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## Original Communications.

### ABDOMINAL HYSTERECTOMY FOR FIBROID TUMORS OF THE UTERUS.\*

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At the outset of my paper, I wish to correct a possible misunderstanding which may arise from my reading a paper at all on the "Operative Treatment of Fibroids and Myomas." Because I do so, I do not wish it to be understood that I have in any way lost faith in the electrical treatment, used with a definite object in certain particular cases. Neither by reading this paper do I mean to advise that fibroids and myomas should be treated by operation at all, except in certain special conditions. Where pain or bleeding, or pressure symptoms are the reasons for the patient consulting us, I believe still that in the majority of cases, the careful application of the galvanic current under rigid antiseptic precautions, will relieve and even permanently cure in most cases all the symptoms. It is only in cases in which the tumor has come under observation, after it has attained enormous dimensions, or in cases in which there is some doubt, without an exploratory incision, whether the tumor is really a fibroid or myoma at all, that I would advise operative treatment. Seeing that operative treatment is sometimes required and that those who operate are in doubt as to what method of operation to adopt, it is the object of my paper to urge them and those who send patients to them, to adopt the extra-peritoneal method of treating the stump. We must remember, as has been said over and over again, fibroid tumors rarely if ever cause death,

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and before exposing the patient to the risk of an operation, the mortality of which varies all the way from two or three to fifty per cent., according to the method adopted of treating the pedicle, the conscientious adviser must feel sure that he has exhausted every other and less fatal method of affording relief or cure. Supposing that this has been done without avail, and that some form of operative procedure, owing to the size of the growth, is imperative, the removal of the appendages or Tait's operation will certainly offer the least risk, although it must be remembered that it, like electricity, is in the majority of cases, only palliative and not curative. Moreover, in undertaking the removal of the appendages, we are never sure whether the operation may not terminate in hysterectomy; for in large fibroids, the appendages are sometimes so difficult to get at and to remove, that the taking out of the whole tumor with them, offers a greater chance of success.

The next question of importance which presents itself for consideration is, that, having decided upon the advisability of performing abdominal hysterectomy, what method of operating offers the greatest certainty of success, by success, meaning, of course, recovery from the operation.

After having examined carefully the statistics of the principal operators, and judging also from my own personal observation of the results of these operations in Paris, Berlin, New York, Philadelphia and Montreal, I have come to the very decided conclusion that there is only one safe way, that is, with Koeberle's serre nœud, Tait's pins, and the extra-peritoneal treatment of the stump. . . . I have seen several deaths following operations in which the stump, after having been carefully sewed up, was dropped into the peritoneal cavity; some of these deaths being due to concealed hemorrhage, because the drainage tube was not used, and others being due to peritonitis; while I have not seen one death follow in any case in which the stump was brought outside the peritoneal cavity. The time required for the completion of the operation is much less, and the ease with which the operation is performed is much greater in the extra-peritoneal method. This element of time required for an operation is a very important one. I believe the risk of any abdominal operation is, other