893 (see *New York Journal of Gynecology and Obstetrics*, December, 1893):

"It is my purpose in this paper to bring before the society the advantages connected with the removal of the entire uterus when it is necessary to remove the appendages. This radical step is familiar to you chiefly through the writings and work of Ségond of Paris who has advocated this procedure in all cases of diseased appendages. As I understand, he recommends the operation in every case where other

surgeons now content themselves with the simpler process of mere removal of the appendages.

"The position which I hold upon the latter question places me, as you well know, in antagonism to the one more generally held. For I claim that while operation in these cases is necessary, yet the degree of operative interference should not always extend to complete removal or in some cases, even to partial removal, as for instance in simple adhesions (see *Transactions of the American Gynecological Society*, page 182, vol. xiii, or *New York Journal of Gynecology and Obstetrics*, August, 1893).

"It is evident, therefore, that I do not accept Ségond's proposal in whole, because by so doing, one necessarily abandons all idea of conservative surgery in dealing with diseased appendages. Conditions of disease, which according to my beliefs, may be reduced by operation to a status in keeping with health and usefulness, are by his plan condemned to sacrifice, his proposal in this particular antagonizing my proposals in the same degree as do most operators of the present day—who having diseased appendages before them see no better way of dealing with them than amputation. . . .

"In presenting the subject propounded in the title of this paper it is necessary to subdivide the question as follows:

"1. Shall those of us who repudiate 'conservative' operations upon the appendages, content ourselves with mere amputation, or shall we extend the operation to the removal of the uterus as well?

"2. Shall those of us who accept 'conservative' operations upon the appendages extend the principle to the uterus *when deprived of its appendages* or shall we remove the uterus when compelled to remove the appendages?

"The answer to both questions can be found in the same direction and turns, First, Upon the relation of the emasculated uterus (borrowing a term applicable to the opposite sex) to the individual possessor: Second, Upon the dangers of the added operation."

After presenting matter in evidence the paper concluded:

"We find then, First, That with the removal of the appendages the uterus becomes a useless, vexatious and perhaps a dangerous organ; Second, That the vital conditions of the patient being such as are usually presented in case of salpingitis, the dangers attending its removal are not sufficient to forbid this step. Accepting these statements as a working basis, we can say to those who repudiate conservative operations upon the appendages that complete work demands the removal of the uterus along with the appendages; and to those who

accept conservative operations upon the appendages that when these organs are sacrificed the principles of conservatism do not apply to the uterus which then should be removed.

“There is an aspect of this question of dealing with diseased appendages which should now be noticed. When one speaks to a woman of taking out the ovaries, she may contemplate the sacrifice with feelings of regret, but when one speaks of taking out the uterus—apart from the question of added danger which has been dealt with above—one is met by opposition which is based upon the idea that in the uterus centers her womanhood. As a fact, we know that it centers in her ovaries, and if we were candid with ourselves we would admit that her idea is the result of our own false teaching. Until this fact can be brought home to her, we may expect greater opposition to the complete operation than to the amputation of the appendages, when in fact it should be the reverse. And again, just so long as we shirk this question, just so long will we ignore the advantages to be gained along the lines of operations which have for their primary object the saving of the ovaries. The ovary is the organ to be considered—that is, the organ about which the maintenance of woman’s position revolves. It is not the uterus, and from my standpoint I would rather sacrifice every uterus without its ovaries than one ovary that could be saved by any known process of surgery or medicine.

“Turning now to the kind of hysterectomy which should be adopted, I will say that to one repudiating ‘conservative’ operations upon the appendages, the logical procedure may lie in vaginal hysterectomy, although I question whether so good an operation can be done from below as from above the pubis.

“To one belonging to the class which accepts ‘conservative’ operations upon the appendages, the essential procedure is supra-pubic hysterectomy, because with such an operator the key to the problem is the condition of the appendages as revealed by close visual inspection, and this can only be made by approaching the organs from above. His operation is primarily in the nature of an exploratory procedure, and he expects at the outset to be able to save a part or the whole of the ovaries and at least part, and perhaps all, of both tubes. But should the condition from his standpoint forbid such action, he is then in position to follow his more radical brother and make a clean sweep of all the organs—ovaries, tubes, and uterus.”