

GYNECOLOGY

DISEASES AND MINOR SURGERY

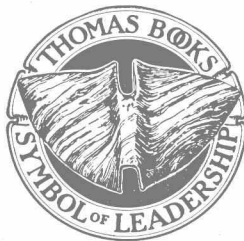
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FOREWORD

By CLAUDE E. HEATON, M.D.

The honor of writing a brief introduction to the first volume of Dr. Robert Lowrie's two volume work on gynecology is one which I gladly accept. The present volume deals entirely with diseases except for a special chapter on minor gynecologic surgery. Since the majority of patients seen by the physician do not require major surgery, but in many instances do require gynecological diagnosis and treatment, a work such as this should prove widely useful.

Gynecology is a relatively young specialty and for many years suffering from an almost entire lack of fundamental knowledge of the reproductive process, was based upon a shallow empiricism in which treatment was both trivial and fruitless. Its real beginning as a major specialty took place in the nineteenth century when a group of intrepid pioneers began the surgical invasion of the female pelvis. The introduction of anesthesia and asepsis and antisepsis made rapid progress possible. Still later improvement in anesthesia, the wider use of blood transfusion, the introduction of antibiotics and improved operative technique extended the range of operability and the margin of safety in gynecologic surgery.

During the years that the surgical evolution of the specialty was reaching its zenith, the anatomist, the embryologist, the bacteriologist and the pathologist were steadily advancing our knowledge of the reproductive system and its disorders. They were so successful that gynecology as a specialty was finally established on a firm, rational foundation while its purely empirical basis was demolished.

We have seen in the last few decades the abandonment of many operations because the concepts upon which they were based were no longer valid. Gone are the days when the uterus was suspended by a variety of methods, the cervix amputated for dubious reasons and relatively normal ovaries removed wholesale. At the same time the enormous improvement in obstetrics has materially reduced the frequency of many of the older childbirth injuries which eventually required surgical repair.

Soon after the turn of the century x-ray and

radium were introduced. As early as 1905, Robert Abbe reported his results in the treatment of cervical cancer, but the major work in this field was carried out in French and German clinics between 1910 and 1915.

In the last 25 years the most important advances have come from the application of knowledge obtained from the basic medical sciences. The anatomist, the biochemist, the physiologist have all contributed to this advance.

A fundamental contribution was the discovery in 1917, by Charles R. Stockard and George N. Papanicolaou, of a new rapid method of studying the reproductive cycle by examination of the vaginal secretion. This work made possible the assay of the female sex hormone as well as numerous other discoveries. In 1923, Edgar Allen and Edward Doisy of St. Louis succeeded in isolating the estrogenic hormone. George W. Corner and Willard M. Allen of Rochester produced an active extract of corpus luteum in 1929. That same year Robert T. Frank's book on the female sex hormone appeared.

Herbert Evans and Joseph Long of the University of California, in 1920, and Philip E. Smith of Stanford University, in 1927, demonstrated the role that the pituitary gland plays in the reproductive process. In 1928, Aschheim and Zondek introduced their test for pregnancy.

In 1941, Papanicolaou and H. G. Traut published their paper on the diagnostic value of vaginal smears in carcinoma of the uterus which led to a wide clinical application of this method in the early diagnosis of malignancy.

While these basic discoveries so briefly mentioned above were being made, clinical research also yielded fruitful results. The work of I. C. Rubin and Max Hühner as well as many others advanced the diagnosis and treatment of infertility. John A. Sampson and Thomas Cullen helped us in understanding the nature of endometriosis.

The help the psychiatrists have given us in evaluating the emotional component in functional disorders of the generative tract should not be

overlooked. They have made us increasingly aware of the psychogenic factors which play such an important role in disorders of menstruation, and in many cases of infertility. The various contributors to this volume have given due consideration to the role of the psyche.

Very properly, the first chapters of the volume are devoted to a thorough exposition of the anatomy, physiology and embryology of the reproductive tract. It is precisely this kind of knowledge which is essential for the clinician to know as a basis for his therapeutic endeavors.

By the use of a fairly uniform plan of presen-

tation and the free use of illustration we have been given a remarkably unified volume considering the large number of contributors. To single out certain chapters for mention would be invidious; the majority of presentations are excellent and in not a few instances masterly. An adequate bibliography is to be found at the end of most of the chapters. The book is eminently practical.

Dr. Lowrie is to be congratulated upon the successful completion of a long and arduous task of editorship. The resulting volume will undoubtedly appeal to all serious students of the subject.

C.E.H.

PREFACE

This work on *Gynecology*, in two volumes, represents the culmination of many years of effort in the preparation of a work of 79 contributors from 30 medical schools, and other institutions, in the United States, Canada and England. Most of the authors are well known in their respective fields. The work is complete in the sense ordinarily understood, and it should therefore fulfill the needs of those desirous of having an intimate knowledge of the subject. The work has all of the advantages of the well known books on the subject and—it is hoped—something more.

While this treatise would obviously be in greatest demand by the *gynecologist*, Volume II devoted to Major and Minor Gynecological Surgery should attract the *general surgeon*. Too, the *general practitioner* will find much of value, in Volume I especially, as we have had constantly in mind the need of simplicity of presentation and ready availability of material. In this connection, the chapter on medications should have a special appeal to the general practitioner. Furthermore, in compiling the work the editor and contributors have been mindful of the ever-exacting requirements of the *Specialty Boards*.

Volume I contains the special chapter, Minor Gynecological Surgery, which is a compilation of minor gynecological operations shown in Volume II.

One who would presume to *improve* the presentation of a subject in standard books is automatically indebted to the authors of already existing works for the reason that he is, to a degree, consciously or subconsciously, engaging in a modified though usually innocent and ethical form of *plagiarism*. For benefit so derived from the practice of this delicate art I am indebted to the authors of standard works in gynecology, especially to Drs. Curtis, Crossen and Novak who have permitted me almost unlimited use of their material.

What may be regarded as some of the salient features of the work are mentioned: Ready availability of specific data is facilitated by having each pathological condition presented as nearly as is feasible by a uniform plan—name of disease or condition, definition, synonyms, incidence,

etiology and pathology, signs, symptoms and diagnosis, therapy and prognosis. Important designations are in italics or bold type. Through careful editing and correlation we trust that we have reduced contradiction, repetition, confusion and the controversial to a minimum. Little has been spared in the preparation of the *illustrations*. Most of these were especially designed for the book, and the rest either modified or carefully selected for the particular chapter. The legends for the most part are unusually complete, and a good proportion of them not only epitomize the text but also correlate the descriptive material with the illustrations.

As an innovation there are offered four special chapters—Medications, Special Aides to Diagnosis, Minor Gynecological Surgery and Physical Therapy—which should be of very definite value. In many instances the physician and patient are far removed from hospital facilities. Because of the scarcity and increasing costs of hospitalization more gynecology will have to be done in the physician's office. A certain number of gynecologists and other physicians are, for various reasons, obliged to limit the practice of gynecology to the office. The special chapter on medications we believe to be unique in that not only is it a fairly complete pharmacopeia in gynecology, but also there are described the physiology and also clinical applications in relation to the principles of therapy. In a matter of seconds the reader may put the finger on any piece of information desired—names and synonyms, manufacturer, dosage and potency, methods of administration, indications and contraindications for use, etc.—from the tables which contain the pertinent data on hormones, vitamins, sulfa, penicillin, streptomycin and other drugs commonly used in gynecology.

In the special chapters on minor gynecological surgery and physical therapy there are detailed and illustrated the well recognized procedures as cauterization, biopsy, conization, diathermy, massage, restorative exercises, etc. There will be found in the chapter on aides to diagnosis, routine laboratory technics and also a detailed and well illustrated description of the use of the x-ray in gynecology.

The enigma of the *Hormones* is truly a bet-noire of the average physician. This confusion is due not only to the somewhat nebulous nature of many of the concepts which—in addition—are further nullified by contradiction and controversy, but also due to a profuse and ever-changing nomenclature. A new cloud of names may descend upon and plague the reader when he thought that he had learned the current ones. There has been a definite failure to crystallize the few, basic, settled and well recognized principles into what one might call the *grammar or dogma of the hormones*. The latter we have tried to emphasize in the chapter introducing the hormones and in the one on medications. It should hardly be necessary to state that without this basic dogma it is not possible to comprehend the subject of hormones; and it is our fond hope that we may yet *crack* the endocrinological code.

We believe that the section on *Anatomy and Physiology* should have a special appeal chiefly by reason of the relationship of structure, function, pathology and clinical application which are discussed and correlated. A great deal of time, thought and space have been devoted to the *Developmental Anomalies*. The theory as presented in the chapters on normal and abnormal development combined with the clinical aspects of the anomalies as depicted in other chapters offer, as we believe, a presentation of this division of gynecology much more complete than that found in most works on the general subject of gynecology.

I am immeasurably indebted and most grateful to the contributors and to many others for their help in the preparation of this work. For the material and facilities made available to me at the City Hospital and at St. Vincent's Hospital I am thankful to all those concerned. I must thank Dr. Walter P. Gage for most valuable aid especially that in connection with the preparation of certain illustrations, and also our pharmacist, Mr. Irving Specht, who has checked and brought up to date the chapter on medications. It would indeed be hard to overestimate the benefit and comfort which accrued to me from the encouragement, loyalty and cooperation shown by many of my good friends, notably Drs. David N. Barrows, William T. Kennedy and Alfred Hellman. And for a somewhat different reason I am in no small measure indebted to Dr. Frank Pemberton of Harvard Medical

School, Dr. William A. Scott of my own medical school at the University of Toronto, Dr. J. P. Greenhill of the Cook County Hospital in Chicago, Mr. Clifford White of London, Mr. J. C. Moir of Oxford, and to Dr. Joe V. Meigs of Boston. I mention these especially because they were the *pioneers*, the first to offer chapters for our book. With these well known names appearing on the list, my task of completing the roster of contributors became relatively easy.

If, as has been said, a book is as good as its pictures, then much credit is due those who contributed this portion of the work in the book. Not knowing most of the talent I am obliged to mention only our own artists—Bernard Friedman, Karl Noell, Clarice Ashworth and the photographer, Martin Haggett. The skill and co-operation of the artists leave little to be desired.

To my wife I am grateful for her efforts in typing and the collation of bibliographical references; and to our secretary, Rose Russo, I am greatly indebted for that assistance without which my task would indeed have been much more difficult. I would be remiss should I fail to show my appreciation of the integrity and friendly cooperation of the publisher, Charles C. Thomas. The sense of security of the author-publisher relationship is evidently a characteristic of the house of Thomas.

In the clamor for recognition and advancement there is too often a tendency for the recipient to permit a dimming of the memory of those who have guided him in his first steps, or in some other way have assisted him to relative prominence. For whatever elevation to prominence in the field of gynecology that I may attain as the result of having compiled this book, I am, in a sense, wholly indebted especially to two friends—Dr. Robert A. Macomb of Toronto who directed my first venture into the field of gynecology and who has always taken a keen interest in my welfare; and to Dr. David N. Barrows in New York whose good will, sponsorship and advice have always been available to me since my arrival in this great city. And therefore, since one could never repay these obligations with worldly things it would seem most fitting that as a token of appreciation I dedicate this work on gynecology to Dr. Robert A. Macomb and Dr. David N. Barrows.

ROBERT J. LOWRIE, M.D.

New York, N.Y.

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