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INDICATIONS OF TREATMENT IN THE CASE OF UTERINE MYOMATA.*

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It is my purpose in this introductory paper to define, with as much precision as possible, the indications of treatment for uterine myomata under the varying conditions which they present. In order to this I would propound the following queries:

1. In the case of uterine myomata, when is a symptomatic and expectant plan of treatment indicated?

2. What are the conditions that demand radical therapeutical measures—in other words, surgical intervention?

3. The indication being a radical operation, when should vaginal total extirpation be the method adopted, and when abdominal?

4. Under what circumstances is supravaginal amputation to be preferred to total extirpation?

5. When is enucleation, *morcellement*, or Emmet's traction method *per vaginam* demanded?

In dealing with this morbid condition surgically, the operative technique has, in the past few years, been so greatly improved that the tendency is to embrace within the scope of surgical intervention a continually increasing number of cases which were formerly excluded from this domain. This tendency, too, appears to have reason on its side; for it must be borne in mind that every uterine myoma is a neoplasm, and why should it not be removed, it may be argued, just as we do elsewhere in the body—as we do the ovary, for example, when the seat of a new formation. In the first place, it may be urged, How can we be absolutely sure that our diagnosis is correct What is diagnosed as a *myoma* may prove to be a *sarcoma*. Again, no one can say beforehand, with any degree of certainty, that a myoma will not grow to greater proportions and become a source of danger to its possessor; it is easy to understand, then, that an operation performed in the early stages of its development might be

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an easy matter, but later on exceedingly hazardous. We know also that degenerative processes occur at times in myomata, such as calcification, suppuration, gangrene, etc., which may bring great risk to the patient. One such degenerative change, which greatly increases the difficulty of diagnosis and may involve serious consequences, is general œdematous infiltration. The œdema is the consequence of stasis occasioned by the formation of *thrombi*, originating spontaneously in anæmic subjects or following upon therapeutical procedures. It has been observed repeatedly, after the Apostoli treatment, it may be remarked in passing. After a wound, infection may take place with putrefactive bacteria, or with staphylococci, or with streptococci, resulting in *thrombosis*, *œdematous infiltration*, *suppuration*, *necrosis*, or *pyæmia*. The endometrium, as is well known, exhibits a condition of chronic inflammation or hypertrophy, especially in the case of intramural tumors. *Menorrhagia* or *metrorrhagia* are consequent upon this condition, and in the event of invasion of staphylococci, pus tubes may complicate the case. When the growing tumor is detained in the pelvis it may cause from pressure disturbances in the functions of the neighboring organs, especially the bladder. When it develops between the folds of the broad ligament it may dislocate the ureter of the corresponding side and so obstruct it as to cause hydronephrosis. Lastly, the degeneration into *sarcoma* has been observed, and even rarely into *carcinoma*. In view of these possibilities, unfavorably affecting the prognosis, it would seem that a strict logical deduction from the premises would demand the ablation of the offending organ. As Küstner,* however, justly remarks, "this radical standpoint to subject all myomata to operative treatment will, at all events, never find place in a science which makes it a problem to help the suffering organism as much as possible according to the standard of its individuality." Virchow † admirably expresses it when he says "the myomata in itself is a benignant entirely local formation, which brings no other danger to the body than that which is produced by its effects and changes." It can not be denied that the preponderating majority of women affected with myomata, if subjected to a symptomatic treatment, attain to the menopause, when the dangerous symptoms disappear gradually, as a rule. To a large degree the environments of the patient must be taken into consideration in discussing the question of a radical operation. A woman who has to earn her bread by daily toil can not afford to submit to a long continued

* *Grundzüge der Gynækologie.* † *Die Krankhaften Geschwülste.*

course of symptomatic treatment which her sister, in better circumstances, could choose without inconvenience. In a word, it is the individual that must be subjected to treatment, and not merely the disease. The question might be thus put in each individual case : Are the dangers and annoyances incident to the myoma of such a grave character as to outweigh the dangers arising from operative intervention, together with such drawbacks as appertain to the mutilation ? It is a well-attested fact that the removal of the uterus and the annexa, in young women is at times attended by such psychical disturbance as to make it a question if it had not been better to have let the patient remain as she was. Under these circumstances it might be well to remove the uterus when the operation seems imperatively indicated and leave the ovaries intact. I have now under my care a patient affected with uterine myoma who may be considered a type of a large class. I have observed the case for seventeen years. Within this period I have seen the tumor take its origin in small beginnings, grow after emerging from the pelvis, assume huge proportions, ascending above the umbilicus, and then, after the menopause had been attained, gradually undergo retrogressive changes, until now it is an insignificant enlargement. Meanwhile the physical condition of the patient is excellent, her fine complexion and robust appearance impressing one strongly with the exuberance of her health. The chief symptoms which called for treatment from time to time in this case were menorrhagia and metrorrhagia, and they were controlled by dilatation with laminaria tents followed by injections with iodine. I have had excellent results with this mode of treatment for such conditions. Latterly I have employed dilatation, curettage, and packing with iodoform gauze with gratifying results, as a rule. It is doubtful if the patient would be as well if I had performed a radical operation, as at one time I thought of doing, when the symptoms seemed to demand it.

Myomectomy I believe to be indicated under the following conditions : 1. The persistent growth of a tumor, if certainly demonstrated and occurring in a woman rather young, unconditionally demands a radical operation. In the case of subserous myomata, even if they begin to grow when the patient is near the menopause, the indication is still a radical surgical procedure, as it may be assumed that they are nourished by their adhesions, and consequently that they will continue to grow during and after the climacteric. If the myoma occupies the pelvis, and by its growth causes phenomena of incarceration on the part of the bladder, its removal is indicated if it can not be replaced.

2. Profuse hæmorrhages, which cause intense anæmia and perceptibly exhaust the patient, furnish an indication especially when ordinary therapeutical measures prove inefficient.

3. A radical operation is indicated when the pains and annoyances that accompany the growing tumor destroy all pleasure in existence and render the patient incapable of doing any work.

4. In a certain class of cases, in consequence of the presence of the myoma, ascites is evoked, which can only be relieved by the extirpation of the growth. In these circumstances *myomectomy* is unconditionally indicated.

For the method of vaginal total extirpation, cases of subserous and intramural myomata not exceeding a child's head in size should be reserved. For larger myomata, laparo-myomectomy is indicated. The fact that the after-treatment is so much more simple after total extirpation than after supravaginal amputation, and that the patient's condition is so much better, and further that the healing process proceeds more smoothly and with so few complications, makes it the preferable operation. Only when the portio and cervix are very small, or it is important to save time, is amputation the preferable operation. When submucous myomata have passed through the cervix and attained the vagina, the removal by scissors, using Emmet's method of traction, is usually not difficult, as the tumor is already more or less pedunculated. The same thing happens when the myoma is still in the cervix. When the tumor is quite large and has a broad base, it may be necessary to employ *enucleation*, *morcellement*, and *traction*. A necessary condition is that the cervix should be well dilated. Instead of the slow method of dilatation by laminaria or tupelo tents, it is better to incise the cervix, preferably after the manner of Fritsch, by incising the posterior lip up to the internal os. In this way the entire cavity may be felt, and our manipulations much facilitated. These methods are contraindicated in interstitial tumors of large size, and even in submucous myomata when the base is very broad.