

THE TREATMENT OF UTERINE FIBROIDS.

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In presenting the subject of the treatment of uterine fibroids (or, more correctly speaking, fibro-myomata) I will relate the histories of a few cases which will illustrate certain points in the treatment of such tumors that I wish to present.

CASE I.—A. B., aged 37, unmarried, living in Colborne, Ontario, went to Toronto in the summer of 1874 to consult Dr. Hodder. She had a large abdominal tumour reaching to a point above umbilicus and well down into pelvis. It had been growing for some years, and caused considerable inconvenience without much pain. Dr. Hodder gave a decided opinion that it was a fibroid tumor of the uterus; that no operation would be of any use; that she would likely live for many years; that apart from the inconvenience before mentioned she might be able to pursue her ordinary avocations without much pain; that it might not grow any larger, and might even become smaller after a time; and that medicines would probably have little effect. He advised a certain course of treatment, giving chiefly bromide of potassium and ergot. I saw her some time after this and made no new suggestions. After an interval of nearly two years I again saw her in the summer of 1877, and found considerable increase in size of tumor, which then reached to a point near the ensiform cartilage. She had failed much in health, was suffering great pain, and had rather profuse uterine hemorrhages. She had been compelled to give up her work as a teacher some time before this, and was, in fact, a confirmed invalid. I never saw her again, but learned that she gradually grew worse and died in about a year.

CASE II.—Mrs. B., aged 47; four children, age of youngest 18; one miscarriage when about 32 years of age, never pregnant afterwards. Saw her in January, 1881. She had had rather profuse menorrhagia for nearly two years, which she attributed to "change of life." Two of the hemorrhages had been very severe and prolonged. Noticed a lump in lower part of ab-

domen about a year before, which was gradually increasing in size. On examination I found she had a large interstitial fibroid. Externally the tumor reached the umbilicus. Health fairly good. Considering age and general condition of system I gave rather a favorable prognosis. I pursued the usual medical treatment for such cases, relying chiefly on ergot or ergotine. The following mixture (as recommended by Goodell) appeared to do most good: Tincture of iron, dilute phosphoric acid, fluid extract of ergot, and tincture of cinnamon, 15 minims of each in water three times a day. She remained in bed during hemorrhages. The hemorrhages grew gradually less frequent and less severe until the year 1885 when she had her last, being then 51 years of age. When I last saw her, in 1886, the tumor was somewhat reduced in size and she was enjoying good health.

CASE III.—C. D., aged 26, seen in March, 1882. Married; one child, aged 2 years. Menstruation nearly normal. Complained of rather vague pelvic pains which had existed for some months. These pains had become suddenly more severe on the day I was called to see her, and were located in lower part of the back and extended from there down the thighs. On examination I found a subperitoneal fibroid, growing from posterior surface of body of uterus, about as large as a small orange. I found the uterus was slightly retroverted, and the small tumor was pressed rather strongly against the anterior surface of the sacrum. I was able, without much trouble, to change position of uterus by pressing upwards the tumor, and the severe pain was at once relieved.

A few weeks afterwards she was again seized with severe pain. I again raised the tumor, giving instant relief. The following day the pain recurred from same cause, and I introduced an Albert Smith pessary, which had the effect of keeping uterus with tumor in good position. The pessary was removed in about three months and never afterwards introduced. In 1883 the symptoms of pressure again appeared and were relieved by pushing up tumor as before. In the meantime the tumor had increased slightly in size, though still not larger than a medium sized orange. After this it never got wedged into pelvis while