CONTRIBUTIONS TO THE SURGICAL TREATMENT OF TUMOURS OF THE ABDOMEN

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CONTRIBUTIONS

TO THE

SURGICAL TREATMENT

OF

TUMOURS OF THE ABDOMEN.

PART I.—*Hysterectomy for fibrous Tumours of the Uterus.*

BY

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MDCCCLXXXV.

To

ALEXANDER J. C. SKENE, Esq., M.D.,

Professor of the Medical and Surgical Diseases of Women,
Long Island College, Brooklyn, New York.

Dear Dr Skene,—

Many years ago, you came and sat with me for a time and then went away,—just as too many American friends, whom I am unwilling to let go, so often do. Since then, though we have not again met, you have laid me under many obligations. Knowing well, how far behind you our hospital teaching is, in some departments of woman's surgery, I sent my son some years ago to America to study your ways, and to be for a time under the influence of such minds as those of Marion Sims, Emmet, Thomas, and your own. Of your goodness to him, as well as to other members of my family, I do not trust myself to speak; in our household you are spoken of every day, and your happy and hospitable home is known amongst us by the name of the Skene House. For all that you have done for me, I am content to remain your debtor.

Now, I am going to ask you to take the so-called Scotch present—a something that does not cost the giver much. I write little, for I know little. I am every day changing the ways of my work, and the dread of giving an uncertain sound is heavy on

my mind. The following pages contain simply the notes of every case of uterine tumour—forty in number—that I have ever in any way interfered with by abdominal section ; you are left very much to draw your own conclusions. And, after all, I offer you something that is not mine, but is of American origin ; for though hysterectomy may have been performed by others by misadventure, if I greatly mistake not, the first case of uterine fibroid, diagnosed before operation, was removed by my old friend Dr Kimball, of Lowell. This increases the pleasure with which I now venture to offer you—as a friend and an American—these notes. It is a little thing to give you, but it is given in the fulness of a grateful heart ; and with all good and kind wishes, I remain,

Your sincere friend,

THOMAS KEITH.

EDINBURGH, 1st January 1885.

HYSTERECTOMY FOR FIBROUS TUMOURS OF THE UTERUS.

THE natural history of the ordinary uterine fibroid is different from that of other tumours. As a rule, it has only a limited life. Other growths go on, and vex or kill according to their nature or place in the body. A stone in the bladder, if it be not taken away, is there for ever, and as it grows, it torments the more; but, to the woman with a fibroid uterus, who has passed the best of her years in weariness and pain, middle age brings relief, and old age may be spent in peace. Hence the difficulty in knowing how far we are justified in advising interference for a disease that troubles for a time, though it rarely kills. It is often said that the operation for the removal of uterine fibroids is in much the same position now that ovariotomy was five and twenty years ago. It is not so. It never will be so. The history of these two diseases is entirely different. As a rule, ovarian disease is a merciless one: it goes on and kills. As a rule, the active existence of an uterine fibroid is limited: it rarely interferes directly with life. When menstruation ceases, the troubles of the patient soon begin to pass away, while the tumour itself, after a time, becomes smaller, and in a few years little or no trace of it may be found. The patient gets along, lives more or less comfortably, generally not even aware of its existence, and dies of something else. Indeed, a large proportion of fibrous tumours interfere little with a woman's

comfort during the whole menstrual life. Patients often become anxious about large growths, of the presence of which they were unaware, till their attention was called to them by their friends. But in a certain proportion—not necessarily in cases of large tumours, and if I were to make a guess I would put the number of such at about five per cent.—life is a long weary burden ; a little respite is got only during a short interval between the periods, and often there is not even that. These unfortunates live on somehow, a burden to themselves and to their friends, but they rarely die from their tumour. In an advanced case of ovarian disease, be the local difficulties what they may, one can honestly encourage a woman to run any amount of risk. She has not much to lose—a few months only, it may be, of ever-increasing suffering—and she may gain much by an operation, having much to gain. It is quite different in the case of nineteen-twentieths of those who have a simple uterine fibrous tumour. They may have years of fair health before them ; and even in the worst of them, the chances are, that they will live on—not in comfort, certainly, some perhaps in misery—but still they will live and not die. These have not much to gain by chancing a dangerous operation, and they may lose much, having much to lose.

Till of late years, uterine tumours were let lie undisturbed unless when they were mistaken for ovarian cysts ; but the restless surgery of to-day will let nothing alone ; it has no patience for the menopause, and would attack all and sundry in some way or other, till one almost begins to think that individual responsibility has become old fashioned and gone out of date. So far as operations for the cure of this disease have yet gone, the mortality is out of all proportion to the benefits received by the few. In the last edition of his book, Sir Spencer Wells gives his results after hysterectomy as follows:—Twenty deaths in thirty-nine completed operations, or one in every two operated on. In thirty-one explora-

tory incisions for fibroid, partial operations or attempts at removal, one out of every six died; while of those who survived the abdominal section, brief notes are given of other eleven cases, fatal, mostly within two years, some within one. The most successful of all the London operators by far is Dr Bantock, and his numbers are the largest. Abroad, the best results have been got by Professor Schrœder of Berlin and Dr Hegar, whose mortality is not above ten per cent. Dr Bigelow of Washington has lately collected all the cases placed on record up to March 1884. At best, this must be an imperfect list, and can only show the least bad side of the operation. Of 359 operations there were only 227 recoveries and 132 deaths, or a greater mortality than one out of every three operated on.

Had this frightful mortality been the result of operations done for the extreme cases of uterine tumours, where the sufferings were great and life had become a useless burden, then there might be some excuse for it, but many of these operations were done in cases of small tumours that were giving little trouble, or of peritoneal outgrowths that were giving still less; and then the disease for which these operations were performed is, of itself, only very rarely a fatal one. The sum of misery in these 359 operations to the subjects of them, and to their friends, is something simply incalculable. So far as hysterectomy has thus gone, it has done more harm than good, and it would have been better that it had never been. If these be the best results that surgery can give, then the sooner this operation is laid aside the better.

Fortunately for those afflicted with uterine fibroids, the prospect of relief that has lately opened out to them, by the safer operation of removing the ovaries, is one welcomed by all. This will diminish the number of cases for hysterectomy, though it will not supersede it altogether. For the success of the operation of removal of the ovaries and tubes,

it seems to be almost essential that it should be performed when the tumours are small; the ovaries will then be almost easily reached; whereas, if the tumour be allowed to grow large, there is a probability that one, or perhaps both, ovaries may not be removable even when got at. I have failed, in nine of the thirty-eight hysterectomies that I have performed, to remove the ovaries, simply, I believe, because the operation was generally attempted in cases where the tumours were too large, and in every one of these, I had to go on and remove the uterus—sometimes under very unfavourable conditions. Sometimes the ovary is so low down in the pelvis and adherent, that it cannot even be reached; sometimes in very large tumours, it is elongated and embedded in the capsule of the tumour in such a way that—knowing how vascular the capsule is—it would be a most unwise proceeding to attempt interference with it in any way. Those who were present will not soon forget a scene that happened one afternoon in the hospital here. The operation was one for the removal of the ovaries for great pain, and to check the growth of a small bleeding fibroid. It was late in the day when the operation was begun. Both ovaries were felt enlarged and fixed on the tumour, each being about three inches from the middle line, about the level of the iliac crests; a short and simple operation was expected. The right ovary, with the Fallopian tube enormously enlarged, was closely adherent on the tumour. This, with the end of the tube, was tied, with barely room to hold the ligatures, a small fragment of ovarian tissue being left included in the ligatures; of the left ovary, only a small part the size of a walnut could be brought into view. A long fine trocar was pushed into it, and some thick tarry-like fluid escaped; but on putting on the aspirator, several ounces came away. The left ovary was evidently much larger than was expected. The opening was enlarged, and the hand got in. To do this, some adhesion