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ENUCLEATION OF AN INTRA-MURAL UTERINE FIBROID.

BY GEORGE HOLMES BIXBY, M. D.,
Surgeon to St. Elizabeth's Hospital for Women.

THROUGH the kindness of Dr. Ordway I was consulted, October 23, 1874, by Mrs. C., of Boston. The patient is forty-eight years old, native of Maine, of long-lived parentage. She has been confined to the bed and lounge most of the time for three years; has been an invalid five years. Menstruation, which first appeared at fifteen, has always been regular, but profuse. She was married at twenty-five and has given birth five times with normal labor and childbed: the first, ten months after marriage; the last, eight years ago. The catamenia were present during the suckling of all the children, the average duration, with a single exception, being fifteen months. Six years ago the menses by any undue exertion were rendered unusually profuse. January, 1871, after a month of anxiety and extra exertion with the sick, a profuse menorrhagia ensued. The hamorrhage ceased at the end of four days, and after the usual interval the menses recurred in the ordinary quantity, with coagula, until October, 1871, when a profuse menorrhagia again ensued. Since this event, a period of three years, with the exception of short intervals, metrorrhagia has been constant. In the spring of 1872 she suffered from severe bearing-down pains of at least two hours' duration. August 13th, of the present year, a walk of a few yards was followed by severe hamorrhage. For a year past the discharges have been more or less offensive; for the last three months excessively and constantly so.

At present the patient is in bed. She is thin, sallow, and anæmic; mammae are atrophied, external genitals normal, inguinal glands unaffected. A profuse sanious and highly offensive discharge escapes from the vulva. Vaginal exploration reveals the vagina healthy, the os uteri dilated to the size of a half-dollar, and filled with an irregular friable mass; labia attenuated but apparently healthy, the mucous surfaces firmly adherent to the mass within the os. Sound enters uterine cavity two and a half inches. Speculum exhibits a grayish-colored mass extruding from the os. Diagnosis: Intra-uterine fibroid in process of spontaneous enucleation.

October 28th, with the assistance of Dr. Wheeler, the operation for the removal of the tumor was undertaken. The rectum and bladder having been previously evacuated, and profound anæsthesia induced, the patient was carefully examined by Dr. Wheeler and the diagnosis confirmed. I proceeded with the index finger to separate the cervical adhesions to the tumor. These yielded to moderate force, being comparatively recent. As I continued my efforts upward into the uterine cavity, the attachments occupying the posterior and lateral surfaces of the tumor offered greater resistance. Increasing somewhat the force, with the aid of bi-manual palpation, I managed to insinuate the extremities of the fingers behind and around the tumor, and succeeded in detaching a few more adhesions. Continuing my efforts in the same direction, band after band of attachment gave way, and in due time the entire hand was within the uterine cavity. This apparent advantage tended to retard rather than to favor the manipulations; for the violent uterine contractions literally paralyzed the hand, rendering the slightest effort impossible. Compelled absolutely to rest before proceeding further, the manipulations were continued by Dr. Wheeler. Upon resuming, it was evident that much progress had attended Dr. Wheeler's efforts, but firm attachments still held the mass within the uterine cavity. Further efforts with the hand within the organ, with or without the aid of bi-manual palpation, having been foiled by the uterine contractions, a pair of long blunt curved scissors was brought to our assistance. The concave side of the instrument being applied to the convex surface of the tumor, by vigorous efforts with the points of the instrument, closed and open, succeeded in separating nearly all the attachments. Seizing the free extremity of the mass, first with a single hand, then with both, on firm traction the last attachment gave way and the tumor rolled out entire, the operation requiring forty minutes. Finding the interior of the uterus quite free, that cavity and the vagina were packed with Sims's styptic cotton, the patient was placed in bed, direction given to employ an opiate suppository in case of pain after return to consciousness, and the patient left with the nurse.

October 29th. A fair night; complains of pressure in the vicinity of the bladder, which is undoubtedly owing to the presence of the tampon. After partial removal of the packing, urine drawn. Removal of packing completed, it was evident that the hæmorrhage after the operation had been insignificant. There is slight tenderness on pressure over the abdomen. Washed out the vagina with copious injections of carbolized soap and water. Evening, very comfortable, little rise of temperature; injections into uterine cavity and vagina repeated. Nourishment to consist of milk, at the wish of the patient. Vaginal injection to be used at midnight, use of suppository if required, urine to be voided voluntarily.

October 30th. A quiet night; abdomen less tender, temperature nearly normal; there is a profuse dark and offensive discharge from the vagina. Uterus washed out with a double canula, two quarts of the disinfecting fluid being used by means of a No. 3 fountain syringe, and a winged male catheter of pure rubber left in the uterine cavity for drainage. Injections to be employed by nurse through drainage tube every six hours. P. M. No fever; two ounces of dark matter have passed through the tube during the day; uterus washed out with double canula, drainage tube cleansed and replaced.

October 31st. A good night; patient in excellent spirits, discharge less, with evidences of pus. Injection with double canula repeated. P. M. A very comfortable day; discharge continues but is less profuse; injections repeated, drainage tube cleansed and replaced.

November 1st. A night of quiet sleep, no tenderness on pressure over the abdomen, evidences of laudable pus in the discharge; copious injections continued.

November 2d. Doing well; injections continued.

November 3d. Rectal enema produced a free dejection unattended with discomfort, with the exception of slight exhaustion. Ordered elixir of bark and iron, three times daily, after meals.

November 8th. During the past five days the treatment has been substantially the same. At present the discharge from the uterus is much less and is of a healthy character; the organ is contracting daily, the os still patulous. The appetite is excellent. Ordered nurse to inject through drainage tube the following solution:—

Zinci sulphatis	3j.
Liquoris acidi carbolici	fl. 3 ij.
Glycerinæ	fl. 3 ij.
Aquæ puræ	fl. 3 xvj M.

I used the same solution with a double canula after the employment of the disinfecting enema.

November 11th. Discharge less, but is mixed with blood. Patient thinks it is near the date of the appearance of the catamenia. Injections with double canula continued. In all respects doing well; rectal enema to be employed every other day.

November 12th. Undoubted evidence of the presence of the catamenia; uterine injections omitted (might have been continued without detriment); vaginal enema continued.

November 16th. Catamenia of three days' duration ceased yesterday. Intra-uterine injections with double canula resumed, drainage tube replaced. Discharge of pus insignificant, mixed with mucus.

November 18th. All abnormal discharges having ceased, the use of intra-uterine injections and drainage tube is suspended, vaginal enema to be continued twice daily for the present.

November 22d. Patient sleeps and eats well, and sits up three or four hours daily without discomfort. The abdomen bears quite rough manipulation without tenderness.

November 27th. I found my patient dressed and sitting up. She sits in an easy-chair six hours daily. The day before went down one flight and partook of Thanksgiving dinner with the family.

December 13th. The patient called upon me in her carriage, and seemed perfectly well.

The specimen, a pure fibroma, is a round, lobulated body, flattened on its posterior surface, the seat of the most important attachments. Anteriorly it is more irregular, exhibiting a dark gray mass, partly separated from the main tumor. The growth measures five and a half inches in length, by four and a half in thickness. Microscopical examination reveals the characteristic fibrous structure.

The rapid and successful termination of this case, the absence throughout of the least sign of blood poisoning, — an occurrence not uncommon in the treatment of large suppurating cavities, — is, I believe, mainly due to the frequent and copious injections through a large-sized double canula. A detailed description of the method employed will, I trust, prove not uninteresting. The patient being on the edge of the left side of the bed, the surgeon seats himself on the bed, a little below her pelvis. The hose of a fountain syringe, previously filled and attached to a hook in the wall or ceiling six feet high, is coupled with the right tube of the double canula. The canula is now introduced into the patulous os uteri, and held in position with the left hand. This done, the nurse arranges the bed pan, and places the escape or left tube of the canula in it. The suction extremity of a Davidson's syringe is put into the left side of the pan, the other extremity of the instrument into an empty vessel at the surgeon's feet. Everything being in readiness, the stop of the fountain syringe is opened. As the fluid enters the pan, having made the circuit of the canula, the surgeon with his right hand empties the vessel with the Davidson at a rapid rate. In this manner any amount of fluid may be employed without overflowing the pan and wetting the patient, an accident most annoying and awkward, since it always necessitates a change of clothing. During the passage of the fluid, the current should be frequently interrupted by closing the escape tube, thus insuring contact of the fluid with every part of the suppurating surface. This procedure in the case of our patient occasioned a sense of fullness, but not the slightest pain. Three days of menstruation excepted, the injections were employed by myself, morning and afternoon, for eighteen days; and in my absence, one quart of the disinfecting fluid was allowed to pass through the drainage tube every six hours, by the nurse. It must not be forgotten that such a procedure is admissible only when the uterine cavity is largely patulous; intra-uterine injections with the organ closed being absolutely dangerous.

In the treatment of the uterine cavity after removal of fibroids, or in acute endometritis after childbed, in chronic cystitis, in suppurating cavities either in the pleura, kidney, or cellular tissue, the copious double current not only prevents septic poison, but materially hastens recovery.¹

AFFECTIONS OF THE SEBACEOUS GLANDS.²

BY EDWARD WIGGLESWORTH, JR., M. D.

COMEDONES, though a frequent, are by no means the sole result of derangement of the physiological action of the cutaneous glands. Increased secretion from the sebaceous glands with free exit upon the skin affords the condition known as seborrhœa. When elimination of sebum through the excretory duct is impossible, and a lobule of the gland becomes distended by its secretion to a non-acinous sac, milium is the result. This condition carried to its highest extent, when the entire gland is distended, is that known as atheroma or cystic tumor of the skin. A subcutaneous condyloma is where the distended glands form a hard, sessile, warty elevation, with their follicular orifices occluded by plugs of sebum. This condition intensified, with perhaps degeneration of the gland tissue, forms the sessile or pedunculate molluscum sebaceum or so-called contagiosum, the acne varioliformis of the French school. Calculi of the skin are movable calcified tumors of the sebaceous glands. One form of xanthelasma is also regarded by many authors as a hyperplasia of the gland cells, with distention of the sebaceous glands and hair follicles, and is called by Neumann by the old name vitiligoidea, to distinguish it from xanthoma or the fibroma lipomatodes of Virchow. The sebaceous glands participate also in the production of the *toute ensemble* of various cutaneous disease-pictures, especially that of acne in its various forms. Simple acne is a more or less superficial inflammation of the sebaceous and hair follicles, and is often due to the irritation of previously existing comedones. In the morbid conditions known as rosacea and sycosis, glandular inflammation plays a prominent part. So also in lupus erythematosus or seborrhœa congestiva. Abnormal diminution of the sebaceous secretion gives rise to a general dryness and harshness of the skin, termed xerosis. Let us consider these varying conditions somewhat more in detail.

Seborrhœa occurs in both sexes and at all ages, and is usually associated with diminished vitality. It may be local or general, and the sebum, according as it contains more solid or oily constituent parts, forms

¹ Since writing the above I have learned from the patient that menstruation of three days' duration recurred at the proper interval, that she had visited friends a hundred miles distant, and that she was attending to all her duties.

² Concluded from page 97.