Lettsomian Lectures

ON

MIDWIFERY AND DISEASES OF WOMEN.

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BY

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LECTURE I. (*Concluded.*)

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

Causes of Uterine Tumours.

FROM what we have already seen, it can scarcely be doubted that in pregnant women the fibrous tumour, which grows with the uterine organ itself, essentially partakes of its muscular elements; also, that in an unimpregnated but hypertrophied uterus, the same structures may be found. The point is interesting, as bearing on the origin of fibrous tumours. Every practitioner has met with cases of large, heavy, condensed uterus, and yet where no distinct localisation of condensation existed to constitute a tumour properly so called; but a sort of general congestive hypertrophy of this organ has taken place. Sometimes, however, this is more limited, and then we have what years ago Lisfranc stated he had found; *i.e.*, uterine indurations rounded and circumscribed, offering at their surface lumps and irregularities like fibrous tumours. (S. Lee on *Uterine Tumours.*)

This view does not explain the formation of cysts, although it will fully interpret the development of those fibrous tumours without envelopes, where the tumour and the uterus are so interlaced as to render enucleation impossible. This opinion appears to be that also of some of the most distinguished anatomists of the present day. MM. Verneuil and Lebert believe that fibrous tumours of the uterus are only partial hypertrophies of uterine tissue. (*Bull. Soc. Anat.*, xxvii, 324.)

Upon this supposition, it is easy to understand how any circumstance which may bring about irritation and congestion of the uterine organ will be a cause of the growth of a fibrous tumour. The opinions enunciated on the origin of these by authors have more or less this direction. Excessive venereal excitement has been mentioned by Puchelt. Blandin believed the causes were analogous to those which produced hæmorrhoids; and certainly menorrhagia in females is often produced by the same causes which produce piles in men—*i.e.*, hepatic and portal congestion. According to Lisfranc, a localisation of congestion will develop a fibroid. I have often heard patients refer to a sudden crick felt in the uterus on lifting up a heavy weight, or after a sudden fall, as the cause of a fibrous tumour. Here we have a reason why a determination of blood should be localised. Mr. Brown believes

they are often developed, in single women especially, from habits of delection, and has even foretold their occurrence in this way. Dupuytren and Krüll alone assign extraneous causes; Krüll, advanced age; Dupuytren, hereditary predisposition. The facts I have collected, however, do not justify these last opinions. Statistics, I think, throw some light upon this question.

FREQUENCY OF FIBROUS TUMOURS.

1.—*Fibrous Tumours.*

Age.	Married or Widows.	Single.	Condition not stated.	Total Number.	Age not stated.	
					Mar.	Sing.
16—20 ...	—	—	—	—		
21—25 ...	3	2	—	5		
26—30 ...	17	5	—	22		
31—35 ...	18	13	5	36		
36—40 ...	22	5	6	33	6	7
41—45 ...	21	10	3	34		
46—50 ...	12	6	6	24		
Above ...	7	2	7	16		
Total.	100	43	27	170		

2.—*Polypi.*

Age.	Married or Widows.	Single.	Condition not stated.	Total Number.	Age not stated.	
					Mar.	Sing.
16—20 ...	—	—	—	—		
21—25 ...	3	2	—	5		
26—30 ...	17	3	1	21		
31—35 ...	13	6	—	19		
36—40 ...	25	4	1	30	19	3
41—45 ...	20	—	4	24		
46—50 ...	23	2	7	32		
Above ...	15	—	4	19		
Total.	116	17	17	150		

3.—*Fibrous Tumours and Polypi conjoined.*

Age.	Married or Widows.	Single.	Condition not stated.	Total Number.	Age not stated.	
					Mar.	Sing.
16—20 ...	—	—	—	—		
21—25 ...	6	4	—	10		
26—30 ...	34	8	1	43		
31—35 ...	31	19	5	55		
36—40 ...	47	9	7	63	25	10
41—45 ...	41	10	7	58		
46—50 ...	35	8	13	56		
Above ...	22	2	11	35		
Total.	216	60	44	320		

The preceding tables prove that the disease is more common among the married than the unmarried women.

Out of 156 cases of fibrous tumours of the uterus, 106, or 68.5 per cent., occurred in married women.

Out of 152 cases of polypi of the uterus, 135, or 82.2 per cent., occurred in married females; or, taking polypi and fibroids of the uterus together, out of 301 cases, 241, or 80.2 per cent., were married women.

This result, favourable as it is for spinsters, is still more so when we remember that, as a rule, there are generally about twice as many spinsters as married women. This is the proportion which Quetelet obtained for Belgium. Out of 1,000 women, 628 were single, 295 married, and 77 widows. The same general law would apply to England. If we take the census of 1851, the married females amounted to 3,461,524; the widows, to 795,590; and the unmarried, to 6,478,805, the preponderance being greatly in excess in favour of the unmarried.

But it is clear that, to judge of the potency of sexual excitement as a cause of fibrous tumours, it is imperative to take only the ages during which sexual power is active; and here the rule laid down admits of much modification.

The average age of a wife in Great Britain is 40.65 years. It is at very nearly this average age that the number of fibrous tumours and polypi is in excess.

But, if we take the proportion of unmarried, married, and widowed women, to 100 females living in Great Britain at these ages, their number will be as follows.

Ages.	Spinsters.	Wives.	Widows.
15 to	97.5	2.4	.03
20—	69.6	29.8	.49
25—	40.7	57.3	1.9
30—	25.8	70.0	4.1
35—	18.8	74.6	6.5
40—	15.6	74.0	10.3
45—	13.7	72.2	13.9
50—	13.2	66.8	19.9
Above.	12.6	37.4	49.9
All ages.	60.3	32.2	7.4

At the ages between 35 and 40, we find 22 cases of fibrous tumours among the married and widowed, against five among the single—*i. e.*, 4.4 as many; whereas the married women exceed the unmarried by only 3.7, giving clearly the advantage to the unmarried. The same is true for polypi. We must, therefore, admit that, as the disease occurs more frequently among married women than among single women than their numbers justify, married life favours their production.

2. Before wives, however, reach their average age *i. e.*, 40—or, in other words, before a woman reaches that age at which most fibrous tumours occur—there is a period of probation to go through—*i. e.*, a certain amount of sexual excitement for their development, assuming that sexual excitement is a cause.

If it be so, it may in a certain degree be measured by the ages at which most marriages, the strongest sexual passion, and the greatest fecundity occur. Now, the marriage table for Ireland is as follows to a maximum 100 population.

Age.	Females.	Maximum age.
Under 17	13.3	
17—25	79.26	
26—35	79.32	26.34
36—45	11.1	
46—55	1.5	
Above 55	.16	

In England, most women are found to marry a little earlier—22.80.

Again: the sexual offences may be fairly taken, I think, as an index of the sexual passion. From this we have the following results for males. I select those of Ireland and Scotland, where only the sexes are distinguished. The periods are, for Ireland 1845-7, and Scotland 1842-6; and the proportion given to 100,000 population.

Age.	Females.	Maximum age.
16—20	8.43	
21—30	14.96	
31—40	7.96	26.66
41—50	.57	
51—60	.78	
Above.	—	

Lastly: the fecundity tables give pretty near the same age. These are taken for Ireland for the two years 1839-40.

The table for Sweden and Finland, also annexed, makes the maximum age a little higher than the Irish tables.

Irish Fecundity Table.

Age.	Annual number of deliveries to a maximum 100.
Under 17	44.96
17—25	96.94
26—35	90.28
36—45	50.95
46—55	23.51
Above 55	7.06

Sweden and Finland Fecundity Table.

Age.	Annual number of deliveries to a proportion of 100 fem. living.
15—20	2.48
20—25	12.56
25—30	21.64
30—35	22.82
35—40	18.32
40—45	9.54
45—50	2.28
50—55	0.05

Thus, therefore, it would appear that the age of greatest fecundity is somewhere about 26, at which age we must presume that sexual irritation is strongest, and the uterus most likely to develop the beginning of those local affections which terminate in the development of a tumour, which is the usual case.

Nor is it the case that fibrous tumours, as a rule, take, on an average, so many years before their discovery. I have no facts to prove or disprove this inference. Those that we have merely justify us in asserting broadly that the age of sexual excitement manifestly precedes that of the formation of the greatest number of fibrous tumours.

And this conclusion is strengthened by another kind of evidence, to which I have only time to allude—the well known fact that, with the diminution of sexual excitement, these tumours diminish in size, sometimes disappear altogether. They are also much rarer after the ages when the catamenial function ceases. I cannot now recall to my recollection a case of fibrous tumour enlarging after this cessation, although many are the instances where, having been produced anteriorly, they remain dormant subsequently.

The researches which I have made lead me also to make another statement not generally admitted. Women affected with fibrous tumours are not necessarily barren. Out of 22 married women affected with fibrous tumours, only 5 were barren. Out of 24 affected with polypi, only 3 were barren. Consequently, out of 46 women married, 36, or 82.9 per cent., had children; only 8 were barren; 12 had 1 child, 6 had 6 children, 3 had 3 children, 2 had 5 children, 3 had 7, 1 had 9, and 3 had above 10.