

OBSERVATIONS ON VISUAL EXAMINATION IN GYNÆCOLOGY AND A NEW SPECULUM ILLUMINATOR.

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THE importance of sufficient illumination as an essential element in the diagnosis and treatment of those morbid conditions of the vaginal portion of the uterus and of the vagina in which the speculum is resorted to is obvious. As was remarked by Dr. Bennett, more than a quarter of a century ago, "Whatever speculum be used for an examination, to render it satisfactory the entire cervix should be brought within the field of the instrument, and in a sufficiently good light to render evident the most trifling morbid change in the local state of the organ." Yet to the neglect of due attention to this consideration must, I think, be largely ascribed some of the erroneous views and practices which for many years retarded the progress of our branch of medicine, inasmuch as the instruments originally employed for visual examination for some years after Recamier's reintroduction of the vaginal speculum—whether Madam Bovin's ivory speculum or Charrière's quadrivales, of which I may here exhibit specimens which were in actual use within my own recollection—could afford no possibility of a distinct view of the cervical portion of the uterus by any illumination that could be thrown into them.

Our impressions on any subject, as we are told, are mainly dependent on the light in which it is presented to us ; and the remark is quite as applicable to physical objects as to abstract questions. Dr. Latham long since observed in his treatise on

“Diseases of the Heart,” in terms equally appropriate to uterine disease, “What an amazing difference there appears in the objects of nature around us, according to the point of view from which we regard them. When we stand on the right spot for taking in the whole prospect, we then see what before we could not see at all, and we then see clearly what before we only caught a glimpse of from some more commanding position. . . . Thus the point of view from which diseases of the heart are now regarded discloses so many new things, and puts so many old things in a much clearer light, that I distrust the results of my former experience, and feel the need of submitting all my practice, and the use of all my remedies, to the test of my own more recent observation.” . . . “As diseases are better understood, and we possess surer signs for discerning their seat, and progress, and events, the records of past experience become obsolete, and so a necessity arises for a new course of clinical observations.” The same eloquent writer, however, also points out, that we should “always bear in mind that though the knowledge of the senses is the best knowledge, the delusions of the senses are the worst delusions.”

This observation may, I think, serve to explain the very opposite descriptions and delineations which, in the earlier days of gynæcology, writers of apparently equal accuracy and with equal opportunities of clinical experience have left on record with regard to the aspect and character of the most common forms of disease which are discernible through the vaginal speculum. For instance, a little more than thirty years ago numerous and, in some instances, very heated controversies were thus occasioned; from the time when Dr. Henry Bennett on the one side and Dr. Robert Lee on the other broke their spears and lost their tempers over the then moot question of the existence and importance of cervical ulcerations, a controversy in which, as in most other similar discussions, each was perhaps equally in error, and neither could see the truth as it has been since disclosed to us by improved methods of investigation, to which I venture to think that appliances such as that which forms the subject of this paper may prove subservient. Looking at the cervix by the means thus relied upon Bennett

asserted that ulceration of the os uteri was the most frequent pathological condition disclosed to view by the speculum; whilst Lee no less strenuously denied that this was ever seen in any case. Thus, in the Transactions of the Royal Medico-Chirurgical Society for November 1st, 1857, Dr. Lee went so far as to say that “neither in the living nor in the dead body had he ever seen a case of simple ulceration from chronic inflammation of the os or cervix uteri, and to apply the term to states of the os uteri in which the mucous membrane, or, as it is termed by some, the basement membrane, is not destroyed by ulceration, was an abuse of language calculated only to deceive and mislead the members of the medical profession, from whom the truth had been carefully concealed. The speculum emanates from the syphilitic wards of the hospitals at Paris, and it would have been better for the women of England had its use been confined to those institutions.”

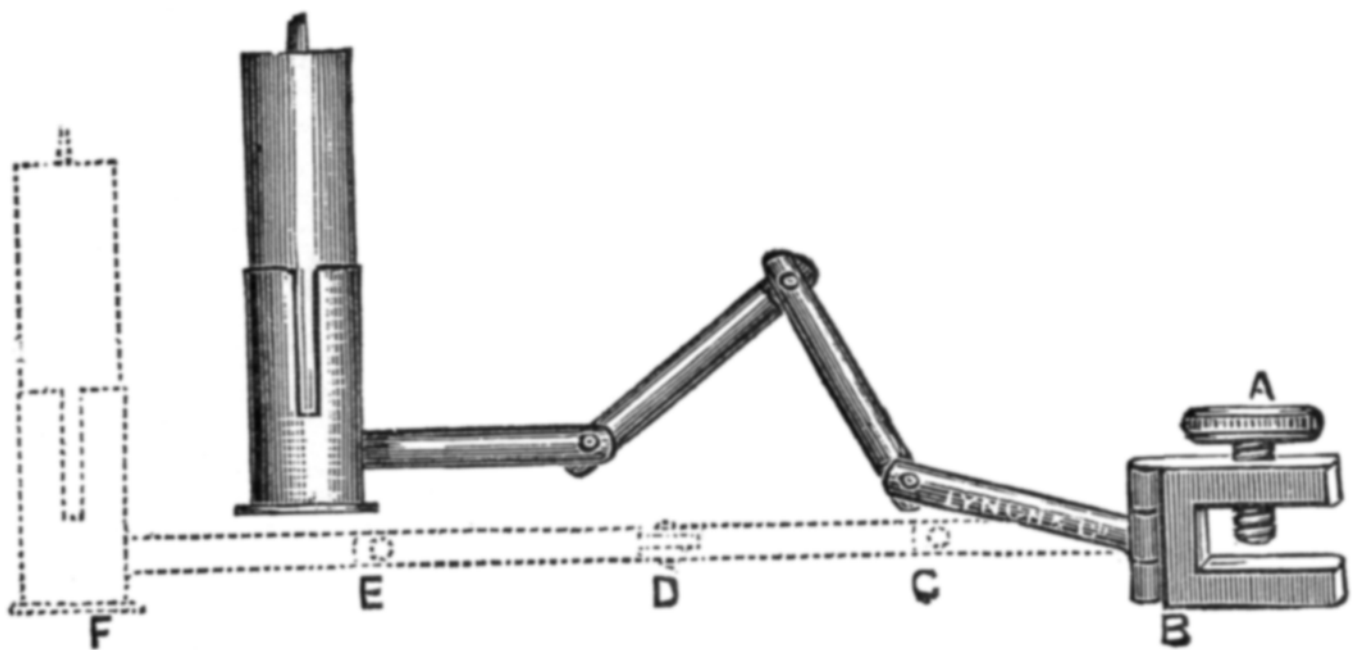
Nor was this emphatic negation of the character of the morbid conditions depicted as ulcerations of the os and cervix in Bennett's treatise on uterine disease—and many of which presented themselves as such to him and his followers until their true nature was ascertained long subsequently by Dr. Emmet, and which were previously regarded as ulcerations, mainly because they were inspected through a badly-lighted speculum—sufficient for the uncompromising Obstetric Physician of St. George's Hospital, but it led him, as just said, to the length of denying the utility of the instrument through which such erroneous views of uterine pathology had been obtained. Shortly afterwards Dr. Lee republished his views in “A Treatise on the Employment of the Speculum in the Diagnosis and Treatment of Uterine Diseases, with 300 cases. By Robert Lee, M.D., F.R.S., Obstetric Physician to St. George's Hospital, &c. London. 1857.” This was, as he says, issued “with the hope that it may contribute in some degree to the correction of those erroneous and pernicious doctrines respecting the diseases of the uterus which have recently been introduced into England from foreign countries; and, if possible, to curb the licentious use of the speculum.”

Had, however, those who thirty years ago thus differed as to the

nature of the morbid appearances presented to visual examination by the vaginal speculum, and entertained such widely opposite opinions as to the value of the means by which they were disclosed, possessed instruments such as the various forms of specula which, from the time of Fergusson and Marion Sims, have been developed and brought to their present perfection, and enjoyed the advantage of those methods of illumination by which direct sunlight may, when necessary, be now replaced, the violent controversies and erroneous practices of former days might possibly have been avoided.

Much as has been thus done in this way, there is, I think, still room for further improvement, as even yet amongst the every-day troubles of gynæcological work not the least frequent or least annoying of its kind is the difficulty occasionally experienced in making a satisfactory visual examination of the vagina or vaginal portion of the uterus in many cases where it is required for diagnostic or therapeutic purposes. In regions wherein sunshine is so exceptional, as unfortunately is the case under the leaden skies and murky atmosphere of the British Isles, this difficulty frequently presents itself even in the best-arranged consulting rooms, where the couch is most advantageously placed with reference to light. And, *à fortiori*, it occurs still more commonly in the patient's chamber, where the bed is often so situated as to preclude full access of natural light into the speculum. Nor is this deficiency supplied by any of those electric speculum lamps that I have myself at least as yet employed, these being apt to fail us at the moment their aid is needed; as, owing to some one or other of the defects either in battery, connections, or lamp that are of such continual occurrence in electric apparatus, on pressing the button, instead of the brilliant flood of light expected the result obtained may be either *nil* or else merely the dull-red glow of the incandescent carbon filament. Whilst on the other hand, if we content ourselves with the more reliable, if less elegant "bit of candle end," still recommended by some authorities for this purpose, the necessity for holding it so as to throw some light into the speculum must largely interfere with any manipulation required by the case.

I would, therefore, venture to suggest to other practitioners who are likely to meet with the difficulty just referred to, a trial of the little appliance now shown, which I have found serviceable under such circumstances. It consists simply, as will be seen, in a very portable, many-jointed light-holder, capable of rotation in every direction, which can be instantly and securely affixed to any form of speculum so as not to be in the surgeon's way, whilst affording sufficient and reliable light for all examinations or operations in the vaginal passage.



I have only to add that this instrument has been made for me by Messrs. Lynch & Co., of Aldersgate, London, who have very satisfactorily carried out my directions in the construction of a speculum illuminator which I hope may possibly be found as useful and handy by other surgeons as it has been by myself.