

SEPTEMBER 1963

PELVIC PAIN

Edited by

J. P. GREENHILL, M.D.



HOEBER MEDICAL DIVISION

HARPER & ROW, PUBLISHERS, INCORPORATED

CLINICAL OBSTETRICS AND GYNECOLOGY

A Quarterly Publication

COPYRIGHT © 1963 BY HOEBER MEDICAL DIVISION
OF HARPER & ROW, PUBLISHERS, INCORPORATED

All rights reserved. No part of this publication may be reproduced without written permission of the publisher. For information write HOEBER MEDICAL DIVISION, 49 EAST 33 ST., NEW YORK 16, N. Y.

Printed in the United States of America

LIBRARY OF CONGRESS CATALOG CARD NO. 63-17949

CONTENTS

SEPTEMBER 1963

Symposium on Prenatal Care

M. EDWARD DAVIS, M.D.
GUEST EDITOR

Foreword	537	<i>M. Edward Davis, M.D.</i>
The Premarital Examination	539	<i>Daniel G. Morton, M.D.</i>
Intrauterine Growth and Development of the Baby	544	<i>Harry Prystowsky, M.D.</i>
The Initial Examination of the Prenatal Patient	562	<i>Albert B. Lorincz, M.D.</i>
Cytologic Screening During Pregnancy	573	<i>George L. Wied, M.D., and M. Edward Davis, M.D.</i>
Nutrition in Pregnancy	604	<i>M. Bertha Brandt, M.S.</i>
Oral Health Care During Pregnancy	619	<i>Frank J. Orland, D.D.S., Ph.D., and Phyllis M. Orland, M.D.</i>
Management of Common Problems of Prenatal Care	627	<i>Nicholas W. Fugo, Ph.D., M.D.</i>
Emotions of Pregnancy	639	<i>Niles Newton, Ph.D.</i>
Psychophysical Training in Preparation for Childbirth	669	<i>C. Lee Buxton, M.D.</i>
Social Implications of Pregnancy	685	<i>Elizabeth McKinley, M.A.</i>

Symposium on Pelvic Pain

J. P. GREENHILL, M.D.
GUEST EDITOR

Foreword	697	<i>J. P. Greenhill, M.D.</i>
Acute Pelvic Pain	699	<i>S. Leon Israel, M.D.</i>
Pain Associated with Endometriosis	709	<i>H. L. Riva, M.D., and Paul S. Andreson, M.D.</i>

(continued)

Symposium on Prenatal Care

M. EDWARD DAVIS, M.D.
GUEST EDITOR

Foreword	537	<i>M. Edward Davis, M.D.</i>
The Premarital Examination	539	<i>Daniel G. Morton, M.D.</i>
Intrauterine Growth and Development of the Baby	544	<i>Harry Prystowsky, M.D.</i>
The Initial Examination of the Prenatal Patient	562	<i>Albert B. Lorincz, M.D.</i>
Cytologic Screening During Pregnancy	573	<i>George L. Wied, M.D., and M. Edward Davis, M.D.</i>
Nutrition in Pregnancy	604	<i>M. Bertha Brandt, M.S.</i>
Oral Health Care During Pregnancy	619	<i>Frank J. Orland, D.D.S., Ph.D., and Phyllis M. Orland, M.D.</i>
Management of Common Problems of Prenatal Care	627	<i>Nicholas W. Fugo, Ph.D., M.D.</i>
Emotions of Pregnancy	639	<i>Niles Newton, Ph.D.</i>
Psychophysical Training in Preparation for Childbirth	669	<i>C. Lee Buxton, M.D.</i>
Social Implications of Pregnancy	685	<i>Elizabeth McKinley, M.A.</i>

Symposium on Pelvic Pain

J. P. GREENHILL, M.D.
GUEST EDITOR

Foreword	697	<i>J. P. Greenhill, M.D.</i>
Acute Pelvic Pain	699	<i>S. Leon Israel, M.D.</i>
Pain Associated with Endometriosis	709	<i>H. L. Riva, M.D., and Paul S. Andreson, M.D.</i>

(continued)

CONTRIBUTORS

PAUL S. ANDRESON, M.D. Associate Professor, Department of Obstetrics and Gynecology, Seton Hall College of Medicine; Attending Staff, The Margaret Hague Maternity Hospital, Jersey City, New Jersey

M. BERTHA BRANDT, M.S. Research Assistant, The University of Chicago School of Medicine; Research Nutritionist, The Chicago Lying-in Hospital, Chicago, Illinois

C. LEE BUXTON, M.D. Professor and Chairman, Department of Obstetrics and Gynecology, Yale University School of Medicine; Director, Obstetrics and Gynecology, University Division, Grace New Haven Community Hospital, New Haven, Connecticut

ALBERT DAVIS, M.D.,
F.R.C.S., F.R.C.O.G. Gynaecologic and Obstetric Surgeon to Prince of Wales', Dulwich, St. Giles', and French Hospitals, London, England

M. EDWARD DAVIS, M.D. Joseph Bolivar DeLee Professor and Chairman, Department of Obstetrics and Gynecology, The University of Chicago School of Medicine; Chief, The Chicago Lying-in Hospital, Chicago, Illinois

J. JACQUES DES ROSIERS, M.D. Senior Resident, Department of Obstetrics and Gynecology, Hôpital Maisonneuve, Montreal, Quebec, Canada

(continued)

CONTRIBUTORS (continued)

- JOSEPH B. DOYLE, M.D. Director, Fertility Clinic, and Senior Visiting Gynecologist and Obstetrician, St. Elizabeth's Hospital, Boston, Massachusetts
- C. FREDERIC FLUHMAN, M.D. Clinical Professor, Department of Obstetrics and Gynecology, Stanford University School of Medicine, Palo Alto; Chief, Department of Obstetrics and Gynecology, Presbyterian Medical Center, San Francisco, California
- NICHOLAS W. FUGO, Ph.D, M.D. Professor and Chairman, Department of Obstetrics and Gynecology, West Virginia University Medical Center, Morgantown, West Virginia
- J. P. GREENHILL, M.D. Professor of Gynecology, Cook County Graduate School of Medicine; Senior Attending Obstetrician and Gynecologist, Michael Reese Hospital; Attending Gynecologist, Cook County Hospital, Chicago, Illinois
- S. LEON ISRAEL, M.D. Professor of Obstetrics and Gynecology, Schools of Medicine, The University of Pennsylvania; Director, Division of Obstetrics and Gynecology, Pennsylvania Hospital; Chief Gynecologist, Graduate Hospital, Philadelphia, Pennsylvania
- WILLIAM S. KROGER, M.D. Beverly Hills, California; Formerly Associate Professor, Department of Obstetrics and Gynecology, Chicago Medical School, Chicago, Illinois
- ALBERT B. LORINCZ, M.D. Professor and Chairman, Department of Obstetrics and Gynecology, The Creighton University School of Medicine; Director, Department of Obstetrics and Gynecology, Creighton Memorial St. Joseph's Hospital, Omaha, Nebraska

CONTRIBUTORS (continued)

- ELIZABETH McKINLEY, M.A. Associate Professor, The University of Chicago School of Social Service Administration; Director, Social Service Department, The University of Chicago Hospitals and Clinics, Chicago, Illinois
- DANIEL G. MORTON, M.D. Professor and Chairman, Department of Obstetrics and Gynecology, University of California at Los Angeles School of Medicine, The Medical Center, Los Angeles, California
- NILES NEWTON, Ph.D. Acting Assistant Professor of Psychology in Obstetrics and Gynecology, Department of Obstetrics and Gynecology, The University of Mississippi School of Medicine, Jackson, Mississippi
- FRANK J. ORLAND, D.D.S., Ph.D. Director, Walter G. Zoller Memorial Dental Clinic, The University of Chicago; Professor of Dental Surgery, The University of Chicago, Chicago, Illinois
- PHYLLIS M. ORLAND, M.D. Assistant Attending Physician, The Children's Memorial Hospital, Chicago; Rotating Director of Nursery and Pediatrics, MacNeal Memorial Hospital, Berwyn, Illinois
- DOGAN M. PERESE, M.D. Associate in Neurosurgery, State University of New York at Buffalo School of Medicine; Consultant in Neurosurgery, Roswell Park Memorial Institute, Buffalo, New York
- HARRY PRYSTOWSKY, M.D. Professor and Head, Department of Obstetrics and Gynecology, The University of Florida College of Medicine, and The University of Florida Teaching Hospital, Gainesville, Florida

CONTRIBUTORS (continued)

- H. L. RIVA, M.D. Professor and Chairman, Department of Obstetrics and Gynecology, Seton Hall College of Medicine; Obstetrician-Gynecologist in Chief, The Margaret Hague Maternity Hospital, Jersey City, New Jersey
- GEORGE L. WIED, M.D. Associate Professor of Obstetrics and Gynecology; and Director, School of Cytotechnology, The University of Chicago School of Medicine; Staff, Department of Obstetrics and Gynecology, The Chicago Lying-in Hospital, Chicago, Illinois

Symposium on Prenatal Care

M. EDWARD DAVIS, M.D.
GUEST EDITOR

Foreword	537	<i>M. Edward Davis, M.D.</i>
The Premarital Examination	539	<i>Daniel G. Morton, M.D.</i>
Intrauterine Growth and Development of the Baby	544	<i>Harry Prystowsky, M.D.</i>
The Initial Examination of the Prenatal Patient	562	<i>Albert B. Lorincz, M.D.</i>
Cytologic Screening During Pregnancy	573	<i>George L. Wied, M.D., and M. Edward Davis, M.D.</i>
Nutrition in Pregnancy	604	<i>M. Bertha Brandt, M.S.</i>
Oral Health Care During Pregnancy	619	<i>Frank J. Orland, D.D.S., Ph.D., and Phyllis M. Orland, M.D.</i>
Management of Common Problems of Prenatal Care	627	<i>Nicholas W. Fugo, Ph.D., M.D.</i>
Emotions of Pregnancy	639	<i>Niles Newton, Ph.D.</i>
Psychophysical Training in Preparation for Childbirth	669	<i>C. Lee Buxton, M.D.</i>
Social Implications of Pregnancy	685	<i>Elizabeth McKinley, M.A.</i>

Symposium on Pelvic Pain

J. P. GREENHILL, M.D.
GUEST EDITOR

Foreword	697	<i>J. P. Greenhill, M.D.</i>
Acute Pelvic Pain	699	<i>S. Leon Israel, M.D.</i>
Pain Associated with Endometriosis	709	<i>H. L. Riva, M.D., and Paul S. Andreson, M.D.</i>

(continued)

CONTENTS (continued)

Dysmenorrhea	718	<i>C. Frederic Fluhmann, M.D.</i>
Pain in Pelvic Malignancy	730	<i>D. M. Perese, M.D.</i>
Paracervical Uterine Denervation for Relief of Pelvic Pain	742	<i>Joseph B. Doyle, M.D., and J. Jacques Des Rosiers, M.D.</i>
Alcohol Injection for Relief of Dysmenorrhea	754	<i>Albert Davis, M.D.</i>
Hypnosis for Relief of Pelvic Pain	763	<i>William S. Kroger, M.D.</i>
Pelvic Sympathectomy and Intraspinal (Subarachnoid) Injection of Alcohol for Relief of Severe Pelvic Pain	776	<i>J. P. Greenhill, M.D.</i>
Cumulative Contents	791	
Cumulative Index	797	

PRENATAL CARE

FOREWORD

IN THE YEAR 1963 the birth of a baby is still a monumental physiologic event.

Maternal hazards in childbirth have decreased drastically, with the short period of the last 30 years seeing maternal mortality in the United States reduced by nearly 95 per cent. There has likewise been a tremendous decline in irreparable trauma and disease associated with human reproduction. But although the finality of death is easy to record, it is not as simple to evaluate the frequency and extent of maternal damage, which may shorten life or reduce the pleasures of living.

Not as spectacular has been our progress in diminishing perinatal wastage; this has changed little in the recent past. Enlightened prenatal care favors the normal growth and development of the baby when the mother is healthy and has normal reproductive organs, and it seeks out maternal deficiencies, correcting those that are amenable to therapy, while safeguarding mother and baby from those that cannot be removed. Faulty maternal environment may have its origins long before conception, in congenital defects, or in disease acquired before or after marriage.

Though basic requirements of mothers-to-be remain constant, and though we are alert for pregnancy complications, new patterns of prenatal care constantly evolve with new knowledge and the changing needs of patients. For instance, greater emphasis is now given to the patients' emotional wants. For the birth of the baby is a colossal psychology as well as physiologic event in its parents' lives. Modern obstetrics adjusts to this realization.

In no medical specialty is the concept of prevention more vital than in the treatment of the pregnant patient. In fact, prenatal counselling should begin long before pregnancy. Facts concerning the formation and function of the reproductive organs should be included in the education of every adolescent. Sex has been a taboo word long enough. The ignorance of youth coupled with youth's innate curiosity cause many of today's medical and sociologic problems.

Specific training for potential parents should start early in the wife's pregnancy, and should contain facts sufficient to emphasize that giving birth is a normal female function and a special female privilege. In this regard, preparation-for-labor classes help enormously. It is also wise for the patient to obtain one of the current prenatal booklets, which

will answer many of the questions that arise daily during pregnancy. Although these booklets may take some of the load from the shoulders of the busy doctor, it is this same doctor who assumes the role of physician, friend, and confidant, and is the person to whom the mother-to-be turns for information, guidance, and emotional support.

The goals of modern maternity care can be briefly summarized as follows:

1. Maintaining optimal physical fitness so that the mother may provide for her own increasing needs as well as for the normal growth and development of her baby.
2. Safeguarding the mother from the complications of pregnancy.
3. Fostering emotional well-being to promote the patient's health and that of her child.
4. Preparation for a safe, interesting, and rewarding delivery.

The contributions of the distinguished authors who have been selected to participate in our symposium should help the physician meet these goals. The editor wishes to thank them for their enthusiastic cooperation and help in presenting this seminar.

M. EDWARD DAVIS, M.D.

THE PREMARITAL EXAMINATION

DANIEL G. MORTON, M.D.

From the Department of Obstetrics and Gynecology, University of California at Los Angeles School of Medicine, The Medical Center, Los Angeles, California.

THE PREMARITAL EXAMINATION has not been given as wide recognition as the prenatal examination, and consequently is not widely practiced today. Indeed, the premarital examination has not even been clearly defined. Often it has consisted of nothing more than taking a blood specimen for a required serologic test for syphilis, plus contraceptive advice, or these two matters in addition to necessary attention to an intact hymen. But ideally, the premarital examination should encompass much more than this.

Its several objectives might be stated as below.

1. To discover, and correct if possible, physical conditions which might have a deleterious effect upon the marriage, and/or childbearing.
2. To provide pertinent information for the prospective bride and groom regarding the anatomy and physiology of the reproductive organs and of other matters of sexology when such information is lacking.
3. To provide information on the achievement and control of conception.
4. A further objective might be provision of counsel regarding ancillary matters: consanguinity, marked disparity in ages, difference in races, difference in religions, living with the in-laws, and such problems.

It is perfectly possible to achieve the first three of these objectives with relatively little disruption of the present examination routine. The fourth objective would require more time than either the average couple or the average physician is prepared to give today. In addition, the idea of the physician's including such counsel as part of his premarital examination does not yet have wide acceptance; it would have to be "sold" to the public before it could be generally applied.

Actually, most young men and women contemplating marriage today are healthy enough, and most are well enough informed, to escape the calamities which might befall them if they were truly deficient physically, or if they were completely uninformed about sexual matters. Certainly

many of our young people have had some sort of physical examination in connection with high school, college, or other programs, long before the question of marriage arises; and they therefore have some knowledge of their physical deficiencies, if such exist. This probably explains why a complete premarital examination in the sense outlined above has not been considered as essential, or even desirable, as yet. Possibly physicians have contributed to this unsatisfactory state of affairs by not grasping the opportunities which presented themselves when couples approaching marriage consulted them for contraceptive advice only, or for surgical incision of the hymen and nothing more. They may not have appreciated the possible value of a more complete course in premarital preparation. There can be little doubt that premarital examination of both prospective husband and wife is of great value in helping the couple to avoid many of the developments which lead to marital discord and, sometimes, to divorce.

The present writer believes that it is quite clear that ignorance and immaturity in sexual matters are responsible for a very sizable share of marital discord. It is the opportunity to inform, interpret, and correct—and this at a most propitious time—that makes the premarital examination so potentially valuable. Such a brief contact cannot, of course, accomplish miracles; it cannot always undo an established habit of mind or controvert an erroneous idea; it cannot change natures; it cannot impart enough information to entirely obviate the problems which develop in the course of a marriage. It can, however, remove many fears, accurately portray what is to be expected sexually, and assist in suggesting the right approaches. It is the author's presumption in this short essay to outline a program which is practicable within the time of one, two, or three office visits, and which is as consistent with the four objectives set forth above as possible. Moreover, requirements may vary greatly, according to the individual instance, and there need be no rigidity even as to the exact content of such an examination, nor the exact number of visits required.

BASIC ELEMENTS OF THE EXAMINATION

Premarital examinations, however, should involve both the prospective husband and wife, and the following elements should be included:

1. A review of physical resources with special emphasis upon conditions which might affect marriage and/or childbearing.
2. A review of the couple's knowledge of the basic anatomy and physiology of the reproductive organs.