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Lectures

ON THE

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

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INTRODUCTORY.

GENTLEMEN,—The subject to be discussed in the present series of lectures is the Diagnosis and Treatment of Diseases of Women.

But, it may be asked, why especially the *diagnosis*? Because, as I believe, questions of diagnosis are, in practice, the most important, because every thing else is completely subsidiary thereto; because, in fact, the diagnosis of disease is the thing which is most essential.

Without diagnosis, how shall we venture to affirm anything whatever of a positive nature concerning the future course and termination of the disease under observation? We may, it is true, do what is often done; namely, treat mere *symptoms*. In many cases, but little more than this—a temporary relief of symptoms—can be effected by the most accomplished physicians, backed by all the resources of art and science; but, in order even to know that this is all that can be done, a diagnosis must be made out.

A country must be explored before it can be predicted of that country that it is fertile or barren; its rivers must be sounded before it can be declared that they are navigable or the reverse. In like manner, to know what our power over disease is, we must duly appreciate disease. Our object is not simply to relieve symptoms; our patients expect something more than this. They wish to know the term of their sufferings; often look to us for the removal or confirmation of harrassing doubts and fears; regard us, in short, as all-seeing, all-knowing. How can we predict without knowing the subject of the prediction?

A diagnosis having been constructed, matters become greatly simplified: we are generally in a position confidently to express an opinion. Otherwise we must proceed in the dark, must express ourselves unable to afford the information desired, or take shelter behind vague generalities, unsatisfactory to the patient and humiliating to ourselves. On the other hand, the physician possessed of acute powers

of diagnosis, is not seldom able to make predictions which, to the patient, seem as wonderful and incomprehensible in their fulfilment, as the occurrence of an eclipse foretold by an astronomer appears to be to an illiterate barbarian. Though, unfortunately, the science of medicine has not yet arrived, probably never will arrive, at the exactitude of astronomy, there is nevertheless much of exactitude to be found in it; enough to reward those who diligently search for it.

Diagnosis is important in any and every branch of medicine; but it is particularly important in reference to the diseases of women. At the very outset of your practice you may have to deal with cases requiring a considerable amount of diagnostic knowledge of this particular department of medicine. The dealing with such cases, indeed, forms the chief part of the practice of nine-tenths of the profession. Respect and consideration for the members of the opposite sex is nowhere equalled by that which subsists in our own land. This respect and consideration evinces itself not more in the chivalrous bearing of the man towards the woman, than in the solicitude and anxiety so generally manifested by him for her suffering condition. The devotion of the wife finds its counterpart in the affection and watchful care of the husband. Thence it is that so large a share of our attention and skill is necessarily bestowed on the suffering daughters of humanity. Thus it is that we are often called upon to decide questions on which the whole comfort and happiness of a household depend; to determine whether an useful life is about to come to an untimely end, and a young family to be deprived of all the blessings of maternal kindness and watchful supervision, or the reverse; to satisfy the young and newly married couple that their fondest wishes are about to be realised; or to disabuse the mind of the more ancient matron, imbued with the idea of her rejuvenescence, and resolutely interpreting signs and symptoms in the manner most pleasing to her own wishes.

Viewed in relation to the importance of determining, in certain cases, the presence or absence of pregnancy alone, the study of the diseases peculiar to women possesses a peculiar importance, and more particularly the study of the symptoms and signs of the various organic or other changes observed. That the very best authorities have not seldom made mistakes in diagnosis; have excluded pregnancy when pregnancy was present; and have pronounced in favour of pregnancy when nothing of the kind existed—is a matter of notoriety; and is sufficient of itself to shew the importance of acquiring such a sound basis of knowledge of the diseases to which women are liable (including pregnancy), their signs and symptoms, as shall, at all events, prevent us from adding to the list of those examples of hasty and erroneous decisions, so fatal to our own

reputation, and to the comfort and peace of mind of those who entrust themselves to our guidance. All these considerations—and there are many more which might be adduced—lead us to place diagnosis first.

What is the best method of treating this wide subject, the Diagnosis of the Diseases of Women?

The attainment of correct principles of diagnosis being so important, it is obvious that questions of arrangement should be considered as subservient to this. The patient presents certain symptoms and signs, and with these before him, the student is required to determine the disease. But this is no easy matter; disease presents itself in so many varieties of forms, so many diseases have so many signs and symptoms in common, that it is, in many cases, a matter of exceeding difficulty for even the most experienced—for those who have devoted years to the study of the subject—to affirm positively what is the disease then and there present.

The various text-books on the subject of diseases of women, valuable as they are, afford but little assistance to the student in his first attempts to form a diagnosis; for, owing to the fact that a pathological and not a clinical arrangement of the subject is the one adopted, it is necessary to know what the disease is before the student can consult his text-book with advantage.

At the bedside, we do not find the matter arranged pathologically, and to suit our convenience. It is the symptom, the sign, with which we have to deal; and before a diagnosis can be made we must know how to give to each sign its proper signification. To the beginner, the disease or condition speaks in an unknown language; and an interpreter must be called in before any advance can be made.

Every practitioner who has acquired the power of forming readily a diagnosis, possesses, in his own mind, a sort of dictionary, to which he, from time to time, refers, in order to ascertain what diagnostic value a particular sign possesses, when present under such and such circumstances. While forming a conclusion in any particular case, he passes rapidly in review all the morbid conditions or diseases with which he has known the sign in question to be associated, carefully bearing in mind the many exceptional cases to general rules which his predecessors have left on record, or which have occurred in his own experience.

In short, the difficulty with which the student has to contend is this: that between the disease as described in his text-book, and the disease as it is presented before him in the person of the patient, lies a gulf, which is for a long time impassable. To bridge over this chasm—to lead the student to the formation of his diagnosis by a clinical route, and by a symptomatic rather than by a pathological arrangement of the subject, is what is required—is, in fact, what I shall attempt to do, as nearly as the nature of the subject admits, in the following lectures.

In endeavouring to form a diagnosis, nothing is unimportant; the most, apparently, trivial circumstance is often sufficient to turn the scale, and to give a character of decisiveness in cases of diagnosis obscure or difficult. The age, history, and previous condition of the patient, are all items in themselves of little value; but, taken together with certain positive signs or symptoms, they have a positive weight in

influencing the decision. They are, in short, so many elements in the diagnosis, and as such will receive a due share of attention.

One of the quicksands to be avoided by the clinical inquirer is a too early decision as to the nature of the case—a decision formed on a limited number of data. It is extremely important that the case should not be prejudged. The student whose mind is duly impressed with the fact that a particular symptom may be associated with six or a dozen different diseases or conditions is evidently far less likely to make a serious mistake in diagnosis, than one who has studied the subject in a less comprehensive manner, and who is disposed for that reason to attribute more pathognomic value to certain indications than they really possess. Whatever tends to promote a more general and less restricted view of the diagnostic value of particular symptoms, to lead the observer to be cautious in his deductions and careful in his observations, to place him on the right road towards the desired end—the attainment of a correct diagnosis, must be, in some degree, useful.

The greater the number of data for diagnosis, the more likely is it that the diagnosis will be accurate. Occasionally, it happens that the data obtainable are very few in number, and the share which conjecture is called upon to take in the decision is not inconsiderable. This is more especially the case in reference to the class of diseases now to be treated of. The practitioner duly impressed with a sense of his responsibility and duty to his patients, will not allow himself to be deterred by a false delicacy from pursuing his inquiries, and using those methods of examination which may appear necessary; nor will he consent, in an important case, to risk his reputation as a scientific observer by giving an opinion, for the formation of which adequate opportunities have not been afforded. On the other hand, respect and consideration for the opposite sex will set a limit to such investigations and inquiries as may tend to outrage the feelings of the susceptible patient, where such investigations are not absolutely called for; and if there be two equally good ways of obtaining information, to one of which the patient has a strong objection, the other should always be preferred.

In the following lectures, I shall consider *seriatim* and in the order indicated. 1. The data communicated to us by the patient or otherwise; and for the acquisition of which no particular physical examination of the patient is necessary. 2. Those for the acquisition of which a special physical examination of the patient is required.

This mode of treating the subject will, I believe, be found an eminently practical one; both for facility of reference, and for the opportunity thus afforded of comparing the diagnostic value of the evidence derived from these two methods of investigation. Further, I believe that the method of arrangement adopted will be found to facilitate, so far as arrangement alone can facilitate, the study of the subject, and enable you to proceed by certain and sure steps to the attainment of correct principles of diagnosis, and consequently to the acquirement of knowledge respecting the efficient treatment of the class of diseases now under consideration.