

UTERINE FIBROIDS—TREATMENT AND REPORTS OF RECENT CASES.*

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Treatment of this diseased condition has been, and is still undergoing very great changes. It seems like only a few years since, owing to the marvellous results claimed by Hildebrandt, patients were filled with ergot. Time has shown that in some cases it will promptly control hæmorrhage, and that by producing powerful uterine contractions it will often produce a temporary diminution of size. This action is most marked at or about the time of the menopause, and in small interstitial tumours it may at this time be useful.

Hydrastis Canadensis seems to act chiefly upon the small vessels of the uterine mucosa, and is of use in some cases of bleeding fibroids. It acts as a palliative only; as do other drugs.

Uterine fibroids, not being necessarily fatal, differ from other uterine and ovarian diseases, and give greater scope for palliative measures. We must not be carried away however, by the thought that such tumours diminish, as a *sure sequel to the menopause*, or our less radical modes of treatment. Each case must be studied by itself. A small interstitial fibroid may be arrested by drugs, whilst the same means would do harm in a subperitoneal tumour.

Some eight years ago electricity was brought to our notice with a great flourish, and, following the enthusiastic opinions expressed by Apostoli and others, we were inclined to think that no man was up to the times unless he was fully equipped with a sixty-cell battery, and electrodes, milliamperes, etc., with which he could dose his patients with the subtle remedies flowing between the positive and negative poles. The doses were accurately measured and given according to scientific principles. What have the results been? In my hands I have only one symptomatic cure to report:

Miss S., æt. 33 (who had always been healthy with the exception of two attacks of acute rheumatism), applied for treatment. She had pain and hæmorrhage at irregular intervals, and was in consequence prevented from attending to her household duties. On examination, I found a retroflexed uterus with an interstitial fibroid, about the size of an orange, in the posterior wall. She could only stand comparatively small doses of the galvanic current, but under treatment for three months, the tumour became smaller, her pains ceased, and her condition was very much improved.

In some cases I found temporary lessening of pain and hæmorrhage.

But on the subject of electricity I am not competent to speak from my own experience. It has been given extensive trials, and we may safely rely upon reports such as were made to the Berlin Gynæcological Society, where 143 cases were presented by men of undoubted reputation and experience. In this series of cases, one only was cured. It was a tumour the size of the fist. Treated by P. Brase. Sixty or seventy per cent. of this series were relieved. Thirty or forty per cent. were either not relieved or made worse. From this and our own experience we learn that, though electricity has not been proved to be the powerful and subtle remedial agent which we

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