

LARGE SUBMUCOUS FIBROID OF THE UTERUS REMOVED BY ENUCLEATION AND TORSION.

By JOHN SCOTT, F.R.C.S.,

SURGEON TO THE HOSPITAL FOR WOMEN, SOHO.

FIBROID tumours of the uterus and their treatment is a subject of so great interest that no apology is needed for sending the following case for publication, as illustrating the facility and safety with which even large tumours may be removed.

C. H.—, married, aged fifty-six years, a stout, flabby, anæmic woman, was admitted into the Hospital for Women on July 5th, 1873, complaining of general weakness, menorrhagia, and pains in the back and the left inguinal region. She has been married twenty-one years; has had one child twenty years since, and has enjoyed good health until the last two years, from which time the catamenia, formerly regular and natural, have become more frequent and excessive. At this date also pains in the back and groin commenced. From this time she became gradually weaker through loss of blood, and exhausted by the constant pain. Tongue furred; bowels constipated. Owing to the excessive deposit of fat in the abdominal wall, nothing could be felt distinctly by the hand on the abdomen. On examination per vaginam, a large, smooth, and consistent tumour was found filling the upper portion of the vagina, so that the os could not be felt. On introducing the hand, under chloroform, the mass was found to spring from the edge of the anterior labium uteri, bulging into and filling the cavity of the uterus, and extending upwards to the fundus, being attached in its entire breadth to the anterior wall. The posterior segment of the os was felt with some difficulty high up in the hollow of the sacrum. The uterine sound was passed four inches.

As the removal of the tumour in its then condition, imbedded as it was in uterine tissue, seemed impossible, I decided on making a free incision through its investing membrane, with the hope that it might eventually be extruded by the natural efforts of the uterus.

July 19th.—I accordingly made, to-day, an incision an inch and a half long and half an inch deep. This was followed by rather free bleeding, which was easily checked by plugs of matico. A draught of quinine and iron and fifteen minims of the fluid extract of ergot three times a day were ordered. During the next few weeks she suffered occasionally from considerable constitutional disturbance, with a rather free, yellow, and at times offensive discharge.

24th.—A subcutaneous injection of three grains of ergotine was used this morning; within a few minutes severe dragging pains in the hypogastrium and left inguinal region came on, and continued the greater part of the day. In the evening the point of injection in the upper arm had become painful, and inflamed to the extent of a five-shilling-piece. This condition of the arm, with some febrile disturbance, continued up to the 29th.

Aug. 6th.—This morning two grains of ergotine were injected. This was followed by the same train of symptoms as before, but in a less degree.

9th.—I made a further incision above and below the former one to-day; slight bleeding followed. From this date to Sept. 3rd she continued the ergot—mostly the fresh infusion—with occasional intermissions. The catamenia came on during this period, lasting only five days, and not excessive.

27th.—No material change having taken place in the position of the tumour, I introduced my finger through the incision, and easily separated it from its connecting tissue as far as I could reach. Considerable bleeding followed. As the attachments were so easily broken down, I decided on enucleating it by the hand as far as possible, and then to separate it by the *écraseur*.

Sept. 3rd.—The patient being brought under chloroform by the house-physician, Dr. Gairdner, I introduced my hand into the vagina, and succeeded in passing it quite round the tumour, breaking through its attachments up to the fundus. In doing this I found that the adhesions, previously broken down on August 27th, had reformed, and bled freely. The tumour being now free, except at the fundus, I passed the wire loop of the *écraseur* up to that point; but as soon as any strain was made upon the wire it slipped down, in spite of every effort of my fingers and a director, so that it would necessarily have divided the tumour obliquely at its upper third. As I was most desirous to remove the tumour entire, it occurred to me that torsion would probably break through its remaining attachment to the fundus as readily as the others had yielded to my hand. I accordingly grasped the tumour firmly, and, after a few turns, found that it was loose in the cavity of the uterus. Knowing the difficulty that sometimes attends the removal of intra-uterine tumours after their separation, I had previously passed a loop of fine whipcord through its lower part, by which, and by a tongue spatula used as a lever, it was withdrawn with some slight difficulty. The bleeding which followed was easily checked by the application of matico and plugs.

The tumour, which was ovoid, was 5 in. long and 4 in. broad, and weighed 1 lb. 6 oz. Its surface was perfectly smooth, and enveloped in its proper capsule.

During the next ten days there was a free, offensive discharge, which gradually ceased under the use of carbolic acid injections (1 part to 40). But very little constitutional disturbance followed, the pulse never rising above 90, and the temperature 101°, and that only on one occasion.

On the 17th the uterine sound passed only two inches and a half without pain. Nitrate of silver was applied to some granulations round the os.

19th.—On this day she was discharged.

There are four points of interest, I think, in this case.

1st. The extent of the attachment of the tumour to the uterus—viz., from os to fundus in its whole length, and to the anterior half in its entire breadth.

2nd. The facility with which it was enucleated from its surrounding connective tissue, and the hand passed, under chloroform, up to the fundus.

3rd. The ease with which its separation, after enucleation, was effected by torsion, and the advantage of that method over division by the *écraseur*, inasmuch as all chance of including any portion of uterine tissue in the loop is avoided.

4th. The rapidity with which fresh adhesions, after partial separation, are formed, and the advisability therefore of completing the removal at one operation.

Harley-street.