UTERINE MYOMA: GASTROTOMY: RECOVERY.

By THOMAS SAVAGE, F.R.C.S., M.R.C.P.Lond.,

Senior Surgeon to the Birmingham Hospital for Women and to the Birmingham Lying-in Charity.

MARY W., aged 37, single, servant, came to the Women's Hospital as out-patient on May 23rd, 1877, sent to me by my friend Dr. Drury. Her previous history was that she had commenced to menstruate at fourteen, the periods being always profuse and painful. She had been losing almost constantly for four years, and had, during that time, noticed her abdomen increasing in size. She suffered also great pain, especially at what she thought to be menstrual periods. She was very feeble.

On examination, there was a lump on the right side of the abdomen. The uterus was high up and flattened behind the pubes, and a large hard mass was felt in Douglas's space, which filled up the vagina. The uterine sound passed three inches and a half. The uterus was fairly mobile, and movement of it did not affect the mass in the pelvis. A later note says that the sound passed four inches, the point inclining to the right and a little backwards, as if the fundus were bent over towards the tumour. The tumour in the pelvis was quite fixed. The patient thought she was becoming larger. There was no interference with the bladder or rectum, but she was losing more.

On October 16th, 1877, she was admitted into hospital, and the vaginal portion of the cervix was incised with curved scissors, which seemed to give relief to her pain and loss.

On January 18th, 1878, she was again admitted, and, on the 21st, a long laminaria tent was inserted; and the next day, the cervix was again incised under an anæsthetic, and the capsule of the tumour also cut into. She was ordered to have ergotine injections. After this, the loss ceased, and the pain was much relieved; but they both returned some weeks after leaving the hospital, until she was again admitted for the major operation. To this I would only consent at her most urgent solicitation; for she had now become a most miserable object, and was clamorous to run any risk rather than continue in her present condition.

At a consultation of the hospital staff, when the case was laid out for our joint consideration, and the propriety of an exploratory incision suggested to see if the mass were capable of extraction, an opinion was expressed that it might turn out to be an osteosarcoma of the pelvic wall, so firmly fixed did the pelvic mass feel. The operation was performed in the usual way for ovariectomy, under carbolic spray, on November 7th, 1878. The tumour was found to consist of two masses, right and left in the abdomen, and the pelvic mass. This latter could only be removed by separating numerous adhesions to the pelvic brim and cavity, and by my colleague (Mr. Tai) pressing upwards with the greatest amount of force *per rectum*, I, at the same time, pulling upwards and forwards by traction on the upper mass. A clamp was applied just above the cervix, and the patient, without a bad symptom, rapidly progressed to recovery. She left the hospital on December 11th.

When removed, the mass weighed two pounds fourteen ounces, and consisted of three portions; the pelvic portion, about the size of a foetal head, which seemed to have sprung out of the upper part of the posterior uterine wall; and the two upper portions, right and left, which appeared to have taken rise from the fundus, near the junction of the Fallopian tubes, as I was enabled to pass a sound from below, right and left, for a little distance into each mass; they were about the size of an orange.

REMARKS.—The treatment of uterine myoma, of the variety called subperitoneal, forming masses more or less large in the pelvis and abdomen, is one of the most perplexing questions which engage the attention of the gynaecologist. A very large number, the majority in fact, do not need to be treated; it would be unjustifiable to interfere. We all know cases where they diminish in size at the menopause, or, if not, the patients are enabled to pass through life with little or no inconvenience other than what their weight involves; but, in a certain number, the course of these tumours is as certainly progressive, and towards death, as is the case with ovarian tumours. The removal of myomata by gastrotomy has been of late years proposed and carried out; and, though the success of this proceeding has been but small hitherto, I am very strongly of opinion that a bright future is in store for this operation. It may now be considered to stand in the same kind of relation to prospective success, though perhaps different in degree, as did ovariectomy thirty years ago. The difficulties and dangers of the operation itself will always be much greater than in the removal of ovarian tumours. The diagnosis also will be less certain. The treatment of the pedicle or stump, when there is one, will not be so easily settled. When there is a fair pedicle, which is rare in these cases, it may be clamped or tied, either whole or in segments; and this is to be met with chiefly in the

hard myoma, where a true pedicle, or even the uterus itself, forms the stump. But what is to be done with the large soft myoma, which forms a large, apparently fluctuating, globular mass, in which is embedded the uterus? The clamp is out of the question; and, from the friable nature of the tumour, when it is a thick mass, as is usually the case, the ligature will tear through or will not hold. The cases in which the peritoneal surface of the stump has been sewn to the peritoneal surfaces of the abdominal wound have not been successful, in my experience, as there is the additional difficult task of arresting the hæmorrhage from the raw surface of the stump. Possibly, these might be met by tying with a large number of ligatures, all radiating from the uterine cavity as a centre.

THERAPEUTIC MEMORANDA.

MISTURA GUAIACI IN CLEAR SOLUTION.

THE unpleasant taste of guaiacum, and its uninviting appearance when made into a draught, are inconveniences which have long hampered a valuable remedy, and are worth attempting to remove. With these impressions, I consulted Mr. Martindale to try what could be done. Attempts to make a mixture, by rubbing down ten grains of guaiacum with not more than twenty minims of liquor potassæ, and to dissolve ten grains of guaiacum in a drachm of glycerine, failed completely; the guaiacum being precipitated. A mixture of tincture of guaiacum with glycerine in equal parts resulted in a perfectly clear solution. More glycerine was added, and the solution still remained perfectly clear. The pungent and nauseating flavour of the guaiacum is thus rendered considerably softer, and altogether less objectionable. Another convenience is a diminution of the necessary bulk of the dose, which may conveniently be reduced within the capacity of a liqueur glass. An objection may arise—namely, that, even if its flavour be rendered milder, the remedy must nevertheless be contained in this diminished bulk of fluid in a higher state of concentration, so that, when the compound is mixed with the fluids of the stomach, this fact will become manifest; but it is not so. The action of a glycerine solution on the tissues is much more gradually exerted than that of an aqueous one, as any one may know who has compared the effect on a sore-throat by painting it, at one time with the glycerine of tannic acid and at another with an equivalent aqueous solution of the acid, or who has tried on a patch of slightly raw skin an aqueous against a glycerine solution of iodine of corresponding strength. I would, therefore, propose the admixture of half a drachm or a drachm of the tincture of guaiacum, with one or two drachms of glycerine, for a dose; and I must explain that I made use of a rectified spirit tincture, and not the ammoniated tincture of the *Pharmacopœia*. Furthermore, I must add that the mixture of the tincture with glycerine will not bear dilution with water, which renders it turbid. If it is to be diluted, it must be diluted with glycerine.

BALMANNO SQUIRE.

CROTON-CHLORAL.

THE number of the JOURNAL for May 3rd contained an abstract of a paper by Dr. Riddell on the above substance, in which he recommends its administration dissolved in spirits of wine or glycerine. I desire to point out that warm water, in which the drug readily dissolves with a little shaking, is a much more convenient vehicle. My experience confirms Dr. Riddell's in many points, but differs in one important particular. In toothache, I have found croton-chloral invariably successful, provided only that no suppuration had begun to take place. Five grains every three hours is the dose I usually employ. In neuralgiæ of the head and face, this remedy is very useful; but in those of the trunk and limbs it is valueless—large and frequent doses of quinine being then indicated.

HERBERT L. SNOW, M.D.Lond., Bayswater.

CLINICAL MEMORANDA.

RETROPHARYNGEAL ABSCESS.

DR. ELLIOTT's case, recorded in the JOURNAL of May 3rd, reminds me of a somewhat similar one which came before me at St. Mary's Hospital. The patient was about six months old; the symptoms were slight fever, general malaria, and dysphagia, and the throat was slightly congested. In a week, the general symptoms had increased in a small degree, but the dysphagia was much worse, and the child was evidently dying. Examination of the throat was difficult, and diagnosis uncertain, but the increasing dysphagia suggested the possibility of retropharyngeal abscess. Failing to devise other treatment, I pushed a guarded bistoury into the back of the pharynx, and about an ounce of offensive pus spurted out. The child was quite well in a few days.

E. NOBLE SMITH.