BEALL, (E. J.)

FIBRO-CYSTIC TUMOR OF THE UTERUS: UNUSUAL TREATMENT: CURE

BY

E. J. BEALL, M.D.,
FORT WORTH, TEXAS.

FROM THE
MEDICAL AND SURGICAL REPORTER,
January 5, 1889.

From the MEDICAL AND SURGICAL REPORTER,
January 5, 1889.

FIBRO-CYSTIC TUMOR OF THE UTERUS; UNUSUAL TREATMENT; CURE.[1]

BY E. J. BEALL, M.D.,
FORT WORTH, TEXAS.

At the April, 1887, meeting of the Texas State Medical Association, I presented a paper upon uterine fibro-myomata complicating delivery. In that paper I strongly urged enucleation in lieu of other measures, and gave the history of a case in which I enucleated a fibroid weighing three pounds, that completely blocked the pelvis, having incarcerated behind it a male child weighing fully ten pounds. The case was successful in every particular—mother and child both well at the present time.

Twelve weeks ago I was called in consultation with one of the most intelligent physicians of this section to see Mrs S., aged 37 years; married one year; had never conceived. Her mother, a sister, and a maternal aunt died of "malignant

[1] Read at the meeting of the Southern Surgical and Gynecological Association, Birmingham, Ala., Dec. 7, 1888.

disease" within the abdominal cavity. Upon her cousin I had performed laparotomy for intra-peritoneal abscess that followed childbirth. She had suffered from metrorrhagia for several years. Some time prior to marriage her abdomen had begun to enlarge, and at the time of my visit the fundus uteri reached a point somewhat above the umbilicus. She was anæmic from profuse and protracted hemorrhage, and had more or less abdominal pain.

A few days before I visited the case, an electrical trocar had been introduced into a fibro-cystic tumor that extended into and very much distended the vagina. As a result an ulcerative gangrenous process had arisen, attended with slight flow and odor. To the above procedure, though strict antisepsis had been observed, I attributed the elevated temperature and increased frequency of pulse I found present at my visit. Yet, some days prior to the elevation of temperature there had existed fever, which readily responded to quinine, and the patient lived in a malarious locality. The abdomen presented a symmetrical contour; the enlarged and elevated uterus inclined only slightly toward the right side.

An examination disclosed a hard, slightly elastic tumor, filling a very much dilated and elongated vagina, extending to and slightly bulging the labia and just within a firmly closed and rigid ostium. The finger could be swept around the mass; the edges

of the cervix uteri could be made out, but it was widely dilated and occupied by the growth.

As the tumor gradually developed, the uterus was both dilated and elevated, and the vagina dilated and lengthened. A sound could be introduced into the uterus on one side to a considerable depth ; but the sound movement was quite limited, and indicated a very lengthened and narrow cavity unoccupied by the attachments of the growth. This led me to infer that I had a tumor to deal with, the attachments of which, to the internal surface of the uterus, were quite extensive. Palpation and percussion also indicated a large, firm, very slightly elastic tumor, doubtless fibro-cystic, filling the vagina and elevating and enlarging the uterus to the dimensions already indicated.

These facts of the case well in mind, what course should be pursued which would prove safest for a patient whose life is in the balance, to be turned for weal or woe by the act needed to be carried out by the physician for relief?

It may be well to review some of the measures hitherto suggested for the treatment of uterine fibroids that the hearer may be prepared for comparison when I present the plan adopted, and which terminated so happily in this case.

Palliative treatment, while applicable to minor and less severe cases, promised little in the one under consideration. Correcting

displacement of the uterus was not indicated. Arresting hemorrhage by hæmostatics, tampon, rest, etc., could only put off the inevitable day for action of a decisive character. The medical treatment by alterative agents, whose office, it is thought, is to induce fatty degeneration; the use of ergot, which in some cases has produced good results, when tumors were decidedly interstitial or perhaps subserous, more particularly the former, when muscular contractility (the result of ergotism) would induce compression by muscular fibre—this method was not, to my mind applicable; at least it would be fraught with danger, by reason of the delay needed before radical results could be expected.

From reading and experience I could not expect that electrolysis, so strongly urged by Apostoli, could effect changes in the growth with sufficient rapidity and thoroughness, nor sufficiently exempt from danger, to commend it to this case, which I thoroughly believed, required prompt, immediate measures.

To the art of surgery and its ready application I now turned for a remedy.

1st. Was abdominal section advisable? I believe there are those who would have resorted to the measure. That road has many a warning post, to one of limited experience, at every crook and fork; like a boatman slowly and gently descending some placid winding stream; suddenly and unexpectedly he encounters unforeseen rocks or

falls, while just before, everything was merrily well. The abdomen opened, an enlarged uterus and fibro-cystic contents turned over the pubes; the broad ligaments ligated off; a large dilated and filled cervix to be cobble-stitched around, secured and tied, disengaging a mass from its circular grasp; that cervix as large as the calf of one's leg—all this is pretty to read about in books and journals; it is exciting, and does well when one has the ægis of a metropolitan hospital, with its reports fingered only by the actor, and has leisure for study of results at a dead-house, the janitor his vigil; but not upon the living woman, at a farm-house; the laity his audience; the husband, the mother, the sister hard by the operating-table, urging the surgeon to seek a safer, less formidable plan of treatment, if his conscience will allow and his judgment devise such.

2d. As the tumor could be drawn downward, should I attempt to cut it away with scissors? This is sometimes practicable, and has been done often.

3d. After traction with volsellum, should I endeavor to encircle the mass with the écraseur and sever it as near as practicable to its fibrous attachments?

4th. Should I endeavor to remove the tumor with Dr. Thomas's serrated spoon, as has been done rapidly, safely, and surely, so often, by that brilliant man and his followers?

5th. Should I enucleate, as I had done in former cases—a notable instance of which I have heretofore brought before the profession?

The high opinion I entertain of this last measure induced me to preface this paper with a reference to a case in which I put that plan into successful execution. It is, in many instances, easily done, and attended with little danger. I urge the method when practicable, which it is in very many interstitial, submucous, and mixed tumors. My first effort in this case was to institute the enucleation process. At several places I essayed the plan, but signally failed: the capsule could not be peeled from the growth.

To have incised the capsule and endeavored to force a gradual extrusion of the intracapsular fibro-cystic growth by ergot, would have involved much time, besides subjecting the patient to further systemic infection.

To the first proposition: Disinclination, by reason of inexperience, and fear of shock, etc., prevented its adoption.

To the second and third: I could not consent for various reasons: pertinently, portions of the mass would have been left, presenting a surface through which poisons could readily reach the uterine sinuses and lymphatics, and thus originate a process of systemic infection fraught with great danger.

To the fourth: The objections urged against the second and third are of equal

import here. Additionally, in the hands of one whose experience with the Thomas serrated spoon is limited, uterine tissue might be injured—even the peritoneal cavity might be invaded.

Having referred to the more prominent measures relied upon for the removal of growths connected with the uterus, it must not be inferred that cases do not occur to which these various plans are applicable. But to tumors with a broad and extensive intra-uterine attachment, the sawing process, the *écrasement*, or the incision must be followed by a digging-out of tumor remains: a harsh usage of the uterus, accompanied by the danger that belongs to shock, hemorrhage, etc. Even after much digging, tumor elements will be left which may develop again at a future time, entailing perhaps, if nothing more, a hemorrhagic condition of a new endometrium, great risk of infection, etc.

I do not claim that the manner in which I treated the case, the technique of which I am about to relate, is without precedent. But the plan has no advocates; and if such cases are known to others of the profession they may have had similar management accidentally, not intentionally. This, however, is not so in my own case. What I did was not an accident growing out of an effort to do otherwise; but was the outcome of premeditation.

If I am to be criticized for the method

pursued it must not be ascribed to rashness, but to sober thought and conscientious conclusions. At all events, the patient lives; the interested ones are of a good family and happy; and I have the knowledge that they have applauded and appreciated the services rendered in this most interesting case.

The patient was placed in the dorsal position, the hips elevated, and chloroform administered. Sawyer's forceps were introduced as high as the cervix and caused to embrace the tumor; gentle traction with slight to and fro movement was exercised. Very soon the labia and perineum were being bulged outward by the tumor upon which traction was being made. The left hand was held upon the enlarged abdomen, and the uterus could be felt descending *pari passu* with the advance of the tumor within the grasp of the forceps. At this stage of the operation I intended doing an episiotomy to avoid an irregular laceration of the perineum, which was becoming pronouncedly distended. I did not do so, however, but elevated the handle of the forceps and endeavored to keep apace with the perineal tension. By external palpation and intra-vaginal examination I watched the lowering of the uterus and condition of parts as delivery progressed. Just here, notwithstanding the traction was cautiously and gently done, I discovered that the thinned perineum was giving away. I had now withdrawn at least a pound of the

seven-pound growth beyond the external genitalia, and at once instituted search for cysts, upon finding which I opened and relieved of viscid colloidal material, thus reducing the mass I was endeavoring to remove. I then enlarged the perineum; made further traction, and further reduction by disposing of other small cysts. Pursuing this plan I was soon enabled to introduce my hand (having removed the forceps) by the side of the tumor, grasp it and make more intelligent traction. A few minutes later I could insinuate my hand into the uterus, grasp the tumor more firmly, and determine that the attachments were very general. Instead of removing large portions of the tumor and allowing fragments to remain, I determined gently to *invert the uterus*, which I did, and bring in view the attachments of the growth, in order more thoroughly to separate it from the uterine wall, and better stanch the bleeding with hæmostatic forceps and hot sublimate water. The tumor now being entirely removed by aseptic fingers and scissors; a hypodermic of ergot having been given; the bleeding all stopped, I *returned the uterus* to its normal position with great ease. The perineum was neatly stitched with number three gut ligature, and patient put to bed, knees tied together.

Doing what I did, I could observe strict antisepsis. I left nothing within the uterus, nor returned anything for septic mischief. Little or no shock supervened, and but little

hemorrhage. The patient was soon comfortable. No fever or other untoward circumstance retarded a rapid restoration to health.

The perineum was primarily united; menstruation is occurring normally; health is re-established; and a happy husband has a happy housewife, in every way qualified for her duties, domestic and marital.