

Worster (Jos)

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UTERUS,

Successfully Treated by Incisions into its Substance, the  
Os and Cervix being previously dilated by means  
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subsequent Extraction.

From the American Journal of the Medical Sciences, January, 1868.

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Treated after the Method of Sims, by Exsection of the  
Hymen and Meatus Urinarius, etc., etc.

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Mrs. K., native of England, aged 27 years, of lymphatico-sanguineous temperament, presented herself to me, January 10th, 1866, to be treated for a uterine tumor, attended with much hemorrhage, of the existence of which she had become cognizant about three years before. Six years ago she had given birth to a child, after a perfectly natural labor, but had, ever since, been troubled with more or less sanguineous discharge. She had consulted several medical men, both in England and this country, but all had declined to interfere with it, owing to its extensive attachment to the inside of the uterus.

On examination, the os was found patulous; on further dilatations the tumor was found to fill the uterine cavity entirely, having an attachment extending from the os internum for two-thirds of the entire length of the uterus, which was greatly distended. The surface of the tumor so felt was smooth.

In its longitudinal diameter it measured six and three-quarter inches, in its transverse, four and a half inches; and did not bleed on touch, as polypus does. Hemorrhage was profuse and frequent, attended with repeated syncope, palpitation of heart, pain in back, œdema of feet and ankles, and anasarca throughout; indeed, a general appearance of anæmia. I first attempted, by means of the introduction of slips of the laminaria digitata, (sea-tangle,) to dilate the os uteri sufficiently to encircle the tumor with a ligature; but this, owing to the width of its base, was found to be impossible. I then determined, by repeatedly incising the tumor, by means of a uterotome, (Civiale's instrument for

the urethra, using it as a hysterotome,) to cut off the supply of blood and effect its disintegration, keeping up the dilation of the os by the means above mentioned, and using astringents to restrain the hemorrhage. I made, on twelve different occasions, from fifteen to twenty incisions into the substance of the tumor, on either side of its base, sometimes first through the base, right and left. Much blood was at first lost, but the bleeding ultimately ceased, and a considerable reduction in the size of the tumor took place. These operations occupied the time between the 22d of January and 18th of February, a period of twenty-seven days. Desirous of obtaining more room within the uterine cavity, for the continuance of my operations, I made persistent efforts at further dilation of the os and cervix uteri, as follows:—

*February 20.* Introduced four slips of laminaria, which were allowed to remain until fully expanded: fourteen times that of the original size of the slip: a fact not generally known.

22d. Introduced a long sponge tent, three-quarters of an inch in diameter, and three inches long, leaving it in for two and a half days.

25th. Patient being placed under the influence of chloroform by my son, Dr. W. P. Worster, I introduced into the os *thirteen pieces of laminaria*, measuring two inches in diameter; a very severe form of painful uterine contraction ensued, which caused me to remove them prematurely. The effect, however, was to cause the tumor to protrude at the os, from the expanding of the laminaria from above downwards. The fetor of the discharge was at this time intolerable, and coagula escaped daily, causing much debility. The bulk of the tumor is rapidly diminishing.

*March 1.* Introduced an India-rubber dilator, and continued the dilatation until the 8th, when I succeeded in introducing the fingers and

part of the left hand, on which I passed up a pair of vulsellum forceps, and, having obtained a firm hold of the tumor, after a somewhat protracted and forcible traction, *I extracted the entire tumor*. The base had become softened by disintegration, from the cutting off of the supply of blood, which facilitated the dislodging of the mass. The debris, balance of the pedicle, or attached portion, followed in a few days.

15th. The position of the uterus is normal. The patient is doing well, but very weak from loss of blood, the shock of the operation, &c.; under the use of brandy in very profuse quantities from the beginning of these operations, tonics, including quinia, iron, and the chlorate of potass, she regained her strength, and the natural rosy tint of her complexion, previously as white as marble.

29th. She sailed for the West Indies, being in good health and spirits, and delighted at her riddance from her troublesome companion.

This case may be stated as one of fibrous tumor, developed in the parietes of the uterus, covered by a thin layer of uterine fibre, having thus a broad attachment to the side of the organ; a true intra-mural hysteroma; not a pediculated polypus, covered only with mucous membrane. The treatment consisted of two parts: one, the incisions into the substance of the tumor, by which its vitality and growth were diminished, and its substance disintegrated; the other, the enucleation of the tumor itself from its investing layer of uterine muscular fibre, and its extraction.

Operations for the radical cure and removal of uterine fibrous tumor are of recent date. In a paper on this subject, by my friend, Dr. W. C. Roberts, of this city, published in the *New York Journ. of Med.*, in 1849, which, at the time, was, perhaps, the most complete monograph on the subject in our language, on p. 34 (note,) is given a case from the



*Rev. Méd.*, Dec. 1841, reported by M. Filhos, in which Amussat enucleated, by means of the fingers alone, a fibrous tumor contained in the uterus. In a list of twenty-one cases, in which enucleation was practised, contained in the Lettsomian Lectures, &c., delivered before the Medical Society of London, in 1863, by C. H. F. Routh, M. D., "On Fibrous Tumor of the Womb," the first reported is by J. B. Brown, in 1859; of these twenty-one cases, fourteen are cited as recoveries. The processes employed are gouging out pieces, breaking down tumor with sharp scissors, after previous incision of the os and cervix; cutting through capsule and gouging out a piece; removing a portion from the vagina, and subsequently pulling out the whole mass; enucleation of half lower portion on the first day, application of whip-cord around separated portion, entire removal after much traction and manipulation three days after; incision of posterior wall, and removal of three-fourths of tumor by bistoury, entire removal, in two parts, by tenaculum; enucleation of three-fourths of tumor, which soon after descends and is extracted; incision of cervix on both sides, and extraction of tumor by pincers; os and cervix incised and *tumor broken up*, (how, not stated;) enucleation, in part with hand, in two operations; tumor crushed by lithotomy forceps, and then as much removed as possible by Simpson's p'tome (*sic*?).

The operation I have reported differs from any of the above reported in the incisions which were made into the substance of the tumor, and, perhaps, *in the mode of dilation of the os by the laminaria*, the tumor being subsequently enucleated and removed by the vulsellum. It adds another to the list of recoveries from this rather dangerous operation, in which the risks of hemorrhage, pyæmia, shock, and peritonitis are frequent and considerable. Yet the balance of success is greatly in favor of the operation, which, when cautiously performed, is certainly justifiable, and offers a fair prospect of recovery from an otherwise



incurable, perhaps ultimately fatal, malady, and must be considered as a considerable advance in, and triumph of, obstetric surgery, and an important addition to our means of affording relief in a very frequent cause of danger and suffering in the female sex.

Mr. Hutchinson, in *Med. Times and Gaz.*, 1857, relates thirty-nine cases in which enucleation was practised. Routh has added twenty-one. Enucleation is primary when completed at the time, or within a day or two; secondary, when gangrene is induced. In the first, the incisions must be free and pass deeply down into the tumor, completely dividing the capsule and facilitating its bisection, if that should be necessary. It is not well to draw down the tumor too strongly, as cellulophlebitis, or peritonitis, is apt to follow. Atlee, in secondary enucleation, gave ergot in repeated doses, then incised the capsule, and separated the tumor from the cyst with the finger or scissors, continuing this from time to time, until the tumor sphacelates and comes away by pieces, or what remains is susceptible of removal.

Brown, as before said, uses the gouge or scissors; but latterly, as a safer process, incises the os, subsequently carrying the incision right through a portion of the tumor, (see a case in *Obs. Trans.*, vol. iii., p. 76,) dressing the cut surfaces of the tumor with oiled lint and plugging the vagina. The dressings are removed in forty-eight hours, and daily injections of the vagina employed. The mere incision causes sloughing in the tumor, which disintegrates, diminishes, and finally disappears. Routh thinks that a series of small and successive wounds is safer than one large one, as producing less constitutional disturbance.

Aug. 1, 1867, I was consulted in relation to Mrs. G., aged 20 years, married for eighteen months; *coitus* had, during that period, been impossible, owing to the excessive irritability and tenderness of the vulva, vagina, and surrounding parts.

Upon examination under anesthesia, these parts were found to be naturally conformed. The uterus was natural, and *in situ*. The hymen admitted of great distension with the two fingers of the right hand forcibly separated; but the irritability returned as the effects of the chloroform passed away.

I deferred operating for two months, owing to the heat of the weather; but, at the end of that time no abatement whatever had occurred in the severity of the symptoms. On the 1st of October I performed the following operation:—The patient being under the full influence of chloroform, assisted by W. P. Worster, M. D., and laying her on her left side, the limbs well drawn up and separated, I seized the hymen with a delicate pair of forceps, and with a small pair of very sharp, curved scissors, dissected out the whole of the ring, about four lines in thickness, including the meatus urinarius. The hemorrhage was slight, and less than I had expected. The hymen was about the circumference of a five-cent piece. The loss of blood having been so slight, I determined to proceed forthwith to finish the remainder of the operation. Placing the patient on the back in the position for lithotomy, I passed the first and second fingers of the left hand into the vagina, and extended them to the uttermost; I then made an incision

on either side of the posterior wall, obliquely in a line from the sacro-iliac symphysis to the sphincter vaginae, in the median line. This V-shaped double incision, of depth sufficient to divide the muscular fibre was continued from the point of junction forward through the raphé and sphincter of the vagina, to within half an inch of the anus, thus converting the V into a Y-shaped incision. These last cuts were made with Simpson's uterotome, as better adapted for making deep incisions in parts partly out of sight, and less liable to wound the finger. They were about one-third of an inch in depth. After arresting the hemorrhage, which was profuse, I packed the wounds and vagina with cotton saturated with glycerine, distending the orifice of the vagina to about one and three-quarter inches, and then applied a T bandage. The packing was retained for five days.

On the following day, when visited by my son, Dr. W. Parker Worster, she was found with a good pulse, and easier than had been expected.

On the 5th, under chloroform, the packing was removed, and a glass dilator—a cylinder two and a half inches in length, and one inch and a quarter in diameter, closed and rounded at its upper extremity, its edges everted at the other, and having on its upper surface a depression to receive the urethra—was introduced. The patient rested well. On the 7th I removed the dilator, and, after cleaning it and the parts, reintroduced it, the patient, at this latter moment, being under the influence of chloroform.

*Oct. 11.* Repeated this proceeding without the use of chloroform; the patient suffering very little pain.

*15th.* Removed dilator, telling patient to reinsert it every night and morning; applied nitrate of silver to expedite the cicatrization of the intra-vaginal wounds; she sat up to-day for some hours.



16th. Sat up all day, and left in the dilator all night; 20th, went down stairs, and 24th, walked out by herself.

26th. Improvement continues; the wounds are nearly healed, with only the exception of a small fissure in the lower and posterior floor of the vagina, to which a weak solution of nitrate of silver is applied. Surgically speaking, the cure of the patient and cicatrization of the incisions may be said to be complete, and with little or no contraction of the vagina.

The term "vaginismus" seems to have been given to this affection which consists in an excessive hyperæsthesia of the hymen and vulvar outlet, associated with such involuntary spasmodic contraction of the sphincter vaginæ as to prevent coition—by Dr. J. M. Sims, who, in his recent work on "Uterine Surgery," has minutely described its symptoms, and recommended for its cure the operation repeated in my case. He reports several cases of the affection, and several *cures* by the operation, which, he says, is "easy, safe, and certain." On page 330 (*Uterine Surgery*) he states, "I have now operated on thirty-nine cases of vaginismus, and *in every instance with perfect success.*" To this list of successes, in a condition of things calculated to cause much suffering, both moral and physical, I am happy to be able to add my own.

The husband of my patient informs me (November) that the conjugal act is *now effected without pain or repugnance*; and this day (Aug. 12, 1868) she is reported to me as being far advanced in pregnancy, and in excellent health and spirits.

A second case has since occurred to me treated in like manner, and, so far, with similar success, as to the facility of conjugal intercourse and the speedy recovery of the patient.

JOSEPH WORSTER, M. D.,

54 EAST NINTH STREET, NEW YORK.











