

THE VAGARIES OF FIBRO-MYOMATOUS TUMORS.*

BY DR. MARQUIS, BRANTFORD.

I regret that, owing to the shortness of the notice, it was impossible to prepare such an address as befits the occasion, and I offer my apologies for the imperfect presentation of the subject. I decided to look back into the years that have gone, and endeavor to pick out some points that may prove of value in a consideration of the effects of fibro-myomatous tumors upon the life history of women.

It was my privilege, in 1878, to hold the position of house-surgeon at the Toronto General Hospital; that is now 32 years ago. It is interesting to watch the evolution of practice that has taken place in that time, and there is no department in surgery in which the changes have been more varied or the practice has been more improved than in the surgical treatment of fibro-myomatous tumors.

During a pilgrimage to the Mecca of abdominal surgery—Birmingham—about the year 1889, I had the privilege of assisting that great pioneer, Mr. Lawson Tait, with many of his operations during a period of some months. While ovariectomy for the removal of ovarian tumors had been perfected so that the mortality was greatly reduced, the operation of hysterectomy for the removal of myomatous tumors was still in its infancy, and was an operation accompanied by a very great mortality; the mortality was so great that one Edinburgh surgeon looked about him for some other remedy than the knife, and he began the use of the electric current, as advocated by Apostoli, of Paris. After much investigation and careful trial, this treatment was not satisfactory, and proved to be at times dangerous, owing to the degenerative changes that it was liable to set up in the tumors. Many of us looked about for some improvement of surgical technique, and eventually the operation at present adopted was evolved, and is now performed with as low a mortality, in skilled hands, as the operation of ovariectomy. It is my opinion that such operations should only be undertaken by men of special training, in well-equipped operating-rooms, under the most advantageous circumstances. About the year 1890 the operation was performed with the assistance of the Koeberle serre-noeud. Tait used, as a primary precaution against hæmorrhage, a rope clamp, of which the rope was made to encircle the tissues about the cervix, after the peritoneum,

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