

active foci of infection and minimizing the danger to their future husbands and children. As with the single men, syphilis was acquired at an early age, 29 out of 35 contracting it under 25 years of age.

*Married Men.* (98 Cases.) Among the married the tide turns toward the later stages of the disease. Sixty out of 98 cases came to the clinic after their thirtieth year and nearly half the cases presented late symptoms.

*Married Women.* (131 Cases.) In contrast to the single women, the number of married women is considerably larger than the number of married men. It is in this group of "women of the home" that the members missing from the group of "women of the street" appear with the later lesions of the disease. Only 14 of the 131 married women came to the clinic with lesions of less than three months' duration. Fifty or 38% of the number had late or gummatous lesions.

#### SUMMARY.

1. The menace of syphilis in the home is one of the greatest problems of preventive medicine.
2. In thirty families, 59 out of 62 parents were probably infected.
3. Of 132 possible children, only 23, most of whom were born before their parents' infection, were healthy.
4. Of the remaining 109, syphilis claims through miscarriage, later death, or congenital disease at least 83 pregnancies.
5. Syphilis will appear in the home of tomorrow in proportion to the inadequacy of treatment among the "men and women of the street" of today.

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## VAGINAL HYSTERECTOMY FOR PROCIDENTIA, WITH A REPORT OF FIFTY CASES.\*

By P. E. TRUESDALE, M.D., FALL RIVER, MASS.

THE surgical problem which deals with complete prolapse of the uterus is in principle similar to that applied to the cure of hernia elsewhere. The operation involves the excision of a large pendulous sac with the reduction and retention or removal of its contained organs. The over-stretched bladder and rectum are detached from the sac and allowed to contract. The bladder must be elevated and supported upon a shelf erected by an appropriate use of the pelvic ligaments. The importance of creating a deflecting plane as an effective resistance to intra-abdominal pressure is paramount. Goffe<sup>1</sup> quotes Sturmdorf in his own elaboration of this principle.

\* Read before the New Hampshire Surgical Club, April 11, 1916.

Vaginal hysterectomy is one of the very useful operations employed in the execution of these measures. Its application is limited to a class of cases in which conservation of the uterus may be disregarded. The wisdom of its choice, however, in most cases, has been a subject of controversy. Many of the continental authors favor the Wertheim-Shauta operation which preserves the uterus, while in America a fair division of opinion is maintained toward the Watkins-Wertheim anterior transposition operation, vaginal hysterectomy, and some form of suspension or fixation of the uterus. Goffe,<sup>2</sup> and C. H. Mayo,<sup>3</sup> among others, advocate vaginal hysterectomy in a group of patients past forty years of age, manifesting prolapse of the complete type.

In general, the details of technic will vary to meet the requirements in each case. The uterus may be found in a state of sub-involution or atrophy, but the one constant and often startling revelation is the unusual length of the cervix, often exceeding that of the body by several centimeters.

The weak point may be in front of the uterus in the region of the bladder or it may be the uterosacral ligaments and perineum, allowing the descent of the uterus and rectum. In patients over fifty years of age the tissues are often found

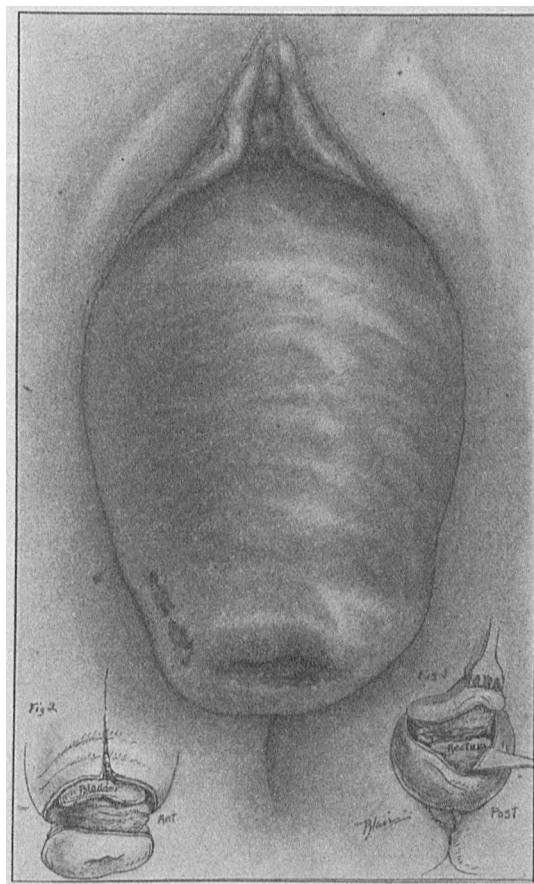


PLATE I.—Procidencia of the complete type. Reproduced from Case 44. Figs. 2 and 3 show the first incision encircling the cervix. The bladder is exposed anteriorly and the rectum posteriorly.

Case	Name	Age	Number of Children	Method of Delivery	Duration of Symptoms	Degrees of Descent	Date of Operation	Present Condition
1	B.C.	65	7	Normal Midwife with each	10 years	Complete	June 1910	Examined
2	M.H.	54	8	7 instrumetal	15 years	Complete	Nov. 1910	Examined
3	M.S.	60	11	4 instrumetal	6 years	Complete	Nov. 1910	Examined
4	S.E.L.	43	5	2 instrumetal	3 years	Complete	Dec. 1910	Reported
5	E.A.H.	53	5	Normal midwife attendance	13 years	Complete	Jan. 1911	Examined
6	R.C.	55	1	Normal	4 years	Complete	March 1911	Reported
7	B.G.	39	2	Normal	6 years	Complete	April 1911	Examined
8	M.R.	44	9	2 instrumetal	2 years	Complete	Aug. 1911	Examined
9	L.D.	67	14	Normal	5 years	Complete	Nov. 1911	Died, May 1912
10	E.P.	51	6	1 instrumetal	11 years	Partial protrusion of cervix	Jan. 1912	Examined
11	E.P.	56	5	Normal midwife attendance	10 years	Complete	March 1912	Examined
12	J.F.S.	48	5	Normal	2 years	Complete	March 1912	Examined
13	C.C.	56	6	1 instrumetal	16 years	Complete	March 1912	Examined
14	M.A.S.	49	3	1 instrumetal	8 years	Complete	May 1912	Reported
15	R.B.	48	1	Instrumental	1 year	Complete	May 1912	Not traced
16	J.D.	34	5	5 instrumetal	1 year	Complete	May 1912	Examined
17	E.L.	48	5	1 instrumetal	12 years	Complete	April 1912	Examined
18	F.B.	38	1	Instrumental	10 years	Partial protrusion of cervix	July 1912	Examined
19	M.W.K.	43	None		5 years	Complete	Sept. 1912	Examined
20	J.I.	45	5	Normal	5 years	Partial protrusion of cervix	Sept. 1912	Not traced
21	E.M.P.	41	2	1 instrumetal	years	Complete	Oct. 1912	Examined
22	P.B.	76	1	Instrumental	3 years	Complete	Dec. 1912	Died 1914
23	J.T.	48	14	Normal	2 years	Partial protrusion of cervix	Nov. 1912	Examined
24	M.B.	45	12	1 instrumetal	1 year	Partial protrusion of cervix	Nov. 1912	Examined
25	M.A.R.	38	1	Instrumental	5 years	Complete	Jan. 1913	Examined

to have undergone degeneration, are friable, and thus allow the sutures to cut through. The obvious result is a weak, imperfect union of the broad ligament stumps, or no union at all. A solid pelvic floor is very essential to success but it will not support the vaginal walls without a reasonable support above. An occasional failure in my series of cases was undoubtedly due to a separation of the broad ligament line of union. To make better provision against such faulty union of the broad ligament stumps, I have modified the operation to include a strip of uterine muscle on either side, making an apposition of the broad ligaments with a strip of uterine muscle to form a central body of support. This method in many cases will serve to fortify a weak step in the operation as usually done. The procedure differs from the operation described by Watkins,<sup>4</sup> inasmuch as the entire cavity and elongated cervix are removed. In other respects the technic does not differ essen-

tially from that commonly used and may be described as follows:

The cervix is first grasped with a volsellum forceps. While held in position an incision is made encircling the cervix immediately below the bladder line. By sponge dissection the bladder is separated from the elongated cervix up to the peritoneal fold, which is deflected from the uterine body to the bladder. This is opened while the bladder is supported upon the long flat blade of a retractor. The mucous membrane in the lateral and posterior sulcus of the vagina is also separated by sponge dissection. The uterine artery on either side is tied and cut. The fundus uteri is then delivered through the peritoneal opening in front and the central portion of the uterine body with the entire cervix is removed after the manner illustrated in Plate III. Apposition by interrupted catgut suture is then made of the uterine muscle stumps of the broad ligaments. Upon the anterior surface of this central body is now sutured the dependent portion of the bladder, two or three catgut sutures being used for this purpose. The remaining distance of this central

26	B.F.	63	9	2 instru- mental	12 years	Complete	Jan. 1913	Examined	Good anatomical result. No pelvic symptoms.
27	M.A.L.	67	2	Instrumental	4 years	Complete	Jan. 1913	Examined	Anatomical result—partial success. Residual urine. Frequent.
28	A.M.D.	38	6	Normal	2 years	Complete	Feb. 1913	Reported	Well satisfied with result.
29	V.B.	39	1	Normal	10 years	Partial protrusion of cervix	March 1913	Examined	Good anatomical result. No pelvic symptoms.
30	M.N.	54	10	Midwife attendance	10 years	Complete	June 1913	Examined	Good anatomical result. Well.
31	E.N.	45	4	1 instru- mental	6 years	Complete	Oct. 1913	Reported	Not well.
32	M.K.H.	54	4	1 instru- mental	6 years	Partial protrusion of cervix	Nov. 1913	Examined	Good anatomical result. No pelvic symptoms.
33	E.M.P.	67	2	1 instru- mental	4 years	Complete	Jan. 1914	Examined	Anatomical result—partial success Urination 2-4 times a day.
34	M.E.P.	55	5	Midwife attendance	1 year	Complete	Feb. 1914	Examined	Good anatomical result. Symptomatically well.
35	J.P.	40	1	Normal	5 years	Complete	March 1914	Examined	Good anatomical result No complaints.
36	M.G.	40	10	2 instru- mental	4 years	Partial protrusion of cervix	April 1914	Examined	Good anatomical result Well.
37	P.C.N.	69	4	1 instru- mental	5 years	Complete	Sept. 1914	Examined	Good anatomical result No pelvic symptoms
38	F.F.	41	5	Normal	4 years	Complete	Dec. 1914	Examined	Anatomical result—partial success Constipation
39	B.C.D.	58	None		1 year	Complete	Dec. 1914	Examined	Good anatomical result. Well.
40	E.L.	54	10	Normal	5 years	Complete Epithelioma of cervix	Jan. 1915	Examined	Good anatomical result. Well.
41	M.E.	60	11	Midwife attendance	15 years	Complete	Jan. 1915	Examined	Good anatomical result. Backache.
42	M.B.	54	4	Normal	5 years	Fibroid complete	Jan. 1915	Reported	Satisfactory result from operation.
43	A.P.	49	None		1 year	Complete	Jan. 1915	Examined	First operation—failure. Second operation necessary in 1916.
44	L.G.	62	10	2 instru- mental	5 years	Complete	May 1915	Reported	Good result from operation.
45	E.A.	66	4	1 instru- mental	20 years	Complete	April 1915	Reported	Good result from operation.
46	C.E.	54	5	Normal	1 year	Complete	July 1915	Examined	Good anatomical result. Well.
47	M.G.	40	10	Normal	3 years	Complete	Aug. 1915	Examined	Good anatomical result. Well.
48	E.G.	54	6	Normal	1 year	Complete	Aug. 1915	Examined	Good anatomical result. No pelvic symp.
49	R.P.	69	None		10 years	Complete	Aug. 1915	Examined	Good anatomical result. Well.
50	J.G.	44	8	Normal	2 years	Complete	Aug. 1915	Examined	Good anatomical result. Well.

body is sutured by interrupted catgut ligatures to the anterior vaginal walls, or the central body of the uterine muscle, above described, may be turned forward under the bladder after the manner described by Watkins. No drainage is used; a perineorrhaphy completes the operation. A self-retaining catheter is then inserted and left in place for forty-eight hours. This allows the bladder wall to contract and removes from the suture line the weight of accumulating urine.

Analysis of the fifty cases here recorded, in which vaginal hysterectomy was done for procidentia, shows that the ages of the patients at the time of operation averaged fifty years. The average duration of symptoms was five years. Ten patients had each given birth to ten children or more; nineteen had each borne between five and ten children; seventeen had each less than five children; and four were nulliparae. Sixteen patients reported that their labors had been normal. Twenty-four had been delivered

by the use of instruments and six had been attended in labor by a mid-wife on one or more occasions. In forty-two cases the procidentia was complete; in eight the descent was incomplete, the vaginal portion of the cervix resting on the anterior margin of the perineum.

In the investigation of the present condition of these patients, thirty-eight were examined by Dr. George W. Blood, Dr. Ralph W. French, and myself. Eight reported by letter and four could not be traced. The following evidence was obtained: Thirty were found to have secured good anatomical results and were free from pelvic discomforts; seven reported well but were not examined; six complained of local discomforts and were found to have some degree of cystocele or rectocele. In none of these six cases, however, was there a descent of the vaginal walls below the pudendal fissure. There were three failures and four patients could not be traced. We have, therefore, direct or indirect

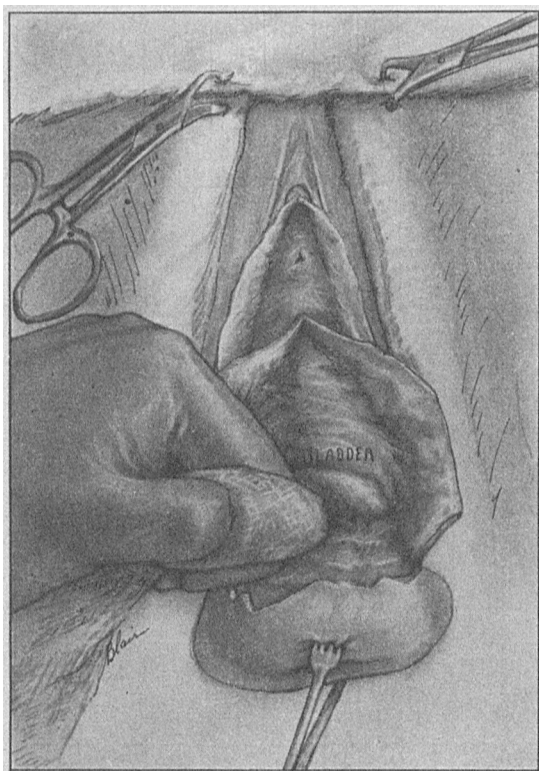


PLATE II.—Separation of the bladder from the cervix up to the peritoneal fold. The sponge-covered finger is here used for dissection.

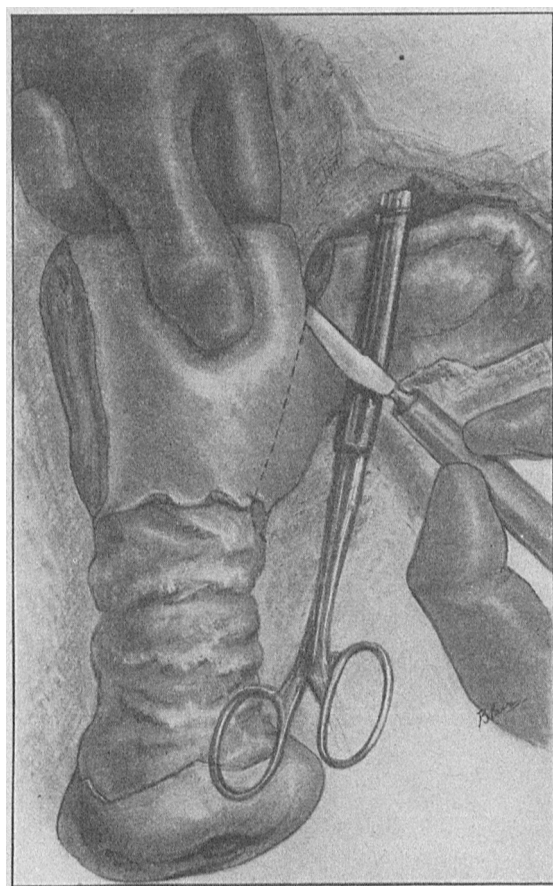


PLATE III.—A rubber-covered clamp is applied to the broad ligament about 1 cm. from the uterus. Dotted line shows the depth of the vertical incision in the muscle of the uterine body. Note the greatly elongated cervix.

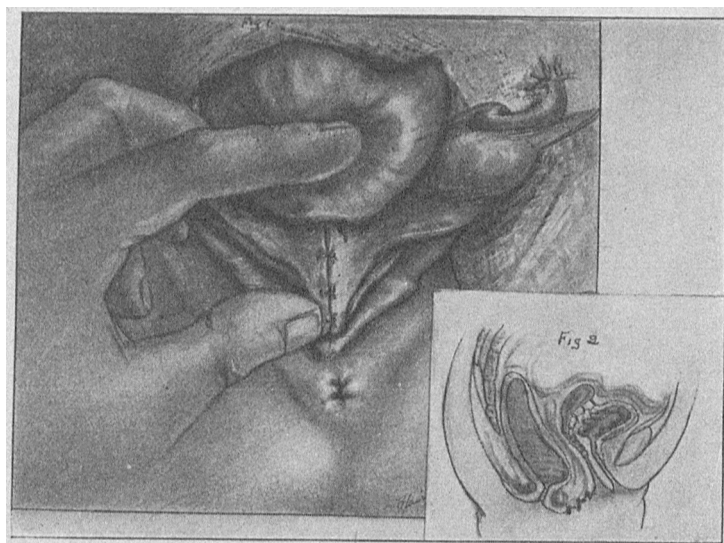


PLATE IV.—Fig. 1. Uterine muscle brought together forming a central body for resistance to intra-abdominal pressure and a support to the bladder. Dependent portion of the bladder is sutured to the central line of muscle structure. Fig. 2. A lateral view shows the relation of the uterine muscle and bladder when the operation is completed.

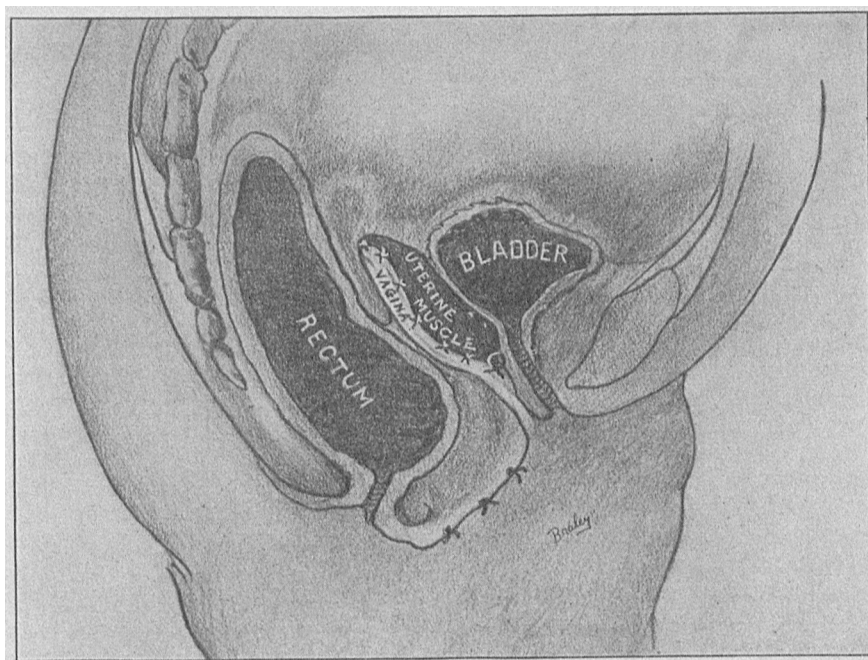


PLATE V.—Transposition of the uterine muscle body between the bladder and anterior vaginal wall.

evidence of complete success in 74%, partial success in 12%, and failure in 6%.

Although sufficient time has not elapsed for final opinion, the operation now done, as illustrated in Plates III, and V, has been employed with uniform success since January, 1915.

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### THE GENERAL PRACTITIONER'S APOLOGIA PRO VITA SUA.

BY ANDREW F. DOWNING, M.D., CAMBRIDGE, MASS.

A LACK of unity among its members, and an excess of organization which threatens to become pathological are the ills that disturb to-day the peace and harmony of the medical profession. The general practitioner, beloved of other days, finds himself obliged to mitigate the presumption of his claim to medical knowledge by a proper sense of humility in the presence of the modern specialist. At the big medical meetings, he is confronted with a confusing list of section and sub-section meetings, and when, like a man without a country, he wanders aimlessly into a conference in the hope of gleaning some knowledge, he is too often obliged to listen to a dissertation on his own shortcomings. For him there seems to be no place. He appears to

be only a convenient *causa mortis* of the patients of specialism, merely an ever ready excuse for the advertising of that new human paradox of medical origin, the ethical quack. Occasionally he is praised for his heroism, seldom for his knowledge; but he has at last come to recognize that this, too, is the same brand of altruistic hypocrisy that vice so often exhibits when she generously pays public tribute to virtue.

There is a fable told of the man who invited the lion to be his guest and received him with princely hospitality. The lion was shown many things to admire, countless specimens of sculpture and painting, nearly all of which represented the lion in combat with man and in which the man was always victorious and the lion always overcome. After he had gone over the mansion, his host asked him what he thought of the splendors it contained. In reply he did full justice to the riches of the owner and the skill of the decorators, but he added, "Lions would have fared better had lions been the artists."

A propaganda, characterized by cowardly and insidious attack, that has for its purpose the commercial elevation of the specialist or surgeon at the expense of the good name of the general practitioner, cannot be allowed to flourish. The time has come for the lion to be the artist. The specialist has boldly thrown down the gauntlet to the general man, and the latter must pick it up.

The primary purpose of our medical organization is to further the usefulness and dignity of the profession. No reputable man is debarred, even though he be a general practitioner. Organization is the instrument of reform, the method of intelligent coöperation for the greatest good; while the lack