

**MY IMPRESSIONS OF THE GYNECOLOGY OF AMERICA,
ENGLAND, GERMANY AND FRANCE.¹**

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During my wanderings of the past few months I was impressed that even in gynecology one can see national characteristics—a thought that never occurred to me before. My observations previously had given me the idea that differences of opinion among gynecologists depended upon individual characteristics and experiences, but, after eliminating this element, there certainly remains much of the national characteristics of men to account for the different theories and practices which prevail.

In New York I found fierce competition between the workers in different schools, and the mad rush of individuals to come to the front, which so characterizes Americans—the effort of surgeon, electrician and medicator, of radical, rationalist, and conservative, to establish his methods as the best and the only methods worthy of use.

In London I found conservatism more conservative, and old-time and routine methods more persistent. There I heard a well-known obstetrician (London has many obstetricians, but few gynecologists)

1. Read before the Detroit Gynecological Society, April 6, 1892.

advocate that lacerated cervixes should be treated, not by Emmet's operation, but by cautery, and saw him carry this antediluvian theory into practice, I saw some good surgery, and some surgery done by "obstetricians" instead of surgeons. And right here I would remark that I have seen many excellent gynecologists who were not, and never could be, good surgeons, but only a few good surgeon-gynecologists. London is behind New York—behind Detroit—in antiseptic gynecological surgery. In some places I saw important laparotomies performed by surgeons and assistants, who removed their coats and rolled up their sleeves, but donned no aprons. In other places aprons were used, but they were small and sleeveless. Very few of the operating rooms were as thoroughly aseptic as even that of Harper Hospital, and I saw none in Europe so perfect in this respect as is that of the Woman's Hospital in New York. But some excellent surgery is done in London gynecology, especially at the Samaritan, Free and Middlesex Hospitals. And electricity holds a fair place, thanks to the good words of Playfair and Wells, and the fostering care of the Keiths, Inglis Parsons, and others.

The gynecology of Berlin is gynecological surgery. I saw almost nothing else there. If there is no possible excuse for a laparotomy, a vaginal hysterectomy, a colporrhaphy, trachelorrhaphy, perineorrhaphy, or a Hegar's combination of orraphies, certainly the womb must be thoroughly scraped with a sharp curette, regardless of a perimetritis or salpingitis. Electricity has almost no advocates. Martin thinks he has given it a fair trial, and found it wanting. So a foster-mother may *think* that she loves and cares as tenderly for a foster-child as for her own. It is certain that if every gynecologist were as great a surgeon as Martin there would be less argument for electrical conservatism.

What I have said for Berlin and Martin may be reversed for Paris and Apostoli, so far as I was able to observe. If every gynecologist were as competent and earnest an electrician as Apostoli, fewer cases would require surgery. Nearly every gynecologist mentioned in the Paris medical directory advertises that he treats by electricity.

It was only in Berlin that I met no encouragement to persevere with electrical treatment. In New York it was my privilege to hear the Obstetrical Society discuss a paper on the use of electricity in dysmenorrhœa, in which I found the weight of the argument on the side of electricity. In the Post-Graduate School, Drs. Hanks, Dudley, Waldo, Nilsen, and others, advocate its use warmly. The same is true of Mundé and others in the Polyclinic. Dr. McGinnis has been appointed electrician to the Woman's Hospital, and treats many cases there. In the summer he has charge of Apostoli's clinic, he tells me. Goelet is studying the subject very carefully in all its phases, and bringing forth new and valuable apparatus. Morton and Rockwell are earnest advocates for and workers with it.

I was again fortunate in London in being present at two discussions on electrical treatment. One was before the London Obstetrical

Society, introduced by a paper from Dr. Inglis Parsons. One or two surgeons attempted to discredit the results which were claimed, by reflections upon the diagnosis, but they were strongly rebuked for this form of argument by Drs. Routh, Skene, Keith, and especially by Playfair, all of whom said much to encourage further investigation in this direction. The other paper was on the treatment of enlarged prostate by Bertini's instrument, read by Bruce Clark, before the London Medical Society. The discussion was of about the same tone as the one before mentioned. Martin and Mackenrodt published a paper entitled "*Was leistet die Elektrotherapie der Myome?*" in January, giving a summary of the work performed by themselves, by the Keiths, and by Schäffer. They abandon it because it takes much time, causes suffering, and sometimes endangers the patient's life. They have concluded to operate as soon as the tumor causes important symptoms. "*Treten evusti storungen auf, so bringen wir die Kranken zur operation.*"

Apostoli's clinic is daily overcrowded by both patients and physicians, which evidences the fact that his results are satisfactory to those most interested. For this method of treatment it often requires much confidence and forbearance on the part of the patient, and patience on the physician's part. Apostoli's method of administering the treatment, especially, taxes the good nature of his patients. He requires each one to make preparation by removing every article of clothing, except a loose wrapper, and places her on a high table, with the wrapper drawn over the breast, so as to expose her from the ribs down. She there receives an antiseptic vaginal douche, and his large, cold, clay electrode is then clapped suddenly on the sensitive abdomen. All this must be exceedingly trying to a patient, being performed in the presence of ten to fifteen strange physicians from all parts of the world. It is difficult enough for American patients to submit to the slight incidental pain, in a private office, and no exposure of person.

Nowhere have I observed a more careful diagnostician than Apostoli. He carefully outlines every fibroid, taking every possible measurement to ascertain its size and relations, and differentiates, as carefully between the various pelvic disorders as the most skillful surgeons, at least so far as his knowledge and experience allow. I suppose it is impossible that he should have so clear a mental picture of the parts as Price, Tait or Martin, and yet I believe that the advantage is on his side, so far as frequent and long-continued vaginal contact of the examining finger is concerned. The nature of the treatment determines this, and the various and varying relations of the parts become more familiar to him than to the surgeon, per vaginam. Another aid to accuracy in diagnosis of fibroids is his custom of taking a cast of the abdomen and pelvis in case of unusual shape or size. He has a long shelf full of such casts. Very careful records are kept of every examination and every treatment. No one can observe him at his work with-

out feeling that he is an honest and earnest, as well as enthusiastic, worker. He lacks the bombast and hauteur by which so many impress the world that they are great, but to a discerning mind he is truly a great man.

Martin is the most ideal surgeon I have seen. His hand is so educated to obey his brain that every stroke is made with the utmost exactness, and for a purpose that seems to be as definite in his mind before as after it is made. All his methods are thoroughly aseptic, especially in laparotomy, for which he has a distinct operating room, and one or two days of each week set apart. In the hall before the door is a sterilizing atomizer, and the door must only be opened in case of necessity—never, by any means, during an operation. His class must use aseptic precautions, and must keep at a respectful distance from the patient. But I did not see him flush an abdomen or use a drainage tube. In two or three instances an enormous ovarian abscess or pus tube burst into the cavity without in the least disconcerting him. He sponged the cavity and sewed the wound tight. The patients recovered with but little rise of temperature. The same thing happened on one occasion in Gusserow's clinic, and the poor man was nearly wild. Gallon after gallon of water was used to flush the cavity.

In one case Martin operated for ectopic pregnancy, two or three days after rupture, the patient greatly exsanguinated. He removed a large mass of dark blood-clots, sponged the cavity, and closed the wound completely. The patient died, of anæmia, he said. This was the one fatal case of some twenty laparotomies and nearly fifty vaginal hysterectomies, plastic operations and sharp curettings.

I found the sharp curette used almost everywhere, to my surprise. I was quite converted to its use for cases of endometritis, where electricity is impracticable. Martin does Hegar's operation for prolapse a great deal, and he succeeds in making the worst cases assume a very normal appearance, except for the catgut, as soon as the operation is complete.

Catgut is the suture for almost everything, not only with Martin, but with Olshausen and Gusserow. In fact, all the other gynecologists seem to be following in Martin's tracks. Leopold has the most perfect antiseptic conditions that I saw in Europe, but he, as well as Olshausen and Gusserow, impressed me as being great gynecologists rather than great surgeons. All lack that perfect confidence in the result of each stroke that is made, which so characterizes Martin.

But after all is said, Americans need no longer go abroad to study gynecology. In many things Europeans may already learn of us. That same indefatigable industry and ambition which has placed our country in the lead in the modern conveniences of life, in the comforts of travel, in the comforts of home, in modern architecture, and in so many other things, is rapidly placing us in the forefront in our work.

Nowhere is there a better equipped hospital than the Woman's Hospital of New York. . . Nowhere in Europe are there better advantages for post-graduate medical students than in the Post-Graduate School and Polyclinic of New York. Nowhere is there so perfect a Medical Society building as that of the New York Academy of Medicine.