THE

BROOKLYN MEDICAL JOURNAL

Published Monthly under the supervision of the Medical Society of the County of Kings.

EDITORIAL COMMITTEE:
JOSEPH H. RAYMOND, M.D.,
FRED. D. BAILEY, M.D., ALEX. HUTCHINS, M.D.,
WM. M. HUTCHINSON, M.D., WM. BROWNING, M.D.

VOL. VI. No. 8. WHOLE No. 56. | BROOKLYN, N. Y., AUGUST, 1892. | Single copies 25 cents. $2 a year, in advance.

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

SOME REFLECTIONS UPON FIBRO-MYOMA OF THE UTERUS AS INFLUENCED BY INTERCURRENT PREGNANCY.

BY LEWIS S. PILCHER, M.D.,

Surgeon to the Methodist Episcopal Hospital.

Read before the Brooklyn Surgical Society March 3, 1892.

No one disputes that the prognosis of uterine fibro-myomata, as far as regards direct danger to life, is, in general, favorable. It is probable that only a small proportion of such growths determine symptoms of sufficient gravity to bring them to the attention of the surgeon. Of these that do the most atrophy and cease to become sources of suffering after the menopause. In rare instances of the submucous variety spontaneous expulsion into the uterine cavity or gradual breaking down by sloughing has occurred, with escape through the vagina. In other instances, however, the growth is so rapid, or so uninterrupted even by the menopause, as to entail serious risks to life from the compressior

of other organs, from its interference with the normal processes of life, from the pains and disabilities it entails, or from the profound anæmia caused by persistent and profuse hæmorrhages. When comparatively young women become the subjects of troublesome fibro-myomata the case assumes a serious aspect, for many years of invalidism and of exposure to intercurrent complications are before them before the favorable influence of the menopause can be expected. The occurrence of cystic degenerations destroys the hope of later disappearance by involution; the occurrence of septic infection with suppuration and gangrenous processes immediately threatens life.

Growths springing from the cervical portion and extending between the layers of the broad ligament occasion early and severe symptoms from pressure upon adjacent pelvic viscera. Submucous growths have their special dangers from the hæmorrhages which they induce. Sarcomatous degeneration of fibro-myomata have been reported in a number of instances.

It must be acknowledged, therefore, that the prognosis of a growing fibro-myoma is always a serious one. Such a growth possesses possibilities of death either through the exhaustion consequent upon a complexus of sufferings; through renal, cardiac or digestive disturbances; through the prolonged anæmia and consequent general nutritive failure and lessened resisting power to withstand intercurrent maladies; through thromboses originating in the sluggish current of dilated blood-spaces in vascular growths; or, finally, through septic or malignant changes in the tumor itself. Further than this, in a large proportion of cases in which life is not directly threatened, the presence of these growths very greatly restricts the usefulness of the patient, prevents her from gaining her livelihood, and entails upon her a prolonged condition of invalidism.

The propriety of submitting to operation cases of the class now described—that is growths which, by their size, their location or the hæmorrhage they provoke, cause life to be a burden to their possessors, and in which no manifest improvement has resulted from palliative and medicinal methods—has ceased to be a debatable question. The hopes that were awakened that hysterectomy for fibro-myomata would be very rarely, if ever, necessary by the promises that the advocates of electrolysis made have very greatly dwindled, and a growing judgment is being formed from the extensive tests of many observers that in only a small proportion of cases will favorable results be obtained by the use of this agency, and that it entails so many risks of its own of provoking septic and gangrenous complications, of causing peritoneal irritation and con-

sequent adhesions, and of postponing operative interference that ought not to be delayed, only to be resorted to ultimately under much more unfavorable conditions for success than would have been the case earlier, that it seems probable that electrolysis will finally be considered as an appropriate method of treatment only for small and recent submucous or interstitial growths.

It is natural on the one hand that gentlemen devoid of special experience or skill in operative work should persist in methods in which they are skilled, especially if a fair proportion of good results have been secured by them with these methods. On the other hand it is equally to be expected that gentlemen who, by reason of their special opportunities or aptitudes, have succeeded in making their operative attacks to be attended with but small risks to life should much more readily resort to radical operative measures than the first class. Both are right to a degree. All cases cannot be treated by one man, nor by one method, if the best results are to be gained, and the individual should be judged by his own standard and not by another's in his efforts to apply to the cases entrusted to him those methods which he has reason to believe he can use best for that particular case.

The occurrence of pregnancy in a myomatous uterus, if carried to term and happily terminated, has often been attended with a favorable effect upon the myoma which has shared in the process of involution general to the uterus, and thus has undergone spontaneous cure. Yet in other instances the location of the tumor has been such as to choke the pelvic outlet, and to add a most serious obstacle to delivery. During the period of pregnancy, however, the myomata that may be present share in the general nutritive impetus that affects the uterus. Interstitial tumors, especially, enlarge rapidly, and may occasion marked aggravation of pre-existing sufferings, or introduce new and extreme pressure effects. Such tumors have not infrequently come to operation on account of their rapid growth, or the increase of the sufferings caused by them, without the fact of pregnancy being known.

Martin, in his book on "Diseases of Women," reports four instances of the sort in which his operation of myomectomy was done. Pozzi, in his work on "Gynæcology," tabulates from various sources ten cases of myomectomy, and seventeen cases of supra-vaginal amputation of the uterus for fibro-myoma, in which the uterus was found to contain a fœtus.

DISCUSSION.

Dr. PILCHER:—I have myself another case to add to this list, and it is as an introduction to this case that the preceding reflections have been called forth.

In May or in June, 1891, a woman applied for treatment at the Methodist Hospital who was forty-one years of age, presenting a large, irregular nodulated tumor spread out through the lower abdominal cavity and reaching as high as the level of the umbilicus. The growth had increased rapidly and had produced such an aggravation of her sufferings that she came for the express purpose of having it removed. Her menstrual flow had been suspended for five months. Yet the appearance of the uterus was not such as would have suggested the presence of a pregnancy.

The multiple nodes felt underneath the abdominal wall were developed to an unusual degree. There was, however, one horn of this many-horned mass upon the left side more particularly, which seemed to be larger than the rest, which had a distinct fluctuation, which gave all of the rational and all of the ordinary signs of a cystic mass, and a supposition that a cystic degeneration of this rapidly-growing multiple myoma was the inference that those who saw it drew. Her condition, however, was such as caused me to attend at once to the performance of a hysterectomy, which was accordingly done after a proper time for preparation. After the exposure of the tumor it was found that it had spread itself out widely into the broad ligaments on both sides extending to the lower portion of the uterus. It was enucleated from either side out of its bed in the broad ligament, was separated in front, and finally a pedicle was prepared which was caught in the clamp, the wire clamp of Tait being used in this particular instance, and then the whole mass was cut away. The arrest of the hæmorrhage, the tying of the vessels and all that sort of thing, demanded considerable attention, and after the cutting away there continued an oozing which required special treatment for its control. A tampon of iodoform-gauze was pressed down into the cavity to hold it in place and also to assist it in draining away the fluids from the part and a glass drain was applied. A second glass drain was also carried down into the cul-de-sac of Douglas, while the pedicle was secured in the abdominal wound and the ordinary absorbent dressings were applied over all. Several hæmostatic forceps were left applied, being brought out through the lower angle of the wound. At the end of forty-eight hours the forceps that were left in place were detached and removed; the tampon of iodoform-gauze was likewise

removed; the special glass drain was also removed at the same time, but the main drainage-tube, going down into the cul-de-sac of Douglas, was left in place twelve days in consequence of the continued secretion before it seemed best to remove it. It was finally removed on the twelfth day. Aside from the care necessary to properly dress and look after the drainage of the parts, the further history of the case was entirely without accident; no complications arose. The pedicle, that portion of it which was in the clamp, in due time sloughed, the parts about greatly contracted and cicatrized, and at the end of six weeks she was allowed to sit up and at the end of nine weeks returned perfectly well to her home.

After the removal of the tumor from its bed, upon incising the supposed cyst, it was found to contain a macerated fœtus of about five months' development. Evidently it had been dead some weeks.

I have only this to add to the presentation of the case, that further reflection upon it causes me to think that the best that could have been done in this case was what was done; that the treatment for such a case, a tumor of that kind, enclosing a macerated fœtus, was supra-vaginal hysterectomy. Although the fact of the suspension of the menses was of itself somewhat suspicious and might lead to the thought of a possible impregnation, yet the other symptoms which surrounded the case were such as did not lend any very great corroboration to any such suspicion.

I think the case in all its aspects, in its history, in the peculiar relations of the fœtus to the rest of the uterus, to the successful manipulations which secured its happy removal, and the further freedom from all complication in the convalescence of the patient, all combine to make it one noteworthy.

Dr. WACKERHAGEN:—I should like to ask Dr. Pilcher if, in performing hysterectomy by laparotomy, he has had experience in cutting through the vaginal attachments instead of making a stump or using a clamp, and for drainage to introduce iodoform-gauze through the vagina in place of the drainage-tube.

Dr. PILCHER:—I have had no experience in that kind of operating myself, but I have given considerable reflection to that mode of operating, and I know that quite recently our friend Dr. Krug, of the German Hospital in New York, has reported an experience in that line, in which he very earnestly commends the adoption of that mode of operation in suitable cases. It is an ideal method of operating, of course. The objection to it, however, is this: that in many cases by the time one has reached the point where the pelvis is cleared up and the remaining stump is ready for further attention,

one feels that the quicker he gets that abdomen closed up and the woman back in bed the better it is, the more likely he will be to save the life of the individual, so that it will be likely to be, I imagine, a method to be adopted by gentlemen who have become quite proficient in operating in these cases, and by experience are able to perform the various steps of the operation with much rapidity, and are able to save the vital powers of their patients so they are able to go on and finish in the way the doctor has suggested. It then must be the method for the skilled and experienced operator, rather than for the ordinary surgeon to pursue.

That is the way it has struck me from reflection on the subject and from the slight experience I have had in that sort of work myself. I am inclined to think for the ordinary surgeon, if it is possible to bring the stump into the abdominal wound and secure it there, it is likely to be much better for the saving of the life of the patient. It has its own dangers, to be sure, but those dangers we can guard against and they are guarded against in very great measure by attention to the ordinary rules of antisepsis. When we get so that we can safely do what Dr. Wackerhagen has suggested we will have become finished pelvic surgeons.