THE HISTORY OF CASES IN WHICH GESTATION AND PARTURITION HAVE BEEN INTERFERED WITH BY UTERINE FIBROIDS.

By T. GAILLARD THOMAS, M.D.

The existence of fibrous tumors of the uterus of any of the three varieties, submucous, subserous, or interstitial, interferes with conception, but no variety of such growths entirely prevents it. When utero-gestation and parturition are complicated by the presence of large fibroids, several unfortunate results may be the consequence. My experience furnishes me with cases illustrating the possibility of the following:—repeated abortions, dangerous post-partum hemorrhage, repeated malpresentations of the fœtus, obstruction of the outlet of the uterus, and obstruction of the pelvis. Some of these I here record.

Case I.—*Repeated abortions produced by the pressure of a submucous fibroid.*

Mrs. B., a perfectly healthy woman, who had suffered from no physical ailment before her marriage except menorrhagia, sent for me on account of a threatened abortion. She gave me the following history: she had been married three years, and during that time had had two abortions about the end of the third month without assignable cause. She had now for the third time advanced to the same period, and, although she had kept very quiet, symptoms of abortion were again

showing themselves. In spite of the resort on my part to the usual remedies for this accident, the uterus soon cast off the fœtal mass, and I supposed that the case was at an end. On the next day, however, a very free sanguineous flow taking place, I discovered, upon vaginal touch, a round mass presenting at the os, which I took for a portion of a second child. Traction upon this delivered a fibrous polypus, the pedicle of which I twisted off.

This polypus was as large as a small hen's egg, and appeared to have been the cause of former menorrhagia and the more recent abortion, since both of these supposed results disappeared after its removal. It had, in all probability, existed for years as a submucous fibroid, and gradually had become extruded into the uterine cavity and pediculated.

Case II.—The second of the accidents which I have mentioned is very well illustrated by the following unfortunate case:

In the year 1861 I was called in great haste, by two prominent physicians of this city, to Mrs. B., of whom the following history was given to me. She had been delivered, seven hours before I saw her, of a male child, after a somewhat tedious labor, but one which did not require the assistance of art. During delivery of the placenta, the attending physician noticed the presence of a uterine fibroid situated near one horn of the uterus, and as large as a cocoanut. After the delivery of the placenta, some difficulty was found in causing firm, tonic uterine contraction, but in an hour and a half the physician felt warranted in leaving his patient. In two hours from that time he was called to her on account of active post-partum hemorrhage. At once calling to his assistance a brother practitioner, they had employed intelligently and systematically all of the hæmostatic means generally resorted to under such circumstances. Their efforts had, however, proved ineffectual, and the hemorrhage had steadily continued until I saw her.

Upon my arrival, I found the patient very much exsanguinated, and in a condition of profound syncope from which she was roused with difficulty. Within twenty minutes after my arrival at the house she died. Among other efforts which I made, I carried a lump of ice to the fundus uteri, passing it

over the walls of the uterus, and irritating them with my fingers. In doing this I discovered jutting into the uterine cavity the large interstitial fibroid to which allusion has already been made. I at first supposed this to be partial inversion of the uterus, but conjoined manipulation readily proved this idea to be erroneous.

This case I have always looked back upon as one which would have been peculiarly suited for the practice of the intra-uterine injection of the persulphate of iron, which has been suggested since the period of its occurrence. This remedy I look upon as one which should be employed with the greatest circumspection, and only in cases which have proved uncontrollable by methods which are ordinarily effectual and attended by less danger. In the case just related, however, had I known of it, I should not have hesitated to employ it, as I have several times done in cases of desperate character with the happiest results.

It is probable that a large uterine fibroid, bearing the relation which this did to the uterus, results in hemorrhage by interfering mechanically with firm uterine contraction and ligation of vessels at the seat of the placenta. Hemorrhage once being established it is difficult to make a uterus, even not thus encumbered, contract with a normal degree of power; much greater would this difficulty be in the case of one whose uterus was invaded by one of these neoplasms.

CASE III.—*Repeated breech and footling presentation, due to the presence of two large fibroids near the fundus uteri.*

Mrs. N., aged 23, who before marriage had been for many years under my professional care, sent for me three months after marriage, and gave me the following history. While walking in the streets at night, holding her husband's arm, she had struck her foot against an inequality in the sidewalk and been thrown suddenly forwards. She saved herself from falling by a violent effort, and after the occurrence was taken with very severe pelvic pain, which existed at the time I saw her.

Upon palpating the abdomen, I discovered over the uterus a tumor as large as the head of a child of twelve months of age. It was movable, sensitive to pressure, but not susceptible of

careful examination, as pelvic peritonitis of acute character existed.

As soon as the peritoneal inflammation passed away, which it did very slowly and after creating a great deal of suffering, I examined the tumor with care, and found it to be a large interstitial fibroid. It had in all probability existed long before I discovered its presence, and it is likely that the sudden succussion given it by the fall had broken adhesions which it had formed with the pelvic viscera, and, from this, peritonitis had ensued.

Very soon after her recovery from this attack Mrs. N. became pregnant, and I attended her in labor. The child presented by the breech, and it was with great difficulty that I delivered it alive. I was assisted in this by Dr. H. F. Walker, and very fortunate was it that I had his aid, for before the delivery of the placenta a very severe hemorrhage came on. This was soon controlled by manual delivery of the placenta, and the introduction of ice into the uterine cavity, and Mrs. N. entirely recovered.

It is highly probable that the two chief factors which result in the accommodation of the breech of the child in the fundus uteri and the head in the cervical zone, are, first, the fact that the reflex movements of the child, excited by contact of the delicate surfaces of its feet with the uterine wall, cause it to accommodate its largest part to that part of the uterus which gives it most room; and second, that the more capacious fundal region more readily receives the largest extremity of the fœtal ovoid, which is the breech with the thighs and legs folded upon the abdomen. Thus the unborn child, father to the man, endeavors to make the best of the circumstances in contact with which he is called upon to live.

Upon passing my hand into the uterus of Mrs. N. to remove the placenta, I was struck by the fact that the largest portion of the uterine cavity was, on account of the tumor above, unquestionably that situated just above the cervix, and that in this, the largest portion of the fœtal ovoid would be most readily accommodated. Upon this, I predicted that the subsequent labors of this lady would be marked by presentation of the breech or feet. Mrs. N. bore two more children; both presented by the breech, and both children were delivered alive.

After the first delivery post-partum hemorrhage was so carefully guarded against, as the child passed out of the pelvis, that it did not again occur.

CASE IV.—*Obstruction to the outlet of the pelvis. Delivery by manual means.*

I was called by the late Dr. James L. Brown to see Mrs. M., a woman belonging to the laboring class, who, after having borne four children, was now in labor with the fifth. Since the birth of her fourth child a large fibroid had developed in connection with the uterus, which had filled the whole pelvis and obstructed it so that the child could not pass.

Upon careful examination I found that I could, by the application of great force, so far push up the tumor as to render the passage of a dead child possible. I say a dead child, because through the narrow channel existing between the tumor and the symphysis pubis, it was manifest that the delivery of a living one would be entirely impossible. It being decided to sacrifice the child for the sake of the mother, I proceeded to deliver. The child presenting by the breech, I pushed the tumor firmly up and brought down the feet; with considerable effort I delivered as far as the head. This part would not pass, and fearing that it would be torn off and left in utero, I passed up the perforator, and after infinite trouble and the expenditure of much time I succeeded in passing it through the palatine arch, diminishing the size of the head and delivering.

The woman recovered without an unfavorable symptom, and I have never heard of her since.

CASE V.—*Utero-gestation advanced to the fourth and a half or fifth month. Abortion produced on account of complete pelvic obstruction.*

Mrs. K., of Paterson, N. J., called to consult me by the advice of Dr. Joseph M. Turner, of Brooklyn. She had for a length of time been under the care of Dr. Turner for a large uterine fibroid which filled the cavity of the pelvis, lifting the cervix uteri up to the level of the upper edge of the symphysis pubis and extending upwards a little above the umbilicus. It

was so amalgamated with the uterus that this organ could not be distinguished from it by conjoined manipulation, and the elevation of the uterus was so great as to render the use of the uterine sound impracticable. Mrs. K. had been married several months, and at the time that I first saw her was in the third month of pregnancy. The question for the decision of which Dr. Turner had referred her to me, was this: Whether, in the obstructed condition of the pelvis, it would be safe to let the process of gestation continue? As there was no immediate necessity for interference, I advised that the case should be kept under observation; that if the tumor rose from the pelvis and the cervix advanced into it, gestation should be allowed to proceed; while on the other hand, if the uterus ascended as it increased in size, and the tumor, instead of leaving the pelvic outlet freer, obstructed it more completely, I recommended that an abortion should be induced.

Mrs. K. after this left Brooklyn, went to Paterson, and was not again seen by Dr. Turner until the fourth and a half or fifth month of pregnancy. At this time he was very much startled to find that the uterus had risen so high and the pelvis become so completely obstructed by the tumor, that he was entirely unable to touch the os. Under these circumstances it was decided that Mrs. K. should at once remove to Brooklyn, and that I should see her in consultation with Dr. Turner, in the hope that under the influence of an anæsthetic I might be able to reach the os, and produce an abortion.

Accordingly we met in Brooklyn, Drs. Henry C. Turner and James B. Hunter being likewise present. By placing the patient on the left side and pressing upwards very firmly through the narrow channel left between the tumor and the pubes, I succeeded in touching the os, introducing an elastic whalebone probe into the uterine cavity, and finally in leaving a tent in the cervical canal.

In forty-eight hours labor came on, and Dr. Turner succeeded in delivering a child nine inches in length, through a channel, which seemed to the touch entirely inadequate to its passage. The placenta was brought away by traction and pressure, and the mother recovered.

In this case, had abortion not been produced, Cæsarean section would have been the only hope for the patient.

CASE VI.—*Obstruction to the outlet of the uterus by a large sessile fibroid. Delivery accomplished by Cæsarean section.*

I was called on the 16th of March, 1874, by Dr. H. T. Hanks, to see Mrs. M., the wife of a laboring man, about thirty years of age, and the mother of five children, her last two labors having been complicated; in one the funis and arm presenting, the other requiring version. Her youngest child was four years of age, and since its birth a large uterine fibroid had developed itself in the lower segment of the uterus. Several months previous she had consulted me at my clinique at the College of Physicians and Surgeons, when the diagnosis of a fibrous tumor situated in the right anterior wall of the cervix uteri was made, and she was warned of the dangerous consequences which would result from it if she became pregnant, and had been urged in case of such an occurrence to make a report of it at once to her physician. This she neglected to do and Dr. Hanks was called to her only after labor had set in.

I saw her after she had been in labor several hours. The waters had flowed away five and a half hours before, the labor pains were becoming feeble, the pulse and temperature were good, and the funis was hanging cold and pulseless between the woman's thighs. The fœtal heart had ceased to beat some time before. Upon examining by touch, the cervix uteri was found occupied by a very large and hard fibrous tumor, which was attached low down along the posterior and lateral walls of the lower segment of the uterus, closing the canal except along the anterior wall. Through the small opening here existing two fingers could be passed, after the whole hand had been carried into the vagina (the patient being anæsthetized), and the head of the child be touched. The head was considerably elevated above the brim of the pelvis, and even after introduction of the hand into the vagina, could be touched with difficulty.

Upon consultation with Drs. Hanks, Clark, Bullard and Jones it was decided to make trial first of version, and then in case of failure of craniotomy and embryotomy. It was found impossible to deliver by either of these procedures, and Cæsarean section was practised as a last resort.

The patient, under the influence of ether, was put upon a table before a window admitting a strong light, and an incision made down to the uterus. As soon as all flow of blood from this was checked, the uterus was incised and the child rapidly and easily delivered. The placenta likewise was withdrawn through this opening.

Every one present was struck by the ease and rapidity of the removal of the child, and the fact that had it been alive at the time of operation no cause for its death would have been found in the surgical procedure.

After removal of the child and placenta, the uterus was by pressure and the hypodermic use of ergot forced into firm contraction, and the incision in its walls carefully closed by interrupted silver suture. No fluid or blood having entered the peritoneal sac, the abdominal wound was immediately closed by silver suture and the patient put to bed. The child was removed in just three minutes from the time the first incision was made, and the wound closed and dressed, and the patient in bed in twenty minutes from the time of commencement. She passed a very comfortable night, being kept free from pain by morphine, a physician being constantly in attendance. On the following morning she was perfectly comfortable; the mind was clear; and no bad symptoms presented themselves until twenty-four hours after the operation, when acute peritonitis developed itself with great suddenness and violence, and after a duration of two days destroyed the patient's life.

While closing this article a note reaches me from Dr. I. M. Heard, of West Point, Miss., relating so curious a case bearing on this subject that I append it.

"On the night of Nov. 18, 1874, at the request of a friend, I was called in the Prairie to see a negro woman, aged about thirty-five years, in labor. I found two negro midwives in attendance, who reported that the woman had been in labor for twenty-four hours, and that her womb was down. On examination I found that a large fibrous tumor (as large as an ordinary child's head) had been delivered. I found it attached to the anterior lip of the mouth of the uterus by a firm, broad attachment (one by two inches). The os was dilated and the child's head presented naturally. I immediately drew

off a very large quantity of urine, being compelled to use a male catheter, owing to the situation of the tumor. The pains were coming on regularly, but not with sufficient force to expel the child, which was not in an unusual posture. The bowels were very much constipated, and I gave directions for their evacuation; and being very tired, and not well, I made myself as comfortable as circumstances would admit on the floor before the fire for the remainder of the night. Next morning (the bowels having sufficiently moved) the patient being in the same condition as regards labor, I gave her ergot freely, and a living healthy child was delivered, the tumor occupying a position immediately in front of the pubes. After delivering the placenta, and allowing a suitable time for the patient to rest, I carefully oiled the tumor, and reduced it to its original position in the pelvis.

"The third day, being called in the neighborhood, I found my patient up with her baby, and attending to her usual work (doing nothing), and saw she felt no inconvenience whatever. Up to this date (about ten months afterwards) she has continued very well. She reports that she discovered this tumor fifteen years ago, and that this was her third child since its appearance, but it never came down before. She also states that she has been treated by midwives repeatedly for prolapsus, and has used pessaries for its relief."

The Doctor, in a subsequent communication, describes the tumor as irregular in shape, of the size of a child's head, attached to the cervix uteri by a broad and strong attachment. While the child was being delivered the tumor was pushed upward, and rested upon the pubes.