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SOME REMEDIABLE FORMS OF STERILITY.

By Gideon C. Segur, M.D., Hartford.

Without any attempt to review, abstract or epitomize what has been written upon this subject, I will endeavor to present for your discussion a few points that have occurred to me from my own experience. The propagation of the species is probably the strongest of all instincts. Anything which interferes with the consummation of that purpose is not only abnormal, unfortunate and pitiable, resulting in the prevention of natural desires, propensities, and ambitions, but also presents a barrier to the fulfilment of our Creator's first command, "Be fruitful and multiply." There is no greater service that the physician can render to his fellow and his God than in correcting these abnormal conditions which prevent the multiplication of our kind.

Our time will not permit us to consider all the various types of sterility which present themselves for our advice and treatment, but only to pass in brief review a few of those forms which, being more readily or surely relieved, seem to return us the greater rewards for our labors. Success is reassuring; and consequently that work which is the most successful and fruitful in tangible results, is the most interesting, although it may not be the most scientific or skilful.

Causes.

Of the many causes of sterility which might properly be termed remediable, we will at this time take into consideration a few of those which are the most common.

Some of these are slight and seemingly out of all proportion to the effect produced, and yet their removal easily and readily accomplished is followed by a cure of the condition; as in an imperforate hymen or one in which the carunculæ myrtiformes or so

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exquisitely sensitive as to prohibit coition; where under local (cocaine) anesthesia, complete dilation by means of graduated sizes of specula, incision first being employed if necessary, will effect a cure.

The entrance to the vagina being pervious and not over-sensitive affords an opportunity to examine the cervix, when a condition similar to the following may be found:

Case 32.—Mrs. N., æt. 32; married two years; upon careful inquiry could elicit no evidences of anything abnormal except a slight dyspepsia. Her menstrual life began at fourteen, recurred regularly, was not very large in amount, continuing three or four days with but slight disturbances. Has some leucorrhea occasionally. A vaginal examination demonstrates a slightly enlarged cervix, a rather open os containing increased secretions. This slight catarrhal condition of the canal was sufficient to prevent conception. Hot vaginal douches, containing borax, and a regulation of coition were sufficient without further treatment to cure the catarrh and there was then no impediment to conception and her sterility was cured.

A similar condition often occurs where a catarrhal endocervicitis follows miscarriage or parturition as in

Case 126.—Mrs. S., æt. 30; married four and one-half years (March 12, '93); complained of sterility; unable to carry child to term or till viable; has had two miscarriages. The last at about seven months (which lived eight hours) occurred three months ago. While carrying she menstruated regularly. Menstrual life began at fourteen, recurs regularly every four weeks in considerable amount, lasting for four or five days and is not attended with much pain. She has considerable pelvic pain, too free menses and leucorrhea. Examination showed a hypertrophied and congested posterior lip of the cervix, endocervicitis and retroversion. In this case little attention had been given to the hygiene of the sexual organs. Simple treatment to relieve uterine engorgement (hot douches) with tampons to affort rest and recuperation to the uterine supports and advice concerning times and frequency of copulation and also directions respecting lifting, straining, reaching, etc., when next pregnant, were sufficient to effect a cure. In this case there was a hypertrophied and congested lip of the cervix corresponding to a retroversion which was undoubtedly the first cause of both the cervical conditions as is usually the case where any version or flexion, especially the latter, exists either at the neck or in the body of the womb.

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A lacerated cervix will sometimes appear to be the only cause for relative sterility and this condition being corrected, especially if at the time of operation the endometrium is carefully treated by curettment, and appropriate applications of carbolic acid, iodine, perchloride of iron or some other agent, the patient will be restored In these cases, however, it is probably due more to the catarrhal condition resultant than from the impairment of the integrity of the parts that sterility exists; since we find cases of severe laceration in which there does not seem to be enough of a cervix to retain the products of conception within the uterus that will, after all, repeatedly perform that office adequately and to our great surprise. This brings us to a consideration of these catarrhal conditions of the cervix, body and tubes which lie at the bottom of so many of these unfortunate cases, and many of which do not properly lie within the limits of this discussion because irremediable. Those which are due to anemia or other depraved general conditions may by general hygienic and constitutional means be remedied. Some by topical treatment and sexual rest can be brought to a normal condition and be persuaded to accept the functions which devolve upon them, but others disappoint our prolonged, patient endeavor and refuse to be coaxed, cajoled, led, or driven to perform their share in the process of fecundity.

Erosions of the os may be the cause of a catarrhal endocervicitis which will disappear when the erosions are cured. Fungoid growths not only by themselves, but through their presence causing endometritis may require thorough and radical removal.

Flections of the uterus are a very common cause of sterility; such malposition being a direct cause of diseased conditions which follow the congested state sure to attend upon them; treatment in these cases being especially directed to the reduction of the attendant inflammation, correcting the deformity and thus preventing the congestion which accompanies menstruation and keeping the parturient canal pervious to allow the entrance of the fecundating element. This class of cases is well illustrated by

Case 30, Retroflexion.—Mrs. P., æt. 26, married two years; first seen November 12, 1888, when she complained of frontal headache coming on irregularly and lasting a variable time, always following any extra exertion; suprapubic pain at periods from earliest remembrance, and often accompanied by faintness. Catamenia began at 13; always recurs every four weeks; the amount is considerable, continuing for four or five days and attended with much pain, the

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amount of pain corresponding to the time of flowing; never pregnant. Defecation very irregular, requires laxatives most of the time.

Examination shows the uterus somewhat low and enlarged, less mobile than normal, consistency increased, retroverted and retroflexed, the os open and posterior lip eroded.

I treated the erosions and relieved the congestion and inflammation of the uterus by local applications of iodine, boro-glyceride, tampons, hot vaginal douches and attention to the bowels. When the uterus became more mobile, massage, tamponment, and pessaries were used to replace and keep the uterus in position; faradization was employed to improve the tone (vaginal bipolar, vagino and utero-abdominal and bipolar inter-uterine), with satisfactory results. At first the patient was seen every two or three days, later every week, until in September, 1889, nine months after the beginning of her treatment, she had the most comfortable menses in her recollection. The general plan of treatment was continued, a pessary (Emmet's) being worn most of the time until in the summer of 1890 she became pregnant, and in due time was delivered of a strong, healthy boy.

Here was a case of congenital malposition aggravated in symptoms by the exceedingly sensitive nervous organization. Such cases rarely improve if left to themselves, but offer fair hopes of cure under careful, painstaking, persistent, mild measures of treatment.

These cases are scarcely ever simple, but complicated with other lesions, closely or remotely associated. In the following case the attending ovaritis was probably caused by the retroflexion, but added its distinct elements in symptoms which were very annoying as well as painful.

Case 44, Ovaritis and Retroflexion.—Mrs. S., æt. 22; married four months, complains of sacral pains with frontal and occipital headache. Menses began at 19; two years previously had been in poor health and subject to daily attacks of nose-bleed; it recurs every month regularly; is considerable and increasing in amount; for five days usually but recently rather less, about three days, and attended with considerable pain.

Upon examination the left ovary was found to be excruciatingly sensitive; the mobility of the uterus was impaired, sensitiveness and size increased; there was a marked retroflexion and a tense inflamed condition of the cervix, the congested blood-vessels standing out in bold relief. A general tonic treatment with local applications of

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iodine, boro-glyceride, tampons and antiseptic (carbolic) douches and suppositories of belladonna and iodoform relieved the ovaritis and congestion of the cervix, resulting in allowing a more natural condition, a comfortable catamenial period and allowed copulation, which before could not be borne on account of pain, and in due time, after a normal pregnancy, she was delivered of a twelve-pound boy. In this case sterility was induced by the hypersensitiveness of the generative organs and the profound disturbance of the entire nervous system, which in turn were undoubtedly due to the retroflexion.

Where displacement has continued for a long time and repeated congestion has influenced an inflammation extending to the peri-uterine structures, we have a more complex condition to deal with, and one requiring the utmost patience, perseverance, and concord upon the part of patient and physician, a good illustration of which is found in

Case 249, Retroflexion and Cellulitis.—Mrs. D—, æt. 26; married six months; November 29, 1895, complained of irregular menses (thirty to forty-two days), averaging five weeks lately, and attended with nausea and retching, during the first day. Is a tall brunette, of fair general appearance, bright, quick and alert, nervous when tired and inclined to be morbid. Has strong maternal instincts.

Menses began at fourteen, recur every four and one-half to six weeks, in considerable amount, somewhat clotted and continuing usually seven days. No bad pains but feeling of discomfort during entire period. Has some leucorrhea. Is constipated, having defecation every two or three days. When twelve years old had a severe fall upon her back. Was a regular "tom-boy."

Examination found Douglas's cul-de-sac almost filled with exudate, including uterus and both broad ligaments, it being impossible to differentiate the parts bimanually, but by means of a sound the uterus was found to be retroflexed and displaced to the right, the cervix looking backward also, making a quite acute flexion.

Treatment was directed towards the absorption of the inflammatory products and adhesions by means of massage, iodine, ichthyol, boro-glyceride, iatrol; by posture, and tampon, and douches. The hardness was gradually reduced when massage could be used to greater advantage, and with the practice of the genu-pectoral position greatly assisted in rectifying the position and shape, which were retained by means of proper tamponment. Great care had to be ex-

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ercised, since there was a manifest tendency to inflammatory action upon the least provocation. Graduated steel dilators were used to assist in overcoming flexure in the canal and to increase the size of the os cervicis. Careful attention was given to the general condition and directions for regular baths, exercise, and the performance of the bodily functions were intelligently followed by the patient, together with appropriate medication at different periods as seemed to be indicated. This course was continued for a year and a half (with steady though slow improvement) when our labors were rewarded by conception, and she is now a happy mother.

The cause of the conditions which existed in this case were undoubtedly due to the fall upon her back when twelve years of age, which produced the backward displacement of the uterus and provoked an inflammation which so seriously involved her chances of fertility. I entered upon the treatment of this case with much trepidation and a rather unfavorable prognosis that with mutually persistent and faithful endeavor, the conditions might be overcome. Her strong desire to become a mother was of the greatest aid in the conduct of her case.

A similar condition in an earlier stage of development showing the marked advantage by early attention in the time required to overcome them is found in

Case 166, Peri-Uterine Cellulitis.—Mrs. F—, æt. 22; married five months; was first seen October 15, 1893, and complained of painful coitus; pains in pelvis, with general weakness, being unable to lift anything; inability to retain semen. Catamenia once at thirteen years, then not at all for two and one-half years; then every five or six months till married, but every four weeks since; amount small, continuing for two day. Has some leucorrhea, yellow, thick. Examination shows diminished mobility, increased sensitiveness, the uterus being about normal in size, but closely attached to the right side of the pelvis. The cervix appears in speculum from the right side; the os is small and contracted, and the canal has a sharp flexure in which position it is held by adhesions.

Treatment in this case was begun with boric-acid insufflation, glycerine, belladonna and iodoform tampons, and boric-acid douches. This was followed by applications of Churchill's tincture of iodine to vault every three or four days with the same tampons and $HgCl_2$ douches, using a suppository of aristol (gr. iij) each night.

Massage as soon as the sensitiveness was relieved resulted in overcoming the adhesions and bringing the uterus into a more nor-

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mal position. Graduated steel dilators were then used to dilate the os and straighten the canal. The following month menstruation was more natural, and was the last she had till after her child was born the following summer.

Syphilis.

In so incomplete a paper even as this, one would hardly be justified in omitting to mention *syphilis as á cause of sterility.*

This disease so malignant, and yet so often maligned and used as a cloak to cover inability to correctly diagnose obscure conditions, must be held accountable for a considerable number of cases, and the diagnosis must sometimes at least be arrived at by exclusion. Syphilis differs from those conditions which we have already considered, in that while they are local and largely mechanical, it is general and specific. Its treatment also is medicinal and systemic, and our prognosis may be considered favorable as regards sterility, even in cases of apparently serious import. Of these cases, a large number readily conceive, but seem to be unable to retain the products of conception to the period of viability as in

Case 242, Syphilis.—Mrs. F—, æt. 21; married three years, September 13, 1895; complains of being unable to "carry" to viability; has had three miscarriages, first at six month, second at six months and three weeks, there being no life during last three weeks; third, eight months, no life felt during last week. Has pain in right ileo-inguinal region.

Menses began at twelve, recur every four weeks, about right in quantity, and continue seven or eight days, and are not attended with pain. Feels well and looks strong, is of full habit and is easily excited. Examination reveals no abnormal condition. Her mother has had three miscarriages and fourteen labors; some children died in first week, six now living; youngest has cleft palate.

This history, with the tell-tale Hutchinson's teeth, suggested syphilis as the cause of her trouble. She was placed under continued specific treatment, was advised respecting hygiene, etc., and October 16, 1896, was delivered of a large, strong, healthy-appearing boy.

It is more difficult sometimes to treat successfully these cases and secure the continued cooperation of the patient, because they need not report so frequently and are "only taking medicine." The best way, it seems to me, is to emphasize the importance of the

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treatment to the patient so that she shall thoroughly understand the full significance of any deviation from the prescribed course of procedure, and dispense the remedies yourself, giving only sufficient to last for a stated time, and requiring a return at that time for further directions. In this way, and by varying the form in which the remedy is used, our chances of success are more favorable.

I will not at this time attempt to take up any of the other forms, but in closing remark that, as sterility is a condition rather than a specific disease, and is dependent upon so many different conditions or the proper fulfilment of so many functions, its study embraces all the disorders of these varions functions and conditions, and its treatment consists in ascertaining which functions are at fault, in what way they are so, and then correcting those faults and restoring them to their normal conditions. This, as has already been said, may sometimes be easily found and simply remedied, while again the cause may elude the most painstaking care and study, and all efforts to cure be unavailing. There is therefore in its study, an opportunity to concentrate the highest exercise of diagnostic ability, both in a general way respecting the constitutional causes, and also in the more limited field of special application of gynæcological knowledge and experience. In fact, as any and every deviation from the normal condition of the sexual organism in women, and to be sure, in man as well, may determine sterility, its study should include the whole art of gynæcology and also of the diseases peculiar to men. Under such a broad claim, we would soon find ourselves embracing the entire field of the practice of medicine. But I do not propose to ask you to cover this field with me, but rather to stimulate your endeavor in determining the cause for the small number of children in the families under your care, and to provoke your consideration of the means to be used to correct these causes. For various reasons we find a husband and wife living together a long married life without issue. It matters not whether they are desirous or not of offspring; such a condition strikes us at once as being abnormal, and we instinctively attempt to reason respecting its cause, and if we have the true spirit of the physician, are desirous of rectifying the wrong. If however, our services are not sought with this end in view, we have some delicacy in making any effort in that direction, since individual liberty has obtained so strong a foothold within the popular mind, that we find a great many claiming and endeavoring to substantiate by argument and invective, that each one shall be a law unto himself in these matters, *i. e.*, that each individual husband

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and wife shall decide for themselves whether or no they shall have children. Here the treatment is moral, and I believe the physician should take the highest ground that barrenness and unfruitfulness in the highest order of creation is more to be deplored than in any other. In so preaching, however, it is essential, in order that we shall sustain our theories, that we are so prepared to practice our profession, as to overcome as far as possible, all pathological conditions which interfere with fertility and render them physiological.

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