

Letters

Problems with medical care

THIS paper is written in response to two articles published in The News-Sun: "Debates SBR vs Cryosurgery," June 14, 1978; and "Feminist Charges Male-Dominated Medicine Abuses Women," Sept. 19, 1979.

Ignorance, prejudice and complacency are the enemies of progress. Complacency or "self-satisfaction" embraces the other two. This is historically illustrated in the medical care of women. A well-known case in point was the medical complacency relative to puerperal sepsis or "childbirth fever," a disease now conquered but anciently was very common, and frequently fatal, following the birth of a child. Foolish and useless theories were generally held to explain the disease while its true nature, as a contagious disease introduced by contaminated hands and soiled linen of those attending maternity cases was stubbornly resisted.

Dr. Charles White of England in 1773; Dr. Oliver Wendall Holmes of America in 1843; Dr. I.P. Sammelweiss of Austria in 1861 and others were bitterly and shamefully persecuted and ridiculed by their complacent peers for publishing their discovery or rediscov'ery of the iatrogenic nature of the disease, while untold numbers of women tragically lost their lives; more than one in every ten delivered in the hospital in the late 1800s.

Another historical example of medical complacency is the delayed acceptance of the Pap smear. Dr. Papanicolaou reported his discovery in 1928 but his findings were ignored, or even ridiculed, until it was republished in 1943, co-authored by a gynecologist. Though now accepted and recommended by the American Cancer Society, gynecologists generally refused to do it. Not until informed and motivated women demanded it, was this inertia overcome.

Similarly, it is not "male dominated medicine" that "abuses women" but the paucity of informed and motivated women themselves that permits the continuing medical complacency in respect to possibly the most common disease that has throughout history afflicted them. This disease is, as was puerperal sepsis, also related to childbearing.

Though known to Hippocrates, its common cause, a rip, tear or laceration of the cervix with the forced passage of a child, was not discovered and reported until 1862, over 100 years ago, by Dr. Thomas A. Emmet. Hippocrates wrote, "If the examining finger enters the neck of the womb, it is already, or on the verge of being involved in a grave affection." Dr. Emmet observed, "Fully one-half the ailments a woman complains of who has borne at least one child, are due to a laceration of the cervix." Untreated, this wound does not heal, becomes chronically inflamed and infected, producing a white pus, mucous, vaginal discharge or leukorrhea, and a host of other signs and symptoms known collectively as "female complaints," thus stigmatizing women as the "sick sex." Dr. Emmet emphasized that the proper treatment of a laceration is its repair. He strongly condemned Hippocrates' treatment by cauterization. Emmet's repair, based upon the limited knowledge of the time, had many faults, was only partially successful and is no longer done; and no other type of repair has even been suggested! The modern treatment is still Hippocrates' of 2,500 years ago — cauterization.

I will never forget my experience of over 50 years ago, as a young medical student, observing for the first time, a cauterization. With the woman on the operating table, in a lithotomy position, prepped, draped and anesthetized, I saw what appeared to be a red hot poker plunged into the cervical canal, heard the crackle and sizzle as it touched that soft, moist tissue, witnessed the smoke swirl upward out of the vagina and smelled the pungent acrid, nauseating stench of burnt flesh. Even with modern refinements, my feeling is the same, "How can such primitive practices be called modern?"

The word cauterize is derived from the Greek word for "branding iron." Cauterization has come to mean the destruction of tissue by any means, hot irons; hot wires, caustic chemicals, or by freezing as in cryosurgery. Because of the simplicity of cauterizing with the newly developed cryosurgical apparatus, the cervix is probably being cauterized now more than ever in history. This would be acceptable if cauterization were rational.

The concept behind cauterization of the cervix is to destroy the diseased tissue. In doing so, it is not a treatment at all, but an admission of failure of treatment, just as amputating a gangrenous foot is evidence that nothing more can be done to save it. If one cauterization, after many weeks, is found to be "inadequate," the cervix is cauterized again, and if necessary, again and again each time permanently piecemeal amputating it. The patient at some time discouraged, feeling any further "treatment would only prolong her problems, or add to them, may demand a hysterectomy, to which the doctor agrees; or he or she may be the first to suggest it. Relieved, both the patient and her husband readily give their consent. Thus, another "unnecessary hysterectomy" is done.

Thanks to The News-Sun, an alternative to cauterization, SBR, has been brought to the attention of the general public in "Cervical Repair Reduces Risk of Cancer," March 10, 1978. It corrects the errors of the Emmet repair and successfully converts the cervix to its former virgin-like state in one simple procedure. Healing is complete before the next menstrual period, the leukorrhea of many months, or years, is painlessly corrected after one day in the hospital, followed shortly thereafter by a disappearance of the other usually associated complaints. No tissue is wasted: the thin strips removed in freshening up the edges of the wound furnish the pathologist with an excellent biopsy.

Since an untraumatized virgin cervix, as Deity designed and created it, is well known to be resistant to disease, including the onset of cancer, so too is the torn cervix when reconstructed and restored by an SBR procedure to a virgin-like state. These facts are established by more than 40 years of experimental verification, attested to by four published articles, available to anyone on request as long as they last, and by over 1,400 patients and their husbands. Can there be any question which treatment a well informed patient, suffering a torn cervix, would choose; of having it definitively reconstructed by an SBR in accordance with the design of Deity or having it crudely redesigned piecemeal by cauterizations?

For further reading on this most significantly important debate, get Randy Huster's letter to The News-Sun; "New technology fights cancer," Sept. 13, 1978.

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