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FIBROID TUMORS REMOVED BY LAPAROTOMY AND ECRASEMENT—RECOVERY.

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Every physician knows what is meant by fibroid tumors, although the name should probably be myo-fibroma, as it is composed of connective and muscular tissues, but I like the old name and shall say fibroid tumors. These tumors often cause great distress and even death, so that heroic means are often necessary to relieve the persons suffering from them. Two cases have lately come under my care which may be interesting to members of this society.

CASE I.—Mrs. C., seamstress ; aged 40 ; has had no children, but a miscarriage ten years ago. Since then she has had more or less trouble. Menstruation painful and profuse. She first came to my office in September, 1884. Examination revealed an enlarged uterus, the cavity measuring four inches. Tumor in right iliac region, and very hard. No fluctuation could be detected. I diagnosed subperitoneal fibroid. I used ergot in various forms, as also tonics, but the tumor gradually increased in size ; the pain and hemorrhage became more severe so that she insisted on an operation. As nothing could be gained by waiting, and she was failing fast, I sent her to Harper's Hospital. In the hospital a special room is kept for laparotomies which is in the attic, and isolated. This was thoroughly fumigated with sulphur and prepared for the reception of the patient. On June 15, 1885, the operation was performed. In the morning the patient had an antiseptic bath and the hair of the pubes was shaved. Everything being in readiness at 10:30, a.m., the patient was put under the influence of chloroform by Dr. Gailey. I proceeded to operate, kindly assisted by Drs. Longyear, Johnson, Davendorf, Warner and Wean. All the physicians and nurses were required to wash their hands in a corrosive sublimate solution one in one thousand. The instruments were kept in carbolic acid water of two per cent. Steamed sponges were used, in short every possible antiseptic precaution was made use of except the spray. I told those present that I could not tell what operation I would perform. I might remove the ovaries, or the tumor. An incision was made in the linea alba, just above the pubes, and 4½ inches long, down to the peritoneum. When the hemorrhage was stopped, the peritoneum was incised on a grooved director to the same extent. The abdomen could now be explored, and I found that the tumor was imbedded in and surrounded by the right broad ligament. There was another smaller tumor at the anterior fundus of the uterus. The ovaries were adherent, as also the fallopian tubes. The observations of that distinguished English laparomist, Lawson Tait, go to prove that when the fallopian tubes are removed as well as the ovaries, the menopause is always established ; but if the ovaries only are removed menstruation often does not cease. In this case I concluded to remove both tubes and ovaries, but as all were adherent I thought the patient would be subjected to less danger from secondary hemorrhage, septic poison, etc., if I enucleated the tumors, and closed the wound, by folding in the peritoneum and suturing it. I therefore made a longitudinal incision through the peritoneum down to the larger tumor, and then commenced to enucleate it. When I got to its attachment to the uterus the hemorrhage became profuse ; I therefore applied a ligature to the pedicle. The tumor was cut off ; all bleeding vessels ligated with silk ; the peritoneum was folded in, and sewed together with interrupted sutures. The smaller tumor was then attacked by an incision and enucleated.

The wood cut will best illustrate the folding-in of the peritoneum. T the site of the tumor and S the sutures. The abdominal cavity was now thoroughly cleansed ; the external opening closed by five deep and six superficial silk sutures and antiseptic gauze applied, the latter being held in

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