ON FIBROID DEGENERATION OF THE UTERUS,
AND THE BEST WAY OF TREATING IT.*

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I MAKE no apology for choosing, as the subject of this paper, a disease the most common of all the morbid affections to which the uterus is liable. There is, perhaps, no pathological condition which has received greater attention of late years from gynecologists than that known as fibroid disease of the uterus. Although generally recognised as forming numerically by far the largest portion of the morbid affections of the organ, fibroids of the uterine tissue present great varieties of situation, form, and relation to adjacent organs, and consequently the attendant physical signs and symptoms are proportionately manifold. This has probably led to the contrariety of opinion and difference of treatment which obstetric physicians have advocated. Notwithstanding, therefore, the recorded views, experiences, and conclusions which of late years have been published, we are indebted to the Editor of the BRITISH MEDICAL JOURNAL for collecting material to demonstrate that, although, since the disease was recognised clinically and pathologically, good observers have, one after the other, adduced evidence, and that apparently satisfactory, to prove the efficacy of certain remedies to alleviate and cure this malady, yet the therapeutics of the disease are still uncertain, and only tentative. With a view in some measure to aid the inquiry, "What is the best way of treating this malady?" I have ventured to offer this short paper to the Association, in the hope that it may provoke discussion, and elicit that attention on the part of pathologists and obstetric physicians which the extent and importance of the subject justly claim. Time would fail me here to do more than to suggest a closer insight into the true pathological condition which constitutes the disease under consideration, believing that, without such an investigation, any further plan for special medical treatment would be but an addition to the various and contradictory statements which have long given to the therapeutics of fibroid disease of the uterus an empirical character. Without, therefore, reviewing the results of the different plans hitherto generally pursued, I shall content myself with offering some remarks and cases in illustration of that treatment which I have usually adopted.

It was my intention to treat of the pathology of the disease at greater length, but the engrossing occupation which the profession in the metropolis demands at this season has prevented me from collecting material sufficient to warrant my making more than a few preliminary observations, which I hope may on a future occasion afford me an introduction to a more comprehensive essay on the precise nature of those abnormal transformations, enlargements, and indurations, which give the essential character to fibroid and other tumours of the uterus.

The disease is found intimately associated, and sometimes as it were intermingled, with the normal contractile tissue, which makes up the bulk of the organ in contradistinction to the soft tissue lining the uterus, and which gives rise to that vascular growth known as mucous polypus. While thus intercurrent with the contractile fibre-cells, the attendant symptoms, both local and general, may be explained by the irritation which is created, inducing a constant though generally ineffective effort on the part of the uterine contractile fibres to expel the offending matter. When such an effort is successful, the mass is either projected into the uterine cavity, covered only by the lining membrane, and becomes polypoid, when it is easily removed by ligature, *écraseur*, or scissors; or, if thrust through the contractile tissue, it is expelled outwardly, or, if formed by deposit in the cellular tissue directly beneath the peritoneum, it becomes a sub-peritoneal fibroid, where it only annoys by the effect of its bulk and weight on adjacent organs, when it can only be removed, if pedunculated, by an abdominal section, or, when implicating the uterine structure, by the extirpation of the whole of the uterus and appendages—an operation unjustifiable excepting in extreme cases, fraught as it is with much peril to life. When the disease is distinct from the normal structure, but sessile in form, it may often be successfully treated by incising and dilating the cervix and enucleating the mass, by removing it piecemeal with ligature or *écraseur*, etc.—a plan of treatment which I have adopted with complete success in several cases extending over a period of seven years.

In illustration of this mode of treatment I give the following case, mentioned in my lectures on "Primordial and other Causes of Uterine Displacements", and taken from my case-book of in-patients at the Hos-

pital for Women, volume for 1865. I had twenty-eight years ago seen the practice of Récamier in Paris, but I had observed that the use of his instruments for enucleation was often followed by metritis and metro-cellulitis. I had the privilege also of witnessing the late Sir James Simpson's attempt to remove a large fibroid, by separating it from its uterine attachments with the hand, etc., after incising and dilating the neck; but the ultimate result, though nearly successful in liberating the mass, was arrested by the death of the patient from pyæmia. These unfavourable instances for a long time deterred me from pursuing this mode of treatment; but, believing that the plan adopted by Récamier had failed in consequence of the injury done by the instruments employed, and that Simpson's case had not succeeded because disintegration of the tissue of the fibroid had resulted from its extensive separation from the structure which had supplied it with blood, I determined, should an opportunity occur, to try to obviate these evils by avoiding these two sources of mischief; and the following case shows how that was accomplished.

Mrs. M. A. T., aged 50, was admitted into the Hospital for Women May 3, 1865. She had had five labours and good recoveries, and one miscarriage at six months twelve years previously. She had good health till December 1862, when she had a flooding. Her periods lost their regularity, and she suffered from gushes of blood every three weeks. On admission, a hard mass, movable with the uterus, filled the hypogastric region. *Per vaginam*, at two inches from the vulva, a mass was felt filling the pelvic cavity. After some time, ergot produced expulsive pains, and the mass became rather lower. On December 20th, the mass began to protrude from the vulva. A ligature was applied, with Gooch's cannula, as high up as possible. On the 24th, a portion of the tumour came away with the ligature. On the 26th, the ligature was again applied. On the 30th, the ligature broke when tightened; and at 7 P.M. the mass came down, and was removed with the knife. Abdominally, the tumour then disappeared. On January 3rd, 1866, the ligature was again applied; and, on the 10th, the ligature and a piece of the tumour came away. On the night of January 16th, the ligature came away, with more of the tumour. On February 12th, the ligature was again applied, and brought away a small portion of tumour. On the 24th, it was again applied round a large portion of the tumour. On March 1st, the ligature and a piece of the tumour came away, and the patient was discharged cured on March 7th.

In this instance the fibroid tumour occupied the whole pelvis, reaching up to the umbilicus; growing from the fundal portion, it carried the lining soft tissue of the uterus before it, presenting a mass apparently filling and obliterating the uterine cavity. On two occasions, however, Dr. Meadows introduced a sound two and a half inches through a small aperture in its centre, which might have been the remainder of the canal. A sense of great bearing down being constantly present, I gave ergot of rye to aid this effort of expulsion, and, finding the mass consequently lower, I, for the first time, formed the idea of endeavouring to remove the disease by aiding the spontaneous efforts to effect this purpose through the natural passage and outlet. By means of a vulsellum, having drawn down the tumour, and partially separated it from the uterine neck, I had no difficulty in strangulating a portion with a ligature, and, by tightening it daily, I removed a piece the size of a large orange. The continued employment of ergot brought the mass lower and lower, and, as I separated it from its attachments, I applied the ligatures, with Gooch's cannula, six times, until the abdominal tumour was felt to be level with the pelvis, and depressed, presenting, as my colleague Mr. Scott remarked, a condition of inversion of the fundus which deterred me from further operative measures. After a few days, the uterus recovered its normal form and position, and it was found that the whole of the fibroid had been removed. Mr. Pollock of St. George's Hospital (who saw the patient during these operations) suggested the employment of a weight to aid by traction the descent of the tumour, which was perforated by a cord. I found, however, that the structure was too friable, and that, moreover, the ergot with a bandage answered the purpose, whilst the slow process of removal by Gooch's cannula prevented the contraction of the os tince, so that there was no need of traction to bring down the tumour within easy reach of the ligature.

In other instances in which excessive hæmorrhage demanded it, and in which enucleation was impracticable, I have found incising the mass, with the uterine tissue embracing it, especially the cervical portion, productive of the happiest results. In some long standing cases, with flexion or retroversion of the fundus, continuous pressure, by means of a fixed intrauterine support, has been followed by reduction in bulk, and in some instances even by the entire disappearance of the tumour. Acting on this suggestion, and seeing that every natural cure, by polypus and exfoliation, was the result of contractile efforts, I have endeavoured, when beyond the aid of surgery, to treat these diseases by helping forward, medicinally or mechanically, the natural efforts for their cure—

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viz., that of compression and expulsion; the former, compression, diminishing the vascularity of the primary albuginous or sarcomatous state, and converting it into inert fibro-cartilaginous, cretaceous, or osseous matter, thus effecting that change in the disease from a soft erectile, easily congested or inflamed, and growing or active tissue, into that dense and more compact and less organised structure which is not so capable of congestion and inflammation. This condition constitutes its passive form, usually observed after the cessation of menstruation, when (following years of suffering, the consequences of uterine irritation, inducing hæmorrhages and sympathetic or reflex pains and distress) a state of good health often follows, interrupted only, as far as the fibroid is concerned, when by mechanical irritation it incommodes adjacent organs. Of all the means of relieving such secondary annoyances, parietal support is the most eligible, to procure which the "pelvic band" is by far the most effective means. Medicinally, ergot of rye with borax, the application of cold externally, by compress or otherwise, and *per vaginam* by douche, with mineral acids and astringents, the recumbent posture, the pelvis being kept above the level of the heart, and a high and dry situation, will be found amongst the most effective remedies. To aid expulsion there is nothing like ergot of rye and borax, taken in doses of from fifteen grains to thirty of the former to five of the latter. When enucleation of a large mass is attempted, the most dependent portion should be removed as soon as possible after it becomes detached from the uterine wall. This is most important, as, if it be left till the greater portion has become loosened from its attachments, there is danger of disintegration of the loosened tissue, and of consequent blood-poisoning.

To accomplish the enucleation of a large intramural fibroid, the cervix uteri, when it is required to expose the disease, should be incised laterally throughout its entire length on both sides; after which it is easily dilated by sponge-tents, and by the fingers or hand, and the swelling may then be gradually peeled off from the walls of the uterus by repeated efforts, as the patient is able to bear it—always removing, by ligature or otherwise, from time to time, such portions of the disease as may come within reach. To do so, I prefer, as a rule, the ligature applied by Gooch's cannula to the *écraseur*, because during the process of separation there is always an attempt on the part of the womb to expel the disease, and at the same time to keep dilated and open the os tince and cervix, thereby rendering future operations more easy than when the piece is at once cut off and the remainder retires within the embrace of the uterus. When the chief bulk of the disease has been removed, the remaining portion is usually absorbed, and the cure is completed, as shown in the case above quoted.

Passing by the consideration of recurrent and fibrocystic disease, I would call attention to fibroid degeneration of the cervical portion of the uterus. This perhaps is, if not the most frequent, a very common form of the disease—often, I believe, mistaken for *élongement*, or utero-cervical areolar hyperplasia, simple induration, and even for carcinoma. The microscope, and a more attentive investigation of the subject, will, I think, confirm the conclusions to which observations extending over a period of thirty years now enable me to make the following brief and concluding remarks.

There is scarcely any condition of the uterus which is accompanied by more distressing symptoms and disorders than that under consideration. It may be shortly described as presenting usually an increase both in bulk and length of the cervix uteri, which becomes much firmer and often nodulated, the nodules being generally more indurated than the surrounding tissue; the os is patulous, and one or both labia are everted, and the lining membrane congested, inflamed, and granular. With the speculum, the labia are in its early development seen to be injected, becoming afterwards, however, often pale and exsanguineous. The disease usually commences in the labial portion of the cervix, and subsequently implicates the deeper structures, extending at times throughout the whole length of the cervix, and in some instances is continuous with similar degenerations in the body and fundus; when so, there is usually considerable deformity, resulting from flexion and torsion of the organ.

The symptoms may be briefly described as rectal, vaginal, or vesical pains and irritation, bearing down, thick mucous leucorrhœa, weariness and aching in lumbar and sacral regions, and in the hips and thighs, with lameness of one leg, sympathetic pains in the dorsal region and scrobiculus cordis, nausea, and other dyspeptic derangements, with various nervous and hysterical affections. No general treatment that I am aware of gives permanent relief to this distressing malady. The entire removal, however, when practicable, of the diseased structure proves the truth of the foregoing pathological description, by the complete relief to the symptoms which usually follows the means which I here advocate for the cure of the disease.

When simply labial, it may be amputated by means of the *écraseur*, or destroyed by the actual cautery or bromine; but I prefer and always

employ potassa caustica for this purpose, whether the affection be superficial or deep-seated, for the following reasons.

It may be used with perfect impunity, and it gives comparatively little pain. It may be employed with such accuracy and precision as nothing but the scalpel otherwise can afford; and, when proper caution is observed, it leaves no injurious consequences behind, as puckering and contractions of the adjacent vagina, etc.

It is impossible here to do more than very concisely to mention the *modus operandi* of this remedy and its results. By means of my expanding cylindrical speculum, the patient lying on her left side, I procure not only a more extensive view of the uterus than by other means, but the upper part only of the vagina being thereby expanded, a basin is, as it were, formed edgeways, which is filled with vinegar and water up to the exact line, as far as that on which you intend to operate, with the potassa caustica. In doing so, all risk of injury, by the melting and *débris* of the caustic, is obviated.

When the disease is of long standing and very hard, after one or two applications of the potassa caustica, its character is obvious. Contrasted with the surrounding red normal tissue, it is distinctly seen to be of a white colour (like that of white India-rubber or the fat of beef); relief from pain is often immediately felt after separation of the first slough, and this is, I believe, owing to the removal of the tissue investing the disease, which beforehand prevented it from being expelled, by the fruitless contractions which its presence usually provokes. On the contrary, it will be seen, after each application of the potassa, that the white fibrous matter, rubbed down to a hollow by the caustic, becomes in three or four days a projection, and thus, however deeply implicating the cervix, the whole is gradually thrust forward so as to be brought under the solvent action of the potassa till the whole is enucleated. When no remaining disease can be felt, it only remains to pass a large-sized bougie daily to the extent of the wound to prevent cohesion of its sides whilst healing.

From amongst a mass of cases, I must content myself by enumerating some of the favourable results I have seen from such treatment: speedy and entire relief from pains, lameness, in a word the symptoms already mentioned as indicating the disease, followed, in several instances, by pregnancy and healthy labours. In illustration of the subject, I would conclude by quoting the following case recently treated by me in the Hospital for Women. I do so the more readily, because it was taken by Dr. Snow Beck, who had, previously to treatment, demonstrated microscopically the fibroid character of the disease, although the extreme fœtor of the discharges, and the severity of the pains, and the sallow and distressed aspect of the patient had suggested the possibility of cancer. It will be remarked that, by acting in accordance with this view of the pathology of the case, notwithstanding the difficulty and extreme caution required in using so powerful an escharotic at such a depth, a perfect cure resulted, the patient continuing entirely free from the pains, headaches, and other distresses which had made her life for so long almost insupportable.

M. H. T., aged 45, married twenty-four years, was admitted May 15th, 1872. She had had twelve children, the youngest seven years ago. She had children quickly. Nine years ago she saw me on account of leucorrhœa. She had leeches applied occasionally. On admission, the lips of the uterus were very tender on pressure, with an induration in the cervix, giving almost the feeling of carcinoma, together with an offensive discharge. Potassa caustica was applied to the lips and neck of the uterus about twice a week for about eighteen times. Ergot was administered, and as the growth was rubbed down, the uterus pushed the fibroid growth forward. The result was complete removal of all fibroid deposit with entire relief from pain, leaving a small round os uteri with normal tissue around it.

CLINICAL MEMORANDA.

FRACTURE OF THE TRACHEA.

THE singularity of the following accident induces me to report it. I was sent for to a middle-aged woman, who, while hanging out some clothes, slipped off the chair on which she was standing, and fell forwards against its back, from which the top rail was missing. She fell forcibly, and struck the trachea against a sharp upright spindle. I found considerable contusion of the surrounding parts, and an abrasion over the trachea. The cartilaginous rings were crushed; there were slight expectoration of blood and extreme general emphysema. I applied a large compress of cotton-wool over the part, and retained it *in situ* by straps of plaster. She made a good recovery in about ten days.

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