GYNECOLOGY

PARSONS and SOMMERS

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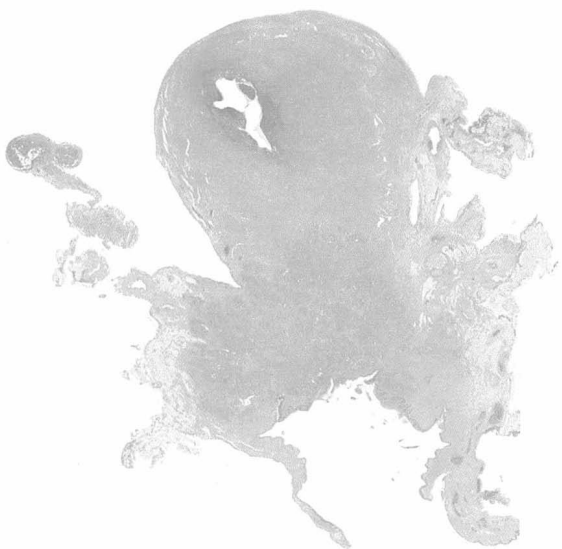

W. B. SAUNDERS COMPANY

Philadelphia and London

Reprinted January, 1963

MADE IN THE U.S.A. *Press of W. B. Saunders Company*

Library of Congress Catalog Card Number: 62-7133

TO OUR WIVES

Foreword

Every once in a while a new idea in writing a book on an old subject is born. This book, written by a clinician and by a pathologist, is definitely unique. In the first place, many gynecologic textbooks have been written by clinicians well versed in gynecologic pathology, but to my knowledge this is the first written in collaboration with an excellent general pathologist. In the Boston hospitals a strictly gynecologic pathologist is a great rarity, and yet the amount of material coming to our laboratories is large and diversified. The great scientific gynecologic reports of such pathologists as Hertig, Warren, Castleman, Hicks and Scully, to name a few, demonstrate the expertness of our group. There can be no doubt of the excellence and ability of Dr. Sommers.

Dr. Parsons has contributed really a new organization of the field of gynecology. The division of the subject into age groups is new and should be of the greatest value to the student of gynecology. Rarely has such a comprehensive text been presented, ranging from infant problems to those of old age. Dr. Parsons has wisely refrained from technical descriptions of gynecologic operations, since surgical procedures and techniques represent a separate area of teaching. One look at the outline of this text will startle the average gynecologist because of the diversity of topics. Dr. Parsons himself is one of the few physicians I know who could write this book, for he has had a great deal of experience in surgical as well as gynecologic problems, and because of this training has the advantage of a very broad exposure to medicine, surgery and gynecology. Incidentally, and this is meant only to further my idea of his capacity, he is a great student, was a most satisfactory assistant to those of us whom he helped in his early days, and is one of the most able writers on medical subjects that I have been privileged to know.

As a gynecologist and as one interested in the problems he and Dr. Sommers have elucidated, I can recommend this book highly and can advise any one who is a doctor of medicine to read and to use it, for it is one of the great books of recent years.

Joe V. Meigs, M.D.

Foreword

DURING THE PAST 150 years there have been numerous books, monographs and reference works written upon the various aspects of gynecology. Such writings have tended to cover the general, the medical, the pediatric, the endocrinologic, the dermatologic, the anatomic, the pathologic or the operative aspects of this multifaceted special branch of medicine. Therefore these books have been written primarily for the medical student, the general practitioner, the pathologist or the gynecologic specialist, but usually not for all these groups. Such treatises might be described as having been horizontally integrated, focusing their attention on one of the many special aspects of gynecology. Age groups are mentioned in such writing only as an incidental aspect of the particular problem under discussion.

The present text is by Drs. Langdon Parsons and Sheldon C. Sommers, the former a gynecologic clinician, the latter a general pathologist interested in reproductive pathology. These two authors became associated, quite by chance, in their respective capacities as gynecologist and pathologist at the Massachusetts Memorial Hospitals, the teaching center of Boston University's School of Medicine. Both men are outstandingly competent in their own fields and have collaborated synergistically and even symbiotically in a figurative manner. They have written a unique book on gynecologic problems as oriented and integrated vertically by biologically significant age groups. They have perhaps subconsciously been swayed by Sir William Osler's concept that it is more important to know what kind of person had a disease than to know what specific disease a person had. Trousseau said it somewhat differently when he indicated that there are no diseases, only sick persons.

Parsons and Sommers unwittingly, or perhaps deliberately, borrowed Shakespeare's concept of the seven ages of man in describing beautifully and completely the gynecologic problems encountered during the seven ages of woman. The neat division of the book into seven parts allows each subdivision to correspond precisely or generally with the seven decades in the life of the female. That this grouping is not only temporally accurate but also biologically sound is due to the natural predominance of specific problems during well defined periods of growth, development, maturation, maturity, senescence and senility.

The practicing gynecologic clinician will ultimately learn to correlate, almost reflexly, the main problems with the age group in which such problems occur. This text will enable him to arrive at this state of clinical maturity earlier and more easily. Since the integrated approach is necessary to the teaching as well as the learning process, this book will make it easier and more pleasant for the medical student as

well as the general practitioner to see the whole field of gynecology from birth to old age. Such readers will learn more quickly, understand more clearly and remember longer the essential problems in this broad and important field of medicine.

Both authors are experienced writers who produce lucid and flowing prose that is pleasant to read. The problems are so well presented from a comprehensive pathophysiologic point of view that it is difficult for this reviewer, who has known both authors as friends and colleagues for years, to determine just what part was written by whom.

This book is a monument to an extensive experience and reading in the broad fields of gynecology and its pathology. As such it is a superb synthesis of the many facets which pathology presents to the student, the practitioner and the gynecologic specialist.

ARTHUR T. HERTIG, M.D.
Shattuck Professor of Pathological Anatomy and
Chairman of the Department of Pathology
Harvard Medical School

Winchester, Mass.

Preface

WHEN THE ORIGINAL suggestion was made that a clinician and a pathologist should collaborate to report their combined experience in gynecology, we were reluctant to undertake the task because there seemed to be too many good textbooks already available.

The chief point of difference between this book and others, we believe, is that we have tried to relate gynecologic symptoms, which are actually few, to various disease processes and derangements in function as they manifest themselves in different age groups. To explain the symptoms and physical findings there is a wide spectrum of possibilities, both local and systemic. No longer can the gynecologist focus on the pelvis alone. We realize more and more that the generative organs, their anatomic and functional derangements, can be dealt with intelligently only if we consider women as a whole.

An attempt has been made to discuss each particular problem in the age group in which it is frequently found and in which there is the greatest chance of confusion in both diagnosis and treatment. Since we elected to discuss gynecologic problems in all age groups, it was essential that we include sections on gynecology in the infant as well as in the geriatric patient. Until recently gynecologists have been interested in women chiefly after they reached the years of reproductivity and have tended to lose interest afterward. Many problems that may appear in the reproductive years and later actually have their beginnings during infancy and childhood.

We have not included any formal section on anatomy or embryology, nor have we attempted to outline the details of operative procedures. Medicine has become a multidisciplined art and science, and we have felt that the student and the practitioner of today already have had the basic exposure to female anatomy. Their primary concern should be the recognition and proper interpretation of departures from the normal. We have chosen, instead of a synopsis or outline form, to try to paint word pictures of gynecologic problems, in the hope that though they may take longer to read, some point of the discussion will be retained.

No combination of authors has equal facility in all fields. The observations in this book represent a compilation of our own ideas and those of others. Gratitude is therefore owed to all who have contributed by articles in books and periodicals, and by word of mouth, to a discussion of the expanding scope of gynecologic problems. We wish to pay particular tribute to Dr. J. V. Meigs and Dr. Arthur T. Hertig, who have tutored and sponsored us through the years. We have attempted some recognition of the vast gynecologic literature by including references in the

bibliography, which has been subdivided into the various aspects of the subjects discussed.

It is impossible to write a textbook without acquiring a deep sense of humility, which undoubtedly was not present at the outset, or one would never have contemplated such a project. With it goes a profound feeling of gratitude to all concerned with the various phases of its production. Our associates have been most kind, considerate and cooperative in complying with our whims. To them we will be eternally thankful and solemnly promise never to do this sort of thing again. This promise is made particularly to our wives. The loss of contact with the world and friends may be small sacrifice for the authors, but offers a considerable problem for the wives.

Specifically we wish to thank our devoted secretaries. Miss Signe Windhol labored to interpret the original handwritten manuscript without losing either her disposition or her sanity. Mrs. Maureen Drummy, Miss Elizabeth Foley, Mrs. Ann Preece, Mrs. Marcia Saitow and Miss Judith Merrill provided invaluable service. Mrs. Marian Adam and Mrs. Merry Ann Lewis assisted with references and proof.

Mr. Jerome Hartzberg prepared the new photographs, and Mr. Lawrence Turner assisted in photography. Mr. Bill Osburn made a number of original drawings and diagrams and supervised the art work. We wish to thank them. Several friendly physicians provided illustrations which are acknowledged in the legends. We are particularly indebted to Dr. F. Ronchese for many fine photographs of dermatologic lesions.

We are indebted to Dr. Sydney S. Gellis, Dr. Thomas H. Green, Jr., and Dr. Francis M. Ingersoll for helpful criticism and suggestions on the sections devoted respectively to pediatric gynecology, problems of the 40- to 50-year age group and the chapters on fertility.

Finally, the courtesy and patience of the publishers, particularly Mr. John Dusseau and Mr. Robert Rowan, were almost beyond belief.

LANGDON PARSONS

SHELDON C. SOMMERS

Contents

PART I

Gynecologic Problems of Infancy and Childhood

Chapter 1

General Survey

ONLY in recent years has the gynecologist become interested in the infant and the growing child. This has been particularly true of the adolescent age group, since the pediatrician has felt that the female child has passed beyond his province, but the internist and the gynecologist have been slow to assume the burden of her care. Gradually we have become aware of the fact that many of the problems seen in adult life stem from physiologic or organic abnormalities which began at or about or even preceding puberty. Actually, the physicians most likely to come in contact with the problems of the young child from birth on are the family doctor and the pediatrician. Only rarely has the gynecologist been called into the picture for consultation. Then all too frequently he is discomfited by his unfamiliarity with the problems of the infant or young child. In order that the physician may successfully cope with the irregularities he must (*a*) be familiar with the normal to recognize the deviation from it; (*b*) be aware of the anatomic differences between child and adult anatomy as well as the growth pattern and stages of functional development of both bony and organic structures; (*c*) be cognizant of the techniques which are basic in a proper examination; (*d*) be alert to the psychologic impact of a complete physical examination on the infant as well as the parent; (*e*) be informed concerning the various laboratory studies which may be helpful in making a diagnosis in the problems of childhood.

The problems are many and change with advancing years, since it is within this age span from birth to puberty that the greatest development occurs both in terms of bony growth and glandular maturation. By the time the menarche appears the young girl has developed all her standard equipment to carry her through life. From then on it is largely a question of how well it functions and how well she uses it. It is a challenge for the medical profession to see that the child receives the best of medical care during this period of development. Since the problems vary with the individual child and are constantly changing as she matures, great skill and judgment will be required from the physician in charge.

What Are the Major Problems in Infancy and Childhood?

The basic problems are not unlike those that occur in adult life with one exception: namely, congenital malformations. In too many instances the basic defects go unrecognized until the patient is about to be married or has been married, but is unable to have a child. The problem is particularly acute when the sex of the infant is in question. The recognition of basic defects should be made in early infancy. One

can then select the proper age in which to carry out corrective measures. The adjustments then follow a calculated plan rather than becoming an improvisation based on a pre-existing but an unrecognized state.

In addition to the various forms of congenital malformations in structure and in the normal growth pattern that may appear in infancy and childhood, the remaining problems are those of infection, abnormal bleeding from the genital tract and tumor formation.

DEVIATION FROM THE NORMAL. If the physician is to decide whether the female child deviates from the normal in skeletal or glandular development, he must have a working knowledge of what is expected in order to determine the significance of the departure. In most instances the family, and frequently the physician, attribute any variation from the normal to endocrine failure, particularly if there is no obvious explanation at hand. This is especially true if the external genitalia do not develop along anticipated lines. The effect may be due to hormonal cause of permanent or temporary origin, but it is also possible that genetic, nutritional or constitutional factors are at work which modify the action of the hormones. The explanation lies in the presence of congenital anomalies and has nothing to do with the endocrine system at all.

It is not always an easy matter to place the responsibility for the deviation in its proper category, for in some instances overlapping may occur. Thus a child whose proper sex is in question may have an unusual sex chromatin pattern and a congenital abnormality in the gonad as well. Furthermore, when there are abnormalities in sex differentiation, it is important to know whether these have come about because of gonadal defect or simply reflect the virilizing influence of the adrenal hormones

What Is the Normal Progression in Skeletal Development?

One of the chief factors which disturb the parent and bring the child to the physician is the apparent failure to follow what the parents feel are normal patterns of growth. To them either the child is too short or too tall for her age, or she is too fat or too thin.

Since no two children are alike and development may occur in spurts rather than slow progression in any given child, it is somewhat difficult to deter mine just what is the average for a child in each of the years from birth to puberty. Fore x ample, the bone age may not correspond with the chronologic age at one particular phase of development, but with a sudden acceleration in the growth rate the proportions may later become entirely normal. It is important, then, to measure and record growth and development not only at the time, but also at periodic intervals thereafter.

The chief indicators of skeletal growth and development in addition to height and size are (1) the relative proportion of skeletal growth in both upper and lower segments of the body. The various sections of the body develop with different time schedules. For example, the upper portion of the body as measured from the top of the symphysis to the top of the head is approximately twice as long as the measurement from the symphysis to the soles of the feet. From birth on the lower extremities grow much faster under normal conditions than the trunk, so that they become equal in length shortly before puberty. The ratio between the two is of basic importance, since the balance is either undisturbed or shifts in one direction or the other, depending on factors which disturb the normal process of growth (Fig. 1–1). For example, the pituitary dwarf is stunted in growth, but the ratio between the upper and lower