CLINICAL LECTURE ON UTERINE MYOMA.

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WITHIN the last few weeks a remarkable group of cases of this disease has been brought under your notice in which many of its strange phases have been peculiarly emphasised, and you have seen me carry out a variety of proceedings for its treatment. The interest of these cases has been greatly enhanced by a paper which you may have read, which you all ought to read, in the columns of the JOURNAL. It is from the pen of no mean authority, Dr. Thomas Keith, a man who has exercised great influence in the progress of abdominal surgery, and in whose steps, until lately, I was proud to tread. Some strange change seems of late to have come over him, and now all is disagreement where formerly all was concord.¹

The chief cause of difference between Dr. Keith and others, including myself, has arisen on the disease we are now discussing. I have already told you how its treatment by removal of the uterine appendages arose, how completely successful it has been, and in a few days a volume will appear in which my cases are recorded in detail, showing for this operation the insignificant mortality of 1.23 per cent. in 262 consecutive cases. The permanent and complete efficacy of this method of treatment has been established by evidence beyond all cavil; in fact, it stands unrivalled in the history of modern surgery. There are, however, some cases, how large the proportion we do not yet exactly know, for which it is unsuited for various reasons, and these cases fall under the category requiring hysterectomy.

The details of this latter operation I shall lay before you by-and-by; sufficient for my present purpose to say that in the perfection of its detail Dr. Keith acquired and deserved, with one unfortunate qualification, much credit. But it is more than clear that Dr. Keith did not succeed satisfactorily with the less formidable operation, removal of the uterine appendages. He has confessed as much, and he certainly has never ventured on any detailed publication of his experiences. But Dr. Keith brought down the mortality of hysterectomy, as I shall tell you, to within justifiable limits, that is, about 10 per cent., and at that we have nearly all arrived, perhaps some of us have improved upon it, but you will at once see that as this is a *remnant* mortality, it is really not so bad as it looks; it is the mortality of the residuum of the cases, those which cannot be dealt with by removal of the appendages, which must always be a more satisfactory operation. I for one do not despair of seeing hysterectomy with a mortality as low as ovariectomy, though there are certain essential details—mainly the difficulty of dealing with the pedicle by the intra-peritoneal method—which stand sadly in the way. We had all settled down to a consensus of opinion upon the main lines of treatment when there arose in Paris a strong advocacy for the treatment of this disease by a plan known as electrolysis, and it is this which has set us all by the ears. Keith gives a ghastly account of the electrolytic treatment of uterine tumours by Simpson,² and he has the

hardihood to say: "It is to a practice such as this many allude when they speak of Dr. Apostoli's method as nothing better than the revival of an old process."

Anyone may satisfy himself by turning up the correspondence that we mean nothing of the kind, and Dr. Althaus's evidence upon this subject is final and satisfactory. Besides, I have all the apparatus yet in my possession, and I have exhibited in it proof of what I say.

Let us now revert to the cases I have shown you, and preach to you from a text taken from Dr. Keith's paper: "What we had most to trust to, however, was the change of life. It was the one great hope that patients had to look forward to; the difficulty was to get them over the last few years, for the three or four years before menstruation ceases are the most trying time for a patient with a bleeding fibroid, and the periods have a tendency in the worst cases to linger on year after year, till it is often long after 50 that, in the majority of cases, the troubles caused by a uterine tumour come to an end."

This is precisely the principle upon which our surgical proceedings are based. Myoma is a disease of menstruation, and upon the arrest of menstruation only does its cure seem to depend, whether by Nature's own efforts or by an imitation of them. The very few exceptions of soft oedematous myoma only serve to prove the rule. Removal of the appendages is a scientific proceeding for the imitation of Nature's own method. Hysterectomy is a coarser and much more dangerous method of accomplishing the same ideal. You have seen four such operations, in every case of which I performed the operation against my will—that is, I would rather have done anything else if I could, for I detest the operation of hysterectomy. It is generally difficult to perform, it has a strain upon me which no other operation has, the convalescence is tedious, complicated, and risky, and has to be watched with an assiduity quite unequalled by any other operation within my province.

The first to be mentioned is that of a young Frenchwoman sent to me from Constantinople, said to be suffering from an ovarian tumour, a diagnosis in which I quite concurred. You saw that it was not until the tumour had been injected and dissected by Mr. Teichelmann that we discovered that it was a large oedematous myoma of the uterus which had been removed. The second was one where the violence of the bladder symptoms demanded immediate interference, and where the alternative diagnosis was that of a suppurating lithopædion or a sloughing myoma. The tumour turned out to be the latter, and the chief trouble was the inflammatory association between the tumour and the bladder. Here electrolysis was entirely out of the question, if for no other reason than that we never could reach the cervix. The third case was that of an enormous oedematous myoma growing from the fundus uteri of a woman in her 65th year. It had grown in two years, and had been diagnosed by several practitioners as an ovarian cyst, and it was not till I had punctured it that its exact nature was ascertained. Its removal was then, and in any case, a matter of absolute necessity. As the woman had not menstruated for fourteen years, removal of the appendages was not indicated, and I think any proposal to insert electrolytic needles into such a mass as that now before you, lying loosely in a capsule and ready to slough at the slightest injury, would have been a proposal not short of absolute insanity. If it had sloughed, certain death would have been the patient's fate, whereas she is now quite well, and, as there was no hæmorrhage, intra-uterine electrolysis would have been futile. The fourth case was one in which electrolysis had had a fair trial in the hands of a most competent worker, with the result that the tumour grew more rapidly and the symptoms increased in severity. In two of the cases mistakes in diagnosis occurred; but, even if such mistakes had not been possible, hysterectomy in both instances would have been inevitable; and then Dr. Keith is just as apt to make mistakes in diagnosis as anyone else, a fact I have had occasion to draw attention to. We must conclude, therefore, that it is impossible to avoid hysterectomy altogether, even if we wished to do so, and a certain proportion of cases must permeate our practice.

Exact diagnosis in the abdomen is an impossibility, and only the rash and inexperienced assert the contrary. As for example, this polypus, which some of you saw me remove. The patient had been in the hands of a very prominent gynaecological electrician, who made elaborate and extensive trials of this method, with the result that the patient nearly died of her hæmorrhages on three or four occasions. When she arrived in Birmingham the true nature of the case was discovered, and a polypus removed.

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¹ An indication of the change is given in Dr. Keith's first paragraph, where clearly a fault of memory exists. He says that it so happened that he was the last of the Edinburgh medical apprentices who had a regular indenture. Dr. Keith's indentures must have been executed somewhere about the year 1844, before I was born, and I am sure that indentures were not unknown when I was a student from 1860 to 1865. According to general belief among the students, based on the statements of the alleged apprentices, at least two of the University professors took indentured pupils with fees of three hundred guineas. I know of one executed in 1862.

² Here again Dr. Keith's memory seems to be at fault. He says: "It so happened that I was last of the Edinburgh medical apprentices who had a regular legal indenture, and amongst the odds and ends of work that fell to me was the keeping of some of these patients under chloroform when the electric current was supposed to be sent through their tumours." But Dr. Keith's indentures must have been dated, as I have said, before I was born, and the anæsthetic properties of chloroform were not discovered till I was nearly three years old. From other sources I have satisfied myself that the incidents of Dr. Keith's recollections of 1844-8 did not occur until much later.

She went home and for a time was better. Then another polypus appeared and more hæmorrhage. By this time the patient was so exsanguine as to be absolutely colourless, and she succumbed to the simple division of the neck of this small polypus. I have removed scores of uterine polypi, and I have never had a death from this operation before; I never even heard of such a thing. Can we then fairly attribute the death of this case to such a trifling operation? Most certainly not. The death is due to the previous mischievous efforts of the electrician, efforts which left the patient unable to resist anything. It was the months and months of delay, and the continual loss of blood during that time, and the absurd—unpardonable—mistake in diagnosis, which killed the patient. Certainly it was not the removal of a polypus as large as a mandarin orange.

The next group of cases brought under your notice were five in number, where I removed the appendages for myoma. Some of you will remember in Room 7 a woman whose face was like yellow wax, and who was brought to me from Michigan by Dr. Kellogg. She had been subjected to the electrolytic treatment for two years with the result that her tumour grew rapidly, and her symptoms steadily grew worse.³ I removed the appendages in fear and trembling. I thought she was too much exhausted to stand anything in the way of an operation, that she would surely die of shock or heart clot. If she had died, ought it to have been reckoned as a death from the operation of removal of the uterine appendages? Certainly not. In fairness the fatal result ought, in that case, to have been set down against the electrolysis; but she did not die, and now she has passed over two periods without the loss of a drop of blood, and she will go home in a few weeks a perfectly and a permanently cured woman.

In Dr. Keith's paper are many statements but few facts. What we want are the absolute and authenticated facts. What is the death-rate of the electrolytic treatment? For that must be shown to be less than 1.23 per cent. before any argument can be sustained. Not only this, but is it cheaper and easier, and is it as permanent as the surgical method? Dr. Keith says: "It is a slow treatment, requiring great patience, great tenderness of manipulation, and much thinking. A knowledge of electricity is also essential, and the more knowledge on this subject the better, for without it no progress or improvement can be reasonably expected. Two or three months, if the intervals between the periods be short, may pass away quickly without much sign of amendment, and the patients and friends are apt to be discouraged, or the patient, from the tonic effects which electricity has upon some, feels better, becomes inclined to do too much, overtaxes her strength, gets a chill, with perhaps pain in the tumour, and a temporary disturbance of temperature, but with patience the result is certain, and more or less of improvement takes place."

All this we know to be true, but we suspect that this treatment does not get thinking enough when we know that a pregnant young woman has had electrolytic needles thrust into her uterus, and has been imperilled by a premature confinement within 24 hours. Dr. Keith says: "All this can be done without danger to life, and if there be pain during the time the current passes the fault is in the operator. What more does a reasonable woman who has suffered much desire or need?" and he immediately quotes a case to prove the contrary. The employers of electrolysis have been challenged by name and instance to contradict or account for the rumours of its fatalities, and they maintain a most indiscreet silence. Dr. Keith says: "If there be any pain during the time the current passes, the fault is in the operator." But I have already drawn your attention to a case where the applications were made in Paris thirty-three times, and in thirty-one the patient was under an anæsthetic. The process lasted three months, and cost some hundreds of pounds. *Apropos* of such practice Dr. Keith says: "Electricity in any form, when applied to the cure of disease, is set down as pure quackery by many medical men," and this is about the only statement he makes with which

I thoroughly agree. Stay, there is one other. Speaking of hysterectomy, he says: "Whoever induces any woman to have such an operation, and tells her that it is nearly as safe as having a baby, should stand in the dock." I agree with him entirely in this, only I am quite sure that no surgeon ever was such an ass as to say anything of the sort. Yet if it were not for the delayed cases in which hysterectomy becomes inevitable, if we could treat all the cases by removal of the appendages, is 1.23 per cent. a mortality very much above that of labour, taking all cases?

Gentlemen, you have heard me inveigh throughout this course of lectures against delay in the performance of operations of all the varieties with which we have to deal. It is not the performance of unnecessary operations that we have to dread, it is the criminal delay of such as are imperatively demanded that still constitutes the opprobrium of surgery.

In the paper I have already quoted Dr. Keith tells the following story, against which I have something to say concerning improper delay in the performance of operations and upon the unfair selection of cases.

"Some years ago an American lady—a fine specimen of womanhood—came to me from San Francisco to have a moderate-sized uterine fibroid removed. It gave her no trouble whatever, and had been discovered by accident only a short time before, though it must have been growing for many years. She made the journey easily across America without stopping, and came to me without having rested anywhere. She was in perfect health. I advised her to have nothing done, to have no operation of any kind, and I assured her that in a few years, when menstruation ceased, the tumour would cease to grow, and would probably more or less disappear. She argued the matter for a long forenoon, saying that she would take all responsibility upon herself if I would only remove the tumour, and it could easily have been removed. She went away unwillingly, returned home, and from time to time wrote pleasant letters. She continued in good health, and had apparently got over her fever for an operation. I heard no more of her till the summer before last, when Dr. Cushing told me of her fate. She had started off again to see me, having heard that I was performing hysterectomy oftener than before. She stopped in a provincial town on her way, had an operation at once, and died in twelve hours."

When I first read this story I suspected that it referred to an operation performed by myself; but I now know that it does so as a fact. Except that the patient came from San Francisco and was a fine specimen of womanhood, there is not one point of the narrative upon which Dr. Keith's memory has not played him false. I have a regular habit of recording every fact of the slightest importance about my patients and of preserving every letter and document of the slightest interest. I, therefore, do not have to depend upon a treacherous memory for the following statements, but upon a "casebook" now before me.

The patient came over twice to Dr. Keith from San Francisco, and for that alone and no other purpose; and for Dr. Keith to tell us that a woman would do so, and insist upon having an operation done involving grave risk to life, merely for the fun of the thing and for no serious reason of suffering, is asking us to believe too much. Failing to induce Dr. Keith to undertake the operation, she came to me, and my notebook says that she menstruated too often and very profusely, and that she was profoundly anæmic. The tumour had been growing for three years, and two years (at her first visit to Dr. Keith) before I saw her. Dr. Keith ordered her a very active course of treatment by ergot. This was persevered in for eight months, and then in June, 1883, a very irksome and ineffectual treatment by the hypodermic injection of ergotine was persevered with till she started on her second visit to England. If the patient was in perfect health, as Dr. Keith says, why did he order her the ergot? When I saw her in November it was for "a cystic tumour, with uterus behind and to left of it;" it was not a fibroid tumour at all. When Dr. Keith says it could easily have been removed he is talking about what he knows nothing. The broad ligament was split up, the vaginal flexure quite obliterated, and the tumour completely embedded, and I have never in my life undertaken anything more difficult. In those days we did not know how to enucleate, as we do now, swiftly and boldly; but, even if I had that case over again to-morrow, I would class it among the "terrible cases." Emptied of its fluid, the cystic tumour weighed 20 ounces. Before the operation it reached above the umbilicus and blocked up the pelvis completely, rendering the patient's life a perfect burden to her. Now that I know more of such cases, I

³ Such failures as this may be attributed to faulty employment of the electrolytic method. Dr. Keith hints as much when he says: "From not a few cases that have lately come to me, when the patients have got scared by the pain produced after two or three applications, I am inclined to think it is being tried by some who do not yet understand the current, who manage it badly, or who try it in unsuitable cases. Though the method may be sometimes abused, or the current managed unskillfully or painfully, the operator, not the electricity, must be blamed for these things." But we have not one word to make us understand how Dr. Keith alone of all electricians can do such feats. Every other English observer who has used it has already confessed that it is risky, painful, costly, troublesome, and disappointing.

know exactly what it was—a thick embedded cyst of the broad ligament. As Dr. Keith was wrong in his diagnosis and is wrong in his recollections, we can place no reliance whatever on his conclusions.

My own conclusion about this case is that the death was really due to delay in performing. Dr. Keith ought to have performed it two years before it was done. He knew at that time how to deal with these troublesome broad ligaments, and for years he had promised to comply with my constantly-repeated request to see him do a hysterectomy. But he as persistently broke his promise, and finally, when pressed into a corner on the subject, refused to fulfil it. Had I been in possession of what Dr. Keith kept secret, I could have operated upon this poor woman successfully, and upon many others. Had Dr. Keith done the operation himself it would probably have been successful. The death should therefore be recorded against Dr. Keith and it is very hard that I have to bear the odium of the failure.

That the case was one of uterine myoma never entered my mind; but I knew it was a bad case before the operation, because the whole thing was so fixed; and I began then to suspect what I now know to be the fact, that Dr. Keith habitually made a selection of cases for operation. Of course such a practice will yield results that cannot be compared in any fairness with the results of men who, despising such methods, operate upon all cases which demand it without reference to selection for results.

Dr. Keith says: "From the fact that in my cases of hysterectomy the removal of the uterus and ovaries was sooner or later followed by insanity in 10 per cent. of the whole number is enough for me to condemn any operation that removes these organs." This is a prodigious statement, quite out of harmony with my own experience. In not one of my hysterectomies has insanity followed the operation.

I have seen insanity follow removal of the appendages for myoma in two cases, but in one the patient was insane from the moment she came out of the chloroform, and she was "queer" before she went under it. I have seen insanity follow simple unilateral ovariectomy, and also simple exploratory incisions. It is well known to occur after all surgical operations and even after the administration of anæsthetics; but we know nothing yet to make us believe that the proportion of cases of insanity amongst persons who have been thus operated upon is higher than it is amongst the general population who have never had any surgical treatment. And, even if it were higher, the question is after all a relative one: do 97 women out of 100 recovering from an operation which will cure 92 or 93 of them suffer more because a few of them will go insane than if the whole 100 are left to suffer and bleed and die? It is not, as Dr. Keith rightly says, a question of surgery, but a question of humanity; and, if he can cure his cases by electricity, so much the better for humanity. But he gives no proof, and he gives no details of his marvellous methods, methods which must be vastly different from and very superior to those of Apostoli; and until he does so the assertions about electricity are no more than words.

CLINICAL NOTES

ON

LEPROSY.

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THE following summary of cases of leprosy—anæsthetic and tuberculous—may prove interesting at this time, when the public mind—earnest in its anxiety—is using its every endeavour towards alleviating, if not stamping out, this loathsome disease.

These cases were observed in Lisbon at the Hospital of San Lazaro in the years 1866-67, during my administration as medical officer in charge of Her Majesty's Royal Naval Hospital established in that city.

This Lazar hospital is dependent upon the large hospital of San José, and is set aside for the reception, treatment, and segregation of leprosy. The two types which are seen in this hospital are those of lepra anæsthetica and lepra tuberculosa. The first is

known to the Portuguese by the name of gafeira, the last by that of morphaea.

The cases are as follows:—

CASE I. September, 1866. *Lepra Anæsthetica*.—M. J. G., aged 38. Born in the province of Minho in 1828. Has lived for the last twenty years on the seaboard of Lisbon as a vintner. His diet has been of a varied nature, using flesh meat frequently. Both parents are living. Neither they nor any of his brothers or sisters are affected with leprosy. Remarkable a scaly eruption of his skin shortly after his arrival in Lisbon. In the year 1857 he experienced for the first time a difficulty in the use of his hands; the left little finger became stiff, and stiffness of the other fingers of the left hand followed. The right hand shortly after became affected in the same way. The muscles of both hands, especially of thumbs, have shrunk in size, the fingers are flexed, and cannot be extended under the use of a moderate force; the integuments are thickened at the joints of the fingers; the fingers are dwindled in size, and their distal extremities are being absorbed; the nails have somewhat shrunk, are adunque, and of a dark hue. The sensibility of both hands, of wrists, and of part of forearm is lost; the elbow is still sensible when touched. Ankle joints are stiff; the integuments of the arch of the feet are thickened. Hair of head plentiful, that of eyebrows and eyelids fast disappearing; the lower eyelids are drawn downwards, and are with difficulty closed; they seem glued to bone. Fauces red; respiration and deglutition easy. Was never vaccinated; has had small-pox twice—when an infant and again at the age of 5. Never had syphilis, but has suffered from gonorrhœa. Has been six years in San Lazaro.

CASE II. September, 1866. *Lepra Tuberculosa*.—F. T., aged 32, native of Estremadura. Has been living in Belem, near Lisbon, for the last six years, five years and a half of which he has been in San Lazaro. Was educated for the Church, delivering lectures at different colleges whilst thus preparing. Father and mother living, both in good health. Family consisted of eight; the two youngest are the only ones affected with leprosy, he being the elder of the two. Has the disease in the tubercular form, whilst his younger brother has it in the anæsthetic. None of the collateral branches of the family are in any way affected. Is temperate and regular in his habits; never had any more serious illness than measles when young. It was in the year 1856, being then 22 years of age, that he fell subject to a severe cold, which affected and obstructed his nasal respiration, and deadened in some measure his olfactory sense. About this time there appeared a small tubercle on the free edge of the upper eyelid, for which he consulted a surgeon, who excised it. It, however, returned, and others of a similar tubercular nature followed on legs, eyebrows, and hands. These swellings made their appearance all about the same time, gradually enlarging until they attained the size now observed. The sensibility of the skin is only diminished on the tubercle and where the skin is thickened; the tubercles being insensible to the prick of a pin. The sense of touch is not affected, for with his hands he can accurately ascertain the form, the degree of heat, of hardness and softness of any and every article he examines. The hands and fingers have the appearance of being affected with chilblains; when allowed to hang they give to the patient a sense of leaden heaviness. They are sensitive to both heat and cold. Eyesight entirely gone; there is a deposit of plastic lymph between the layers of the cornea; sense of smell is sometimes entirely absent, but when a free discharge takes place from the nasal cavity sense of smell becomes perfect, and respiration is rendered easier. The patient explains this by saying that tubercles form within the nasal cavity, grow, break, and scab over, the sense of smell is then lost by the pressure made by the scabs on the extreme filaments of the olfactory nerve; but when the scabs are thrown off and a free discharge follows, the nerves, being free, reacquire their power. The salivary glands are swollen, the saliva is secreted abundantly during the day, whilst at night, from the respiration being effected exclusively by mouth, it is dried up, giving a sense of parchiness and dryness very distressing. Tongue large and chapped. Pulse slow, 65 per minute. Where the skin is thickened it is of a dusky hue. Hair of head thin; none on eyebrows or eyelids; it is fast disappearing from face and shins, but is natural in both axillæ and pubes. He is puzzled how to account for the causes which originated the disease in him; if not to the cold he contracted at the age of 22, he