

A REPORT OF THREE SUPRA-VAGINAL HYSTERECTOMIES AND SIMILAR CASES TREATED BY ELECTROLYSIS.

Read in the Section of Obstetrics and Diseases of Women, at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D. C., May, 1891.

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Mrs. L., age 48, was married at 28. Menstruation began at 16. This function continued regularly, painlessly, normally, throughout her unmarried life and during her married life until six months ago, when she began to menstruate on alternate months. She never conceived during her 22 years of married life, though her husband was a healthy man and both enjoyed to the fullest extent the conditions of sexual union.

Five years ago, she first noticed an enlargement of the abdomen; she observed that she was "short-waisted." Pressure symptoms manifested themselves in disturbances of the digestive system two years ago and were her only annoyance, save the mortification growing out of her abdominal development.

There has been no vesical nor renal disturbance, at least so far as the patient remembers, because, like the uterus of advanced pregnancy, it has for five or six years been an occupant of the abdominal cavity.

The lady on her first visit to my office stated that she had been examined and an opinion obtained that she had an ovarian cystoma, but her friends were unalterably opposed to operative procedure.

The conditions of fluid contents were satisfactorily made out, but my indecision as to its exact character was manifested by my double equipment for the operation either as an ovarionomy or a hysterectomy.

After thorough aseptic, indeed absolute antiseptic preparation of the patient, operator and assistants, an incision was made from the ensiform cartilage to the symphysis pubis, a distance of 14 inches. The tumor was brought forward through the incision and Baker-Brown's clamp supplemented by two Koeberle scissors clamps were made to constrict the pedicle, which was the uterine neck. Despite this precaution hæmorrhage ensued, but was promptly arrested by seizing the vessels with artery forceps, ligaturing them and tying the pedicle in three sections, the middle one by the saddler's stitch.

The tumor weighed over 20 pounds, its antero-posterior circumference measured $23\frac{1}{2}$ inches, and its transverse circumference $22\frac{3}{4}$ inches. Its shape, lying upon the table, might be simulated by a bladder in the same position, three-fourths distended by water. The diameter from the pedicle to the fundus was 13 inches, the transverse

diameter 12 inches and the vertical diameter $9\frac{1}{2}$ inches. The intra-vaginal portion of the cervix was not enlarged, the body of the fundus apparently monopolized all the pathological elements.

The general outline of the tumor was the smooth hypertrophied and symmetrical appearance of the uterus of advanced pregnancy, in strong contrast with the irregular and nodular characteristics of the typical fibroid. The ovaries are both intact in the specimen and are located near the section of the stump, equi-distant from it and exactly opposite each other. There were absolutely no adhesive bands or other evidences of there having been at any time inflammatory trouble.

The microscope showed a large preponderance of fibrous tissue and that the numerous dilated lymph spaces were filled with fibrin. The fluid contents of the tumor coagulated immediately after its removal.

In pregnancy the development of the uterus out of the pelvis into the abdominal cavity, so as to make the woman "short-waisted," would take at least four and a half months. In a measure there is a parallelism between the normal and this so-called abnormal growth, since both are nutritive in their character, the one in the main muscular, and rapid, the other fibrous and slow. It is set forth in the history of this case that since it began its abdominal development, five years have elapsed and it had now attained the size of the uterus at full term. In view of the law of uterine development, we might assume that this fibroma had an intra-pelvic existence of at least five years, and therefore the whole period of growth was at least ten years.

The early stage of the tumor was even more mysterious and inscrutable, than the early stages of pregnancy. The patient informs us that her first and only intimation of her condition was, that she was getting "short-waisted."

A pertinent and practical question is, when did this cystic degeneration begin and what is its significance as bearing on the health and longevity of the patient?

The temperature has never risen since the day of operation above 99° , nor the pulse over 78. The Koeberle clamps, were removed on the second day, and the Baker-Brown clamp on the tenth day. The silk-worm-gut sutures with which the abdomen was closed, were removed on the twelfth day. The whole extent of the wound has been sealed by primary union, except the lower end of the incision corresponding with the stump of the pedicle which granulated healthily, the abdominal peritoneum being securely united to the peritoneum of the pedicle. I may say, at the time of this writing, the twelfth day, that with a sensible and manageable patient like the one in question, there is but one possible danger ahead, and of that we stand forewarned, viz.: ventral hernia.

Two years ago I met with a similar case of fibro-cystic myoma and operated at a private house with the same fortunate results as in the case just described. The lady recovered without a single untoward symptom and is now plying an active and successful mercantile business.

My third case of hysterectomy for a fibro-cystic myoma was performed 18 months since at a private residence. This patient died on the 6th day. While I cannot state positively the cause of death, since a post-mortem was refused, my belief is, she died from sepsis.

The length of the incisions in the last two cases referred to was about 7.2 inches and weight of each over 15 lbs.

The mode of operating in these cases is in dispute, though Keith, the most successful of all hysterectomists, advocates the extra-peritoneal plan, as do Pean, Hegar and Bantock, while Schroeder, Billroth and Koeberle, the author of the "serre nœud," practice the intra-peritoneal method.

It is not likely that any one will contend that ergot, administered by mouth or hypodermically, would in any wise curtail growths like the specimen I have described. The removal of the appendices would, if it was practicable in such huge growths, have but little if any influence. I have for two years past used electricity hopefully and for some time enthusiastically, in fibroids of all kinds.

The intra-uterine electrode, as well as the method of stabbing the tumor with the sharp platinum electrode, has been tried frequently and while the applications seemed to improve the general health of some cases, stopped hæmorrhages and greatly relieved dysmenorrhœal pain, I cannot claim to have dissolved any single fibroid or made even an arrest of growth of a cystic fibro-myoma. I caused an abdominal peritonitis by a puncture of a large fibroid through the abdominal wall, and have seen one case, where sepsis was caused by a physician, in the use of an intra-uterine electrode.

I have, at this time, under treatment two large fibro-myomata both of which have developed above the umbilicus; one has had about 80, the other 50 intra-uterine applications, one case has ceased to have hæmorrhages, both have improved in general health.

I recall the case of a fibroid, which I detected when as small as a pea, located on the anterior lip of the cervix. It was not only favorably located for ready application of the current, but for the easy recognition of changes in its size. In the last 18 months I have made 25 electrolytic applications to it. It has trebled its size despite my currents.

I may not be as expert with my batteries as others who are claiming so much for electricity in the solution of fibroids, but I insist that I have,

after over two years of persistent effort with a considerable amount of material, some justification for having lost my enthusiasm and even in being discouraged as to this so-called conservative plan of dealing with fibroid tumors, pyosalpinx, cystic ovaries and the like disorders, which in many cases march straight on to death, or what is worse, to chronic, hopeless invalidism.

The treatment of fibro-cystic myomata by electricity, is well nigh obsolete. Cases have been recorded where abscesses have resulted and ended fatally. Whether aspiration and drainage of such tumors in conjunction with electro-puncture will remove the dangers, is not yet proven.

As soon as fluctuation is determined in a fibroid, extirpation should be resorted to.

The rules of differentiation, the attendant dangers and the treatment of fibro-cystic myomata are the same as ovarian cystoma. Indeed, the operation of gastrotomy for tumors involving the uterus has been evolved out of the work of the ovariologist, in the last quarter of a century.

Whenever an ovariectomy is performed the equipment of an operator should embrace the additional instruments required in a hysterectomy.

A CASE IN OBSTETRICS, FOLLOWED FOR MONTHS BY A DAILY DISCHARGE OF OVER TWO QUARTS OF A WATERY FLUID THROUGH THE CERVICAL CANAL.

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On December 9th, 1890, a colored woman, aged 34, was confined at the close of her seventh pregnancy. She had borne three girls alive and easily, and three boys, two dead, and all with great difficulty. Finding a face presentation, apodalic version was performed, but not before two ineffectual attempts with the forceps had been made. The child was a male, weighing 12½ pounds, with a large ossified head. It was dead. The woman had been in labor two hours. After the birth of the placenta, there was an unusual amount of hæmorrhage, and the patient went into a condition bordering upon collapse. The extremities were bandaged and ligated, and whisky was administered with digitalis by hypodermic injection. Two quarts of a hot corrosive sublimate solution 1-3000 were thrown into the uterus, the hand carrying the nozzle of the syringe to the very fundus. There were no new lacerations to be discovered, and the patient made a fair convalescence without much pain and with but little elevation of temperature. Three weeks