

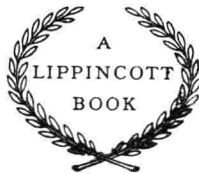
OPERATIVE GYNECOLOGY

RICHARD W. TE LINDE

*Professor Emeritus of Gynecology, and
Emeritus Gynecologist-in-Chief
Johns Hopkins Hospital*

THIRD EDITION

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THIRD EDITION

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Preface to the Third Edition

Eight years have passed since the publication of the second edition of *Operative Gynecology*, and sufficient progress has been made in this branch of our specialty to justify an up-to-date edition. Although the author has had a special interest in operative work, he recognizes the importance of the other branches of gynecology. There has been in recent years a tendency on the part of some obstetrician-gynecologists to play down the operative side of the specialty. This is regrettable, for technical excellence at the operating table may occasionally result in saving the woman's life. Therefore, it is the duty of all who practice pelvic surgery to perfect themselves technically to the greatest possible degree.

Nevertheless, this book has never pretended to be simply one of surgical technic. As one becomes older and looks back at his experiences, surgical philosophy becomes increasingly important. What does it profit a woman if the operation is technically perfect and the procedure unnecessary or even harmful? Unnecessary pelvic operations are still done by the thousands and, therefore, with successive editions of the book a bit more of philosophy has been injected into the text. At least one reason for unnecessary pelvic surgery is a lack of knowledge of gynecologic pathology. This remains the bed rock upon which good surgery is done. Therefore, a considerable amount of pathology is included in this text.

Two new chapters have been added in this third edition. A short chapter has been written on carcinoma of the fallopian tube. This rare and usually fatal disease has been offered a new chance at early detection through cytology and thus becomes of greater importance. A chapter has also been added on cervical incompetence. At the time of writing the second edition the operations for this condition were considered by the author as too experimental to justify their inclusion in a text. However, sufficient data on end-results have now been accumulated to justify the inclusion of the subject in this work.

Extensive revisions have been made in several chapters, and a few have been left unchanged. The chapters on pre- and postoperative care have been thoroughly revised with the assistance of the author's two residents, Dr. Beaury Burns and Dr. Tiffany Williams. In a hospital staffed with competent residents it is they who listen to and alleviate most frequently the patient's postoperative complaints. Their assistance is greatly appreciated.

The chapter on anesthesia has been completely rewritten by Dr. Peter Safar, an expert in this field. In the first two editions the chapter on anesthesia was written purely from the surgeon's point of view by the author, who has had very little practical experience in the actual giving of anesthetics. In recent years anesthesia has made great progress and contributed much to lessening of postoperative discomfort and complications. It has also become more complex and, therefore, it seemed desirable to have the chapter on this subject completely rewritten by an anesthesiologist.

The chapter on surgical conditions of the vulva, the vagina and the urethra has been divided into three separate chapters due to broadening of our knowledge of these subjects and a corresponding increase in the volume of material. Better understanding of the various types of vulval lesions has made it possible to individualize our therapy to a greater degree. The author is indebted to Dr. J. Donald Woodruff from our pathologic laboratory for his help on this chapter.

The author has personally had a greater experience with unusual cases of urinary incontinence, and in the chapter dealing with this subject he has attempted to share some of this experience with the reader.

When the first edition of this book was written our knowledge of carcinoma-in-situ was meager. In the 15 years since then we have had an extensive experience with this important condition, and we hope that our experience is reflected in the chapter on this condition.

Except for a few details in irradiation technic there has been little change in our planned therapy of invasive cervical cancer. We have devoted more space to the radical surgical technic, especially in reference to diversion of the urinary stream. The author still believes that the occasions for ultraradical surgery for cervical cancer are few, but it occasionally may be lifesaving, and the finished pelvic surgeon should be familiar with the technics. The section on cervical cancer therapy has been reviewed by Dr. C. Bernard Brack and Dr. George J. Richards who are in charge of our pelvic malignancy clinic, and the views expressed are in agreement with the practices in our clinic. We have taken a look into possible future changes in therapy based upon radiation therapy sensitivity tests currently being explored by Dr. Howard

Jones and Dr. Hugh Davis of our department.

The chapter on ovarian tumors has been expanded in accordance with a better knowledge of ovarian pathology.

Dr. Georgianna Seegar Jones has reviewed the chapter on functional bleeding and made suggestions on present-day hormonal therapy. Dr. Eleanor Delfs has done the same for the section on habitual abortions.

All of the additions and changes are too numerous to enumerate. Many new illustrations have been added, chiefly drawn by Mr. Leon Schlossberg, and the new photomicrographs are by Mr. Chester Reather. To these artists and to my secretaries who have typed the manuscript the author is very grateful. Finally, the J. B. Lippincott Company has continued to be most co-operative.

Preface to the First Edition

Gynecology has become a many-sided specialty. No longer is it simply a branch of general surgery. In order to practice this specialty in its broad sense, the gynecologist must be trained in a comprehensive field. He must be a surgeon, expert in his special field; he must be trained in the fundamentals of obstetrics; he must have the technical skill to investigate female urologic conditions; he must have an understanding of endocrinology as it applies to gynecology; he should be well grounded in gynecologic pathology; finally, he must be able to recognize and deal successfully with minor psychiatric problems which arise so commonly among gynecologic patients. With this concept of the specialty in mind this book has been written. It then becomes apparent, when one seeks training in gynecology beyond the simplest fundamentals such as are taught to undergraduates, that special works are necessary for training those who intend to practice it.

More and more this modern conception of gynecology is becoming apparent in the newer works that are appearing in the subject. Within the past decade books on gynecologic endocrinology, medical gynecology, as well as general textbooks on gynecology, have made their appearance. These volumes have been eagerly received, but there seemed to be a void in the books available for training young men in the field of gynecologic surgery. The author has attempted to fill this void with the present volume.

In the early days of the development of gynecology, progress in surgery was rapid and brilliant. Much of this has been recorded in Kelly's "Operative Gynecology." Since these pioneer days, progress has been slow, but there has been advance in surgical technique, in the development of new operations, in the improvement in anesthesia, and in the pre- and the postoperative care of patients. Within the surgical lifetime of the author, which extends for a quarter of a century, operative mortality and morbidity have been greatly reduced as a result of improvements in these fields. Brilliant discoveries have been

few, but the sum total of the minor advances add up to surprising progress.

The present volume attempts to bring the subject of operative gynecology up to date and to make recent information on that subject available in a single volume. The views expressed are those of the author and, in general, those which are put into practice on the gynecologic house service at the Johns Hopkins Hospital. On a service where many attending gynecologists work, differences of opinion are inevitable, and the author's views in this book are not held uniformly by all the attending gynecologists. Indeed, the differences in point of view expressed by the visiting staff are of value to the members of the house staff, causing them to realize early in their careers that all is not forever settled in medicine.

The author is a firm believer in the system of long hospital residencies for training young men in the various surgical specialties when their minds are quick to grasp ideas and their fingers are nimble. This volume has been written particularly for this group of men. Unfortunately, there is a paucity of good gynecologic residencies in the United States in the sense that the author has in mind. Many positions bear the name of residency but fail to give the resident sufficient operative work to justify the name. Another excellent method of development of the young gynecologist is an active assistantship to a well-trained, mature gynecologist. If the assistant is permitted to stand at the operating table opposite his chief, day after day, eventually he will acquire skill and judgment which he himself will be able to utilize as an operator. When such a preceptor system is practiced, it is important that the assistant be given some surgery of his own to do while he is still young. If a man is forced to think of himself only as a perennial assistant, this frame of mind will kill his ability to accept responsibility of his own. However, many must learn their operative gynecology under less favorable circumstances than those of the fortunate resident or assistant. This vol-

ume should be of value to those who, by self-instruction, must acquire a certain degree of operative skill. Finally, it must be admitted that more gynecology is practiced today by general surgeons in this country than by gynecologists. Although this is not ideal, circumstances make it necessary, and much of this gynecologic surgery is well done. It is hoped that many general surgeons will use this volume as a reference book.

In connection with general surgery, it is only fair to say that much has come to gynecology by way of general surgeons of the old school, who practiced general surgery in the broadest sense. Now that gynecology and/or obstetrics has become a specialty unto itself, it is well in our training of men not to swing too far from general abdominal surgery. In spite of the most careful preoperative investigation, mistakes in diagnosis will be made, and at times the gynecologist will be called upon to take care of general surgical conditions in the region of the lower abdomen and the rectum. With this in mind, the author has included in this volume a consideration of a few of the commoner general surgical conditions occasionally encountered incidentally with gynecology or by mistaken diagnosis.

Operative Gynecology is written with the primary purpose of describing the technic of the usual and some of the rarer operative procedures. It also includes indications for and against operations as well as pre- and postoperative care of patients. Although gynecology is divided into several fields, these fields interlock so that it has been found impossible to compose a volume on gynecologic surgery to the exclusion of the other divisions of the specialty. Gynecologic pathology, for instance, is the bedrock upon which good gynecologic surgery is practiced. Without an understanding of it, surgery becomes merely a mechanical job, and errors in surgical judgment are inevitable. Hence, it has become necessary to include in this volume a minimum of gross and microscopic pathology, as it applies directly to the surgical subject under consideration. Also, some consideration is given to psychology and psychiatry in relation to gynecologic surgery. The author believes that getting the young woman on whom a hysterectomy must be done into the proper

Baltimore, Maryland, 1946.

frame of mind to accept it is as important as possessing the technical skill to perform the operation.

The nature of this book has made it essential that it be well illustrated. With few exceptions, the illustrations were sketched at the operating table. The principal illustrator is James Didusch. Without the use of his talents the book could not have been produced. In addition, other excellent medical illustrators have contributed to the volume. These are the late Max Brödel, P. D. Malone, Mrs. Elinor Widmont Bodian, Miss Ranice Birch, William Didusch and Mrs. Grace Elam. The author is grateful to all of them, and the illustrations themselves speak for the quality of their work.

The author is grateful to Dr. Houston S. Everett, who has read the manuscript and made many valuable suggestions. This volume was written during the period of World War II, when the added burden of work caused by a reduced staff would have made the writing of the book impossible except for the co-operation of the resident staff. The resident gynecologists during that period, Dr. Donald Woodruff, Dr. Edward H. Richardson, Jr., Dr. Roger B. Scott, Dr. Gerald A. Galvin, Dr. Constantino Manahan and Dr. David Cheek, have performed several of the operations portrayed and have been helpful in criticizing the sketches. Dr. Charles B. Brack and Dr. George Farber prepared the sections relating to irradiation.

Mrs. Christine Nisbet has read the manuscript and given innumerable valuable suggestions in respect to literary style.

Much of the typing was done by Mrs. Gerald Hopkins, one of the many volunteers during the war period who have made it possible to keep the hospital open. I am grateful to my secretaries, Miss Margaret A. King, Miss Elizabeth Wood, Miss Grace F. Koppelman and Miss Bertha M. Scroggs, for their assistance in typing and looking up references. Dr. Lois Fess has also been helpful in searching the literature.

Finally, E. W. Bacon at the J. B. Lippincott Company has contributed generously from his store of practical knowledge acquired by a lifetime of experience in publishing medical works.

RICHARD W. TE LINDE

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