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An operation for the removal of a Uterine Tumor, together with the excision of the entire organ, and its appendages. By WILLIAM J. BAKER M.D., Knoxville Tennessee. Assisted by Drs. James Rodgers, James H. Sawyers, and John M. Boyd. (Reported by Dr. Boyd.)

Matilda, a negress, servant of Mrs. Laura Bearden of this city, married, but without children, has been occasionally, since the year 1851, under treatment for inflammation of the os uteri.

In March she became pregnant, but aborted in the latter part of April. She has always suffered from dysmenorrhoea. With these exceptions her general health had been good, previous to October, 1855. About this time, she states that she began to feel a lump in the right iliac region. Nervous disturbance began also to be more distressing.

In June, 1856, was requested to see her. Found her suffering severe pain in lumbar vertebrae and thence through the pelvis, with usual symptoms of dysmenorrhœa; the disturbance of the nervous system amounted to hysteria. There was retention of urine, and the catheter was used, and a copious amount of urinary secretion secured. The abdominal tumor was noticed, and upon inquiry it was found to be of eleven months standing.

She had been under the impression that she was pregnant. It occupied all the hypogastric region and a portion of both iliacs, inclining decidedly to the right. It is firm to the feel, somewhat moveable, and reaches upwards to within two and a-half inches below the umbilicus. An examination per vaginam reveals a slightly nodulated surface, far back between the promontory of the sacrum and the uterus.

The womb is pushed forward, and is evidently retroverted. The os high up behind the pubis.

The speculum shows the tissue visible, to be in a healthy condition. The os, however, cannot be grasped by the valves of the speculum. From this time forward she was under treatment, it being sought by remedial measures, local and constitutional, to retard or check the growth. In every succeeding menstrual return, medical interference was necessary to palliate her sufferings. Each time the catheter was used to obviate retention, and purgative medicines were indicated. The menstrual discharge continued for thirty-six hours, but was in small quantity, and of a black appearance.

In August, another and serious inconvenience manifested itself, viz.: constipation, which rendered a frequent necessity for laxative medicines.

During *the period*, the rectum became irritated, and in one instance, positive inflammation supervened.

From 10th of October, constitutional derangement grew rapidly and steadily worse. Previous to this time, she had enjoyed at least an immunity from pain. Now it was constant, and frequently excruciating. The pain was described as dull, heavy and aching in the pelvis, but sharp and lancinating from the sacrum to the dorsal vertebra.

Depression in the tone of the nervous system was more rapid.

Hysteria exhibits itself frequently and slight causes produce paroxysms. The appetite is very much impaired, morbid and irregular, and she sleeps, really, for nights successively, scarcely at all. The tumor feels in size through the abdominal parietes, as the pregnant uterus of seven months.

There is a well marked protuberance in the right lumbar region. This protuberance can, by kneading, be moved over as far as the mesian line, a distance of two and a-half inches.

To *the touch*, the womb not only feels heavy, but offers to the finger a degree of elastic resistance. It reveals also a gradually extending irregular surface. The mammæ are enlarged. The areola has increased in area and in depth of color, and there is a secretion of milk. Depraved appetite and longing is marked. She insists that she has felt motion as of a fœtus in utero.

A sound was introduced in the womb, to determine the size of its cavity. It was introduced with difficulty, and met the walls of the fundus two inches from the os.

Convinced that nature could not long resist the ravages of the above mentioned conditions, but must soon yield to such mischief at work, an operation to remove the tumor was proposed. Diagnosis could not determine whether or not the tumor had grown from the matrix, or some contiguous point. It was certainly attached to the womb, but whether the base was fixed from origin and growth was only conjectural. Drs. Rodgers and Sawyers having been called in consultation, examined carefully the case and concurred in the propriety of an operation for removal.

Friday, November 6.—Menstruation came on in usual quantity, and with usual increase of grievances.

It was determined to operate on the following Thursday, November 13. At 10 o'clock A.M., Drs. Rodgers and Sawyers kindly assisting, the patient was anæsthetized. Chloric ether was administered by Dr. Sawyers in the outset, but its action was very tardy, and chloroform was substituted. In a few minutes thorough insensibility was procured, and the operation was commenced by making an incision from the umbilicus to the pubes in the linea alba. So soon as the division of the abdominal

walls was complete at the middle portion of the incision, the protuberance of the tumor came out. Upon attempting to lift it, a portion of the tumor was found to extend above the umbilicus, whereupon the incision was extended $1\frac{1}{2}$ inches higher avoiding the navel. The upper portion of the tumor could now be raised, and by turning out the bowels, it was discovered to be attached to the sacral and lumbar vertebral regions by extensive and pretty firm adhesion. It was also found that the ovaries and uterus were so involved that separation was quite impossible. Indeed the uterine walls were hypertrophied, and distorted, and had become heterologous, and a portion of the tumor. The ovaries were involved only from contiguity, the peritoneal covering adhering. Now, either the tumor must be returned, be but partially extirpated, or womb, ovaries and tumors, brought away.

After a few moments deliberation it was determined to excise the whole. Accordingly the serous adhesions were torn or dissected up. The ligaments were severed until the mass was attached only by the vagina as a pedicle. A needle, armed with a ligature, was now passed through the cervix, and the lateral halves constricted tightly. The cervix was divided immediately above the ligature, and the mass removed.

The pedicle was brought to the lowest point of incision and secured. The wound was closed by the interrupted suture.

There was probably left of the neck and cervix from the os to the ligature half an inch—the section being made at a point just above the juncture of the vaginal walls to the neck. During the progress of the operation, but one artery required ligation, viz: the spermatic of the left, when the broad ligament was cut. There was no hemorrhage from that of the right side. The venous hemorrhage probably amounted altogether to $\frac{3}{4}$ x. The patient bore chloroform remarkably well. The tumor and parts excised, weighed 46 ounces avoirdupois. It is of a fibrous nature, but its character will be more definitely given, when it shall have been submitted to microscopic examination.

A glance at the condition of the patient, for several consecutive days, is appended. As soon as she had come out sufficiently

from the effects of chloroform, 100 m. tinct. opii. were administered and an *opium to narcotism* treatment adopted. Peritonitis was of course anticipated, and dreaded. It was sought by narcosis to control the peristaltic action, or to "put the bowels in splints." Ordered, grs. ij. opium, every 4 hours, together with tinct. valerian ʒj. when necessary to quell nervous excitement.

November 14th, visit 8, A.M.—Pulse 98; skin natural; slight thirst; tongue looks pretty well; has occasional spasm of the bowels; kidneys active, but urine of a darkish red color. Ordered a continuance of the opium.

4, P.M.—Pulse 108; tongue rather dry, with a heavy coat; skin hot and dry; some restlessness; kidneys have acted freely; urine improved; some distention of abdomen. Opium continued. Sodæ bi. carb. given in drink. Barley water allowed.

15th, 8, A.M.—Pulse 98; skin pleasant; slept more comfortably last night; tongue coated white, but cleaning; kidneys acted twice last night; secretion more natural. Continue same prescription.

6, P.M.—Pulse 108; skin pleasant; great tympanitic distention; knees drawn up; nausea and jactitation; incision is discharging pus, healthy in its character.

Fresh adhesive plaster applied; cold cloths applied to abdomen; opium continued.

16th, 8, A.M.—Pulse 86; tongue more moist, but very white; secretion of kidneys improved in quantity and quality.

Some eructations with occasional singultus. Prescription continued.

November 17th, 8, A.M.—Pulse 108; epigastric region much distended; frequent eructations; abdomen less swollen, and softened; pus looks laudable, but has a fetid odor; breath offensive; has had slight action from bowels; kidneys doing well, ordered carbon 20 grs.; beef tea occasionally.

℞. Chloride soda - - - ʒj.

Aqua destillata - ʒviij., to be applied to

the wound. Opium continued.

18th, 8, A.M.—Pulse 108; rested badly last night, but was not in pain; kidneys active; abdomen reduced smartly; opium

discontinued; carbon and mag. advised; is allowed chicken water.

19th, 8, A. M.—Pulse 108; has had two actions from the bowels; tension and swelling greatly reduced; pus is healthy and increased in quantity. Is allowed light diet. Mur. tinct. opii. to be given if there should occur pain or restlessness.

20th, 5, P.M.—Pulse 98; bowels and kidneys have acted; wound discharges freely; appetite slightly improved.

On the 23rd and 25th of November the sutures were removed. Wound healing nicely.

November 26.—It became necessary to adopt a tonic supporting plan of treatment. Ordered 12 drops aromatic sulph. acid in an ounce and a-half of cold infusion of chamomile, three times a day.

November 29th.—The pedicle ligatures came away.

December 3rd and 4th.—*The days that menstruation should have appeared* there was marked increment in severity of symptoms. Pulse 100 to 104; appetite failed; there was distressing nausea and vomiting; hysteria; pains in the abdomen; diminished urinary secretion and retention. Her aspect and condition were strikingly similar to that presented antecedent to, and during menstruation.

December 5 and 6.—She had recuperated considerably though it was necessary for several successive days to use the catheter.

From this time forward there was only occasional and slight interruptions to a gradual yet steady return to health. The wound, three fourths of it, had cicatrized. At the point where the pedicle was attached, there was a free discharge of pus and on December 20th, a string of dead areolar tissue was removed just from the locality of the pedicle. This core was, in extraction, broken in several places, but altogether measured four and a-half inches.

January 1st and 2nd, 1857.—Was rather more uncomfortable; *period for menstruation*.

January 3rd.—Is free from uneasiness; wound has healed almost entirely, discharge is very small. Is allowed to sit up, but not to walk farther than from the bed to the chair. She was to-day discharged.