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## Original Communications.

### FIBROID TUMORS OF THE UTERUS.— THEIR DIAGNOSIS AND TREATMENT.

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If the assertion of an eminent gynæcologist be correct, that twenty of every hundred women are subject to fibroid tumors of the uterus, or even should his estimate be overdrawn, it behooves the members of the healing art to search out a more prompt and radical method of treatment than has been hitherto generally adopted for the arrest and cure of this much too-common and lingering malady. It may be urged that our text-books are sufficiently profuse on the subject, and give a large amount of practical treatment, and they certainly do so, as far as regards the advanced stages of the disease, but render little or no information as to remedial measures adapted to its early stages, or just when it is most vulnerable and amenable to safe and efficient treatment.

It is at least humiliating to contemplate the number of cases that drag on year after year, in which tumors attain an enormous size, that by timely and active treatment, might be destroyed during their early growth. The existence of this abnormal growth in the uterine parenchyma, (sometimes excepting the subperitoneal cavity), very soon develops a troublesome train of symptoms, quite sufficiently demonstrative of its presence, more especially if the hyperplasia be sub-mucous or interstitial, and nearer to the mucous membrane than to the peritoneum. Hemorrhage, in some form, is its most prominent symptom, usually commencing with excessive menstruation, followed by metrorrhagia, inter-periodic hemorrhage, leucorrhœa, and occasionally displacement of the womb, with irritability of the bladder and rectum.

Very generally, some or the greater number of

these symptoms are developed long before the growth has attained large dimensions, and but too often do these symptoms become alone the sole objects of treatment, to the entire neglect of their *fons et origo, id est*, the still increasing overgrowth of unstriped muscular fibre, mixed up with connective tissue, which, notwithstanding its feeble vitality, manifests its existence by most unmistakable signs. For the relief of this condition, palliatives, as a matter of necessity, are first employed, *via oris*, and in the form of injections, with the general effect of lessening the amount of the discharges, and perhaps staying them, for a time, but without additional and more potent local measures, they will recur again and again, to the disappointment and disgust of both doctor and patient. The former, I think, will hesitate no longer as to the necessity of a thorough examination, per speculum, sound, and double palpation, in order to obtain a perfect diagnosis, being well aware that there are other affections of the womb with symptoms more or less resembling those of fibroid, such, for instance, as corroding ulcer of the os and cervix, a granular condition of the mucous membrane of the uterine cavity, simple fungoid growths, and tubercle of the womb, also some uterine displacements. The cervix and inner os must be fully dilated with laminaria, even risking septicæmia, the great bug-bear of timid practitioners, and the mucous surface of the entire cavity well examined with the finger, and should abnormal growth be detected, the most appropriate treatment at once determined on.

If the overgrowth be inconsiderable, and of limited extent, it may be lightly scarified and swabbed with fuming nitric acid, and the vagina plugged lightly with cotton wool, for twenty-four hours. After this, the acid should be applied, through a glass tube, about every seventh or eighth day, until six or eight applications shall have been made. When the uterine canal is moderately patulous, the small glass tubes can be generally passed to the fundus without previous dilatation by tent.

Mild cases will generally succumb to the measures above stated. Should, however, the tumefaction have assumed larger dimensions, rather more formidable treatment will be required, and a week or ten days preparatory treatment may be deemed necessary—the patient observing the