

Preventive Gynaecology

So much is written about preventive medicine... that there is a danger of its being taken for granted. On the other hand, unless the subject is continually brought to the fore, medical practitioners, especially those engaged in private practice, are likely to pay too much attention to the curative side of their calling... The family attendant can go further than his specialist brethren. He has the right of *entrée* possessed by no one else; he is the family counsellor and friend; his advice is sought on almost every subject connected with family life... One sphere in which the general practitioner has unusual opportunities is that of preventive gynaecology.

Practically all the troubles connected with the female organs of generation arise after puberty... Even at the present time many mothers do not tell their daughters anything about menstruation before the first period has occurred. This is not fair to the child and has anything but a good psychological effect... The general practitioner often has the opportunity of pointing out to mothers their duty in this regard.

When menstruation has become established... preventive gynaecology need[s] to be emphasized in four directions. Dysmenorrhoea of young women is a serious handicap to the women themselves and to the industry... a few years ago an industrial medical officer of a large commercial undertaking... found that 10% of the female employees had to seek advice on account of dysmenorrhoea... It is important to remember that, though a woman may not be compelled to cease work from either dysmenorrhoea or menorrhagia, her efficiency is likely to be seriously impaired. In these circumstances... the efforts of the medical practitioner must be directed towards the prevention of a lapse into a state of more or less chronic invalidism.

Passing to the young married woman, we must recognize the inadequacy, nay, the non-existence, of instruction in regard either to normal sex life or to contraception... Incidentally many husbands are woefully ignorant on this matter. Medical practitioners must be prepared to give advice to both husband and wife with candour and conviction. Again, women are often

told by their medical attendants that they “must not have any more children”. Advice of this kind is useless unless instruction in contraceptive methods accompanies it...

The third sphere of preventive gynaecology... is that of antenatal supervision and careful obstetrics. If every woman were left as well and as sound after her confinement as she was before conception, pelvic morbidity would be enormously reduced. The fourth sphere really belongs to the third; it is set in a place apart because it is so frequently neglected. Ante-natal supervision is being more widely practised and there are indications of less hurry and greater care in Australian obstetrics. When the confinement is over, however, and the patient is allowed to resume her wonted activities, a pelvic examination is seldom made. Enough stress has not been laid on this examination. It serves a dual purpose. It allows the medical attendant to control his methods — to determine whether his manipulations have produced laceration of the cervix, whether he has allowed injury to the perineum to pass unheeded, whether involution of the uterus is complete, and so on. It also gives him an opportunity to advise repair of any abnormalities occasioned by trauma, lest by their persistence they give rise to permanent pathological change with its attendant symptoms. Many patients will possibly be unwilling to submit to such an examination; this refusal will give an opportunity for a lesson in preventive medicine.

Of the menopause little need be said. When every woman has been taught what she ought to know about her pelvis and its functions, when every married woman leads a healthy sexual life, when every pregnancy is supervised and every labour terminated *secundum artem*, and when every *accoucheur* satisfies himself that there should be no pathological aftermath — when all this is achieved, the climacteric will occasion little, if any, anxiety.

... We thus come to the unexpected conclusion that the general practitioner may be more important as a gynaecologist than the so-called gynaecological surgeon. Let him see to it that he sets his specialist *confrère* an example.

Med J Aust 1932; 1: 93-94 [editorial]