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What Price Tubal Ligation?

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WHAT PRICE TUBAL LIGATION?

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In the past decade there has been an appalling increase in the incidence of surgical procedures designed specifically to interrupt the continuity of the fallopian tubes in an effort to prevent future pregnancy. Coincidentally, the medical indications for therapeutic abortion have been drastically reduced during this same period of time. This state of affairs is more than a paradox; medically speaking, it is an outright contradiction.

Both of the above procedures are similar insofar as they are primarily intended either to *prevent* a future pregnancy, by tubal ligation, or to *destroy* an existent one, by therapeutic abortion; and the motivating force behind each is obviously in direct opposition to the fundamental concepts of the natural law. However, careful analysis will also reveal that, from a purely medical point of view, they are contraindicated.

Bitter experience has taught that the so-called "increased load of pregnancy" has a decidedly *less* harmful impact upon the physical well-being of the individual than does the actual termination of pregnancy by direct and wilful interference — therapeutic interruption — a fact recognized by even the most ardent supporters of such a practice, and the principal reason why this procedure has fallen into medical disrepute.

Further, the widely publicized educational programs to provide better pre-natal care, the introduction of broad spectrum antibiotics to combat the threat of infection, the advances in cardiac surgery to rehabilitate the previously incapacitated rheumatic patient, exchange transfusions for infants with hemolytic anemia, and the crusade against the use of the classical cesarean section with the hazard of potential uterine rupture in subsequent pregnancies are but a few of the many contributions toward "safe deliverance" and the resultant decline in therapeutic abortions.

From the above, one would certainly expect that the incidence of tubal sterilization should at least parallel the reduction in the number of abortions — to postulate otherwise would seemingly contradict these tremendous accomplishments in the field of obstetrics.

That such is not the case, however, is obvious from mere perusal of the current literature wherein provided the answer to this apparent paradox. The majority of tubal sterilizations are performed either at the suggestion of the physician or in response to patient request, and "great multiparity" is the motivating force. Such an indication is impossible to condone on a bona fide medical basis, and should be more appropriately categorized in the social and/or economic sphere. It would seem that the attending physician has assumed the role of the family social and/or economic advisor, a self-created position wherein he is frequently ill-advised and certainly ill-qualified.

Further analysis of published reports on this subject indicate that the proponents of tubal sterilization speak glowingly in terms of success in the prevention of future pregnancies. Little or no concern is given to the possible consequences for the patient who submits to this type of surgery; such as the immediate post-operative morbidity and mortality — admittedly infrequent, but ever a threat and a factor for consideration in any contemplated surgical endeavor. Again, late sequelae such as therapeutic failures (subsequent pregnancies), psychosomatic disturbances, menstrual irregularities, and the mental trauma which may and often does accompany the realization that reproduction is no longer possible, are individual problems which, at times, far outweigh any medical justification for the surgical interference itself.

Failure to appreciate the existence of these post-sterilization complications may well be partially the fault of the individual patient concerned, for in this era of medical specialization and with the realization that the problem at hand is not of an obstetrical nature, she is more likely to seek advice and treatment from a gynecologist rather than from a physician who limits his practice to obstetrics only.

That such an explanation is plausible is evident from the records compiled at a renowned non-sectarian, university-connected gynecological hospital wherein at one time tubal ligations were considered to be a sound surgical procedure primarily intended to protect the physical well-being of the individual against the alleged burden of pregnancy.

Since 1943, however, this procedure has been looked upon with disfavor due, in most instances, to the increasing number of patients who, subsequent to tubal ligation, were admitted for a superimposed gynecological problem necessitating the additional surgery of hysterectomy.

In support of the above, a statistical study was undertaken at this above-mentioned hospital to evaluate the end results of one hundred patients with previous tubal interruption. In each instance the ligation had been performed elsewhere, and the patients were admitted because of a gynecological disorder for which they sought treatment.

A survey of the indications for the previous tubal ligation was ap-

praised by a group of physicians, and the expressed opinion substantiated this author's contention, for more than 90% had indicated no bona fide medical basis for the sterilization procedure.

Intractable pelvic pain and/or dysfunctional vaginal bleeding represented the complaints of at least 90% of these patients upon readmission. Four patients sought "deligation" in an effort to restore the continuity of the tubes.

Further, in each instance a total hysterectomy was considered the only logical procedure to correct the gynecological disorder associated with a "sterile uterus" which, in itself, had no future purposeful physiological function.

Histological study of the removed specimens — uteri, tubes, ovaries — revealed the following: pathological changes in the ovaries included peri-oophoritis, premature senescence, endometriosis and cortical stromal hyperplasia—each of which could well explain the menstrual irregularities, and was considered the responsible factor in 59% of the series. Chronic salpingitis and the pain associated therewith was noted in only 7%. 18% of the uteri contained either submucous leiomyomata or endometrial polypi which precipitated the profuse and/or irregular menstrual flow. Carcinoma of the endometrium and/or the cervix was encountered in 6% while an additional 7% disclosed marked anaplasia which in itself would have necessitated continued "follow up" examinations were the uterus not removed. Three patients proved to be "surgical failures"—two miscarriages and one ectopic gestation. Of interest was the fact that tubal ligation was unsuspected preoperatively in seven instances—the patients were apparently unaware that such a procedure had been previously performed.

Thus, analysis of the above serves only to confirm this author's initial contention—that tubal sterilization is a procedure which, along with therapeutic abortion, should be recognized as obsolete, since it is not only morally untenable but obviously medically unsound.

Furthermore, the physical well-being of the individual will be better protected when the medical profession at large appreciates the high incidence of these late sequelae which often necessitates additional surgery such as hysterectomy and thereby nullifies any benefit allegedly accruing from the initial procedure itself.

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A PAINFUL VERSE

THE WARD WAS FULL OF AILING MEN,
THE AIR WAS FULL OF GROANING,
THE DOCTOR ENTERED, FULL OF FUN,
"GOOD MOANING, MEN, GOOD MOANING."

Reprinted from St. Francis Thermometer
St. Francis Hospital, Carlsbad, New Mexico

PLAN EARLY FOR ST. LUKE'S D OBSERVANCE . . . .

Preparations for The White Moss, annual observance to nor St. Luke, Patron of Physicians, on October 18 Feast Day, will soon be ade locally. To give assistance in making plans publicity prepared by Shreveport, Louisiana Guild is indicated here. th on invitation is inclu the information brochure concerning the s, set forth below.

What is the White Mass?

It is an annual gathering for public worship by those who care for the sick:

- —in adoration of the Creator of all life by the men and women who cooperate with God in its preservation here on earth,
- —in union with Our Lord Jesus Christ, Healer of bodies as well as Savior of souls, Divine Comforter of the afflicted and the halt and lame.
- —under the patronage of St. Luke the Evangelist, himself a physician and for nineteen centuries world-wide model for the medical profession.
- —to emphasize the truth of the Spirit in man, who through the sublime instrumentality of parenthood is composed of body and soul, matter and spirit, immortal through the endless ages after death.
- —in testimony that we humans are made to the image and likeness of God, made to know Him, love and serve Him that we might become sharers in His Divine Life here and in the eternity to come.

The White Mass, the Memorial Sacrifice of Our Lord's death on the Cross, is likewise offered:

- —a group tribute to all in our community who care for the sick,
- —that their dedication to their Christ-like vocation may be renewed with the noblest of motives,
- —to express our admiration for medical science and its never tiring research to relieve man's suffering,
- —in appreciation by mothers and fathers for the devotion and self-sacrifice of doctor, nurse and all others who care for our families and friends in time of crisis and sorrow.
- —in token of homage and esteem by our Bishop and clergy as ministers of souls and to you who minister to the body and mind of man's natural life.

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PROPOSED PLAN FOR OBSERVANCE OF THE "WHITE MASS"

Arrangements Committee — all members, Catholic

Chairman — President of Guild, with two other members assisting
One Dentist
Two Nurses
Laboratory technician
X-ray technician
Pharmacist
Pharmaceutical detail man
Hospital Administrator
Physio-therapist
One representative from each private nursing registry
Two medical students
Nursing student (one from each training school)
Women's Auxiliary Catholic Hospital and Medical Society, one each
Physician from Veterans' Hospital
Physician from local Army, Navy or Air Force
Chaplain of the Guild

Each me[illegible]ber is responsible for inf[illegible]ng respective organization of [illegible]he "White [illegible]ss" and of mailing invitc[illegible] which advise of place, time, c[illegible]d (evening [illegible]ception that includes m[illegible]ers, Catholic and non-Catho[illegible]c, and the[illegible]milies. The notice sho[illegible]e published in all the man[illegible]ly bulletin[illegible] the groups and announc[illegible] meetings. Secure hospital p[illegible]er-mission [illegible] post an invitation on bullet[illegible]oard.

Publicity Committee

Secular Press
Diocesan Press
Catholic Church Bulletins

Entertainment Committee

Arrange for refreshments after Mass, served by wives of Guild member[illegible].

Ushers Committee

Guild members should form this committee and direct the seating.

Servers Committee

If possible, have Guild members serve the "White Mass."

Speaker's Committee

The Moderator of the Guild should, if possible, offer the Mass.
The Ordinary of the diocese or some outstanding priest speaker should be asked to give the sermon.

Every effort should be made to make this a united offering of the "White Mass" by all men and women "in white" who serve the sick.
If possible, it should be a Dialogue Mass, with the leaflet missal distributed to those attending and following in English, if that is more feasible.
An added touch is for all Guild members to wear a white carnation.
Assign all Guild members to a committee to give them an active part in the observance of the "White Mass."

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of The Federation of Catholic Physicians' Guilds will meet June 25, 1958, 9:30 a. m. at the Sir Francis Drake Hotel, San Francisco, California.

The Officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business.