
Preface

The production of big pictures is arguably the most significant sign of the intellectual maturity of a field. Ludmilla Jordanova.¹

The year 2010 marks the sesquicentennial of the discovery and description of adenomyosis and endometriosis by Carl Rokitansky of Vienna. The intervening 150 years have seen intense basic scientific and clinical research and the diagnosis and treatment of millions of women worldwide. Yet there has been no scholarly history, no mention of endometriosis and adenomyosis in historical compendiums of disease. One may ask: Why? I believe the answer lies in the general perception that endometriosis is an enigmatic disease best understood through increasingly sophisticated and reductionistic scientific research. Consequently, historians of science and medicine have felt ill-prepared to engage the subject.

Endometriosis must be understood as the dominant member of five closely related benign müllerian diseases – endometriosis, adenomyosis, endosalpingiosis, endocervicosis, and müllerianosis – and its history is the tale of discovery of each of these diseases and their interrelatedness by a series of pioneering physicians. Further, there is no way to connect the contributions of Carl Rokitansky to Thomas Cullen and John Sampson without reference to those of Hans Chiari and Friedrich von Recklinghausen. And to accomplish this one needs to appreciate the historical relationship of adenomyosis and endosalpingiosis. From a historical perspective, Rokitansky's description of diffuse uterine adenomyosis is more important than his description of ovarian endometriosis. For it is adenomyosis that carries the history of endometriotic diseases for the first thirty-six years from Rokitansky's discovery to Cullen's breakthrough with the caveat that an essential link in the chain of evidence is the description of endosalpingiosis by Chiari. To write the full history, one must know of the existence of the fourth and fifth müllerian diseases, endocervicosis and müllerianosis.

The chief conceptual challenge was to settle on the five benign müllerian diseases as the theoretical trellis for organizing the history. Antecedent to this conceptualization was the research necessary to begin disentangling five distinct but connected sub-histories from within the emerging overarching narrative – a narrative filled with discontinuities and digressions, erroneous theories, and surgical challenges. Further, the historian required deep time, measured in years, to follow the five scent trails like

¹Jordanova, Ludmilla. Gender and the historiography of science. *Brit J History Science* 1993;26:469–483.

a bloodhound. These trails ranged and intersected over Central and Western Europe and Eastern North America.

Faced with such a daunting task, the author chose chronological intellectual history with a biographical leitmotif to frame the history of these chronic diseases. A history of ideas enabled me to follow the intellectual development of physician-investigators as they identified and described endometriotic diseases and theories of pathogenesis as well as to trace their influence on one another, all revealed by a patient reading of primary and secondary sources.



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