

MYOMECTOMY FOR FIBROIDS.¹

BY W. H. BAKER, M.D.

CASE I was kindly referred to me by Dr. Hall, of Revere.

Miss A. P. H. Examination March 5, 1897. Single, age thirty-six years. First noticed, two or three months before my seeing her, some difficulty in getting about on her feet. The soreness came on so that walking became painful. Pain and soreness on right side in groin was complained of. Pain in back occasionally when lying down and after defecation. Feeling of weakness and aching in back all the time. General health good. Catamenia began at fourteen; as a rule, occurred each three and one-half weeks; time, five days; amount, nine to ten napkins. Dysmenorrhea complained of for three menstrual periods after getting cold; never before or since. Leucorrhea not noticed. Never very strong. Appetite good. Digestion fair. Constipated. Micturition for two months past frequent. Sleeps well.

Diagnosis, fibroids of the uterus. Depth of cavity three and one-half inches, and bent backward.

The patient was engaged to be married, and did not wish to give up the hope of bearing children. She urgently requested me to save the uterus and ovaries for her if possible.

March 15, 1897, celiotomy was done. Five separate subperitoneal fibroids of varying sizes, from an orange of medium size to a small bean, were enucleated. The operation was tedious on account of the depth in the uterine wall of some of the fibroids, and my desire to remove all that I could of these growths. Uterus and ovaries saved. Incisions where fibroids were removed were sewed up with silk, and the abdomen closed as usual. Recovery excellent.

CASE II. Miss M. L. H. Examination November 3, 1897. Single, age thirty-six years. Troubled for more than six years. Treated for "uterine inflammation," and tumor was then discovered. Her physician reports that the tumor has been growing of late, and patient desires to get rid of it. Catamenia at fifteen, practically always regular; time, five to six days; amount, twenty to twenty-four napkins, which has always been her usual amount. Slight dysmenorrhea when younger. Considerable leucorrhea.

Diagnosis, multiple fibroids of the uterus; two distinctly felt in left of uterus, each the size of a walnut.

The patient's mind was in such a disturbed state from the knowledge of, and worrying over the existence of their growth, and from the fact that her family usually ceased menstruating very late in life, fifty years and over, it seemed best for me to remove them, even though small, for they naturally would have some sixteen years yet to grow. This patient strenuously objected to the removal of the uterus or ovaries, nor could I see why such operation should be done, although it might be the speediest method of operating.

November 10, 1897, celiotomy was done. Seven fibroids varying from the size of a pea to that of a walnut were removed by enucleation. Sites of tumors closed with silk. Recovering well.

A DEPARTMENT OF HYDROPHOBIA is to be added to the Institute of Infectious Diseases in Berlin, of which Robert Koch is director.

¹ Read before the Boston Society for Medical Improvement November 1, 1897.

Medical Progress.

RECENT PROGRESS IN OBSTETRICS.

BY CHARLES W. TOWNSEND, M.D., BOSTON.

THE INJURIES OF PARTURITION.¹

W. J. SINCLAIR, President of the Section of Obstetrics and Gynecology of the British Medical Association, delivered the opening address on the above subject at Montreal. He contrasts three periods in obstetrics: first, from the introduction of the forceps to the discovery of anesthetics, about a century; secondly, from the discovery of anesthetics to the introduction of antiseptics, a quarter of a century; and, thirdly, from the general introduction of antiseptics in midwifery practice to the present time, very nearly a quarter of a century.

In the first period he shows how slow the physician was to resort to forceps, preferring to allow the woman to linger for days rather than use this instrument, — with resulting sloughing and vesico-vaginal fistulæ. He quotes from Smellie, from Clarke and from Robert Collins.

The second period is represented by Mathew Duncan; and meddlesome midwifery is less clearly and emphatically denounced. Laceration of the perineum due to the forceps became much more frequent than under the old practice of delay; and, as it was quite unusual to suture these lacerations, incontinence of urine owing to vaginal sloughing was replaced by incontinence of feces resulting from complete laceration of the perineum.

In the third period the writer finds our modern textbooks are liable to mislead the young practitioner into practice actively harmful. In certain parts of England (in Manchester and the manufacturing towns of Lancashire), he asserts that the forceps are applied in 25 to 30 per cent. of the cases. He has been frequently told by practitioners in similar communities that half an hour only is allowed in the case of multiparæ for the second stage before applying the forceps. That this extraordinary state of affairs is due to the physicians and not the patients is shown by the fact that in the same locality the Manchester Maternity Hospital delivered 2,049 cases, with the use of forceps in 29 cases only, or 1.4 per cent.

The gynecological results of all this meddlesome midwifery, largely to save time, are very obvious.

The writer quotes German statistics, showing the rising protest there against the abuse of forceps. Thus, Wahl reports, in the Dresden Hospital, 9,061 cases of labor, with the use of forceps in 232, or 2.5 per cent. The final indication for resorting to forceps was always danger to the mother, to the child, or to both; and from three to four hours was the period allowed for the second stage of labor. The results were remarkably good.

THE PORRO OPERATION.

Dr. David Barrow² reports a case of this operation, with recovery of mother and child. The patient, nearly at full term, was found to have a large fibroid tumor filling the pelvic cavity, which it was impossible to displace upwards even by the use of firm pressure. Delivery was believed to be impossible except by surgical means. At eight and a half months the abdomen

¹ British Medical and Surgical Journal, September 4, 1897, p. 589.

² American Journal of Obstetrics, November, 1897, p. 677.