On the absorption of fibroid tumours of the uterus : with a report of a suspected case / by Alban Doran.

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ON THE

ABSORPTION OF FIBROID TUMOURS OF THE UTERUS,

WITH A REPORT OF A SUSPECTED CASE.

BY

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See discussion between Murdoch Cameron & myself B. M. J. Vol II. 1902 passim

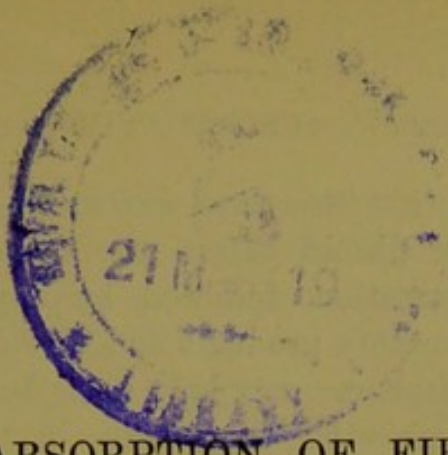
Also my Critical Review in the Journ. of Obst. & Gyn. of Brit. Emp. August 1904

Also Jeanne of Rouen. Syphilis tertiaire péri-utérine. La Gynécologie April 1904. p. 162 (9e année) (3 masses in pelvis of a syphilitic patient clear up in 3 weeks under specific treatt)

Also McCarthur "Absorption of a Tumour in Broad Ligament during Pregnancy" Intercolonial Medical Journal of Australasia. July 20. 1906 & J of O & G. B. E. - 1906. (Preserved with reprint of C.B.'s Critical Review)

Also McArthur "Absorption of a Tumour of the Broad Ligt during Pregnancy" Journ of Obst & Gyn. Vol X p. 384 (~~August~~) October 1906)

Wallace D. A. J. "Contribution to the Life History of Fibromyomata of the Uterus". Proc. Royal Soc Med Obst. Sect. Vol III (May 1910)



ON THE ABSORPTION OF FIBROID TUMOURS OF THE UTERUS, WITH A REPORT OF A SUSPECTED CASE.

By Alban Doran, F.R.C.S.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

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(*Abstract.*)

A woman, aged 40, was admitted into hospital under the author's care on May 9th, 1890. About three years previously a lump was felt in the left iliac fossa. It never disappeared, and gave rise to dragging pains when she walked about. Thirteen weeks before admission she was seized with abdominal pains and dysuria. A fortnight before admission she fell down, receiving a heavy blow on the tumour. Severe abdominal pain and fever followed. On admission a solid, very hard mass was detected; it filled the left iliac fossa and reached upwards to the left, above the umbilical level. The os uteri lay close to the pubes; the cervix was almost absorbed in the tumour, which bulged far down in the pelvis behind the vagina. The mass was fixed. After three weeks' rest and appropriate treatment the tumour moved freely; a second lobe was detected to its right, reaching halfway to the umbilicus. On February 10th, 1891, the tumour was again examined by the author. It could just be felt above the pelvic brim to the left, and no longer extended downwards behind the cervix. A discharge of fœtid fluid occurred in August, 1890, and since then the tumour had steadily diminished in size. On November 25th, 1892, the author once more examined the patient. There was no trace of any tumour. The uterus was freely moveable; its cavity measured 3½ inches.

The author believes that this case was an instance of the absorption of a uterine fibroid before the menopause. The injury provoked inflammation, followed by impaction, then resolution of the inflammatory products and slow disappearance of the tumour. The discharge may have been due to breaking down of a submucous growth; the masses in the abdomen, however, were clearly not submucous. The body which had filled Douglas's pouch moved freely as part of the tumour, after subsidence of the inflammation, so that it could not have been an abscess or solid inflammatory deposit.

Similar cases of disappearance of fibroids in association with inflammation, congestion, or injury have been recorded by Rigby, Prieger, Playfair, von Mosetig, and Guéniot.

The author has collected 37 cases of disappearance (not always complete) of uterine fibroids. Brief histories, taken in all cases direct from the original sources, are appended, and the cases are tabulated thus:

1. Spontaneous disappearance of fibroids directly associated with pregnancy. 13 cases.

2. Spontaneous disappearance of fibroids: patients under forty-five: history indicating inflammatory complication, congestion, or injury. 6 cases.

3. Spontaneous disappearance of fibroids: patients reported as under forty-five: cases not directly associated with pregnancy, pelvic inflammation, &c. 10 cases.

4. Spontaneous disappearance of fibroids: patients over forty-five, or no age given; cases not associated with pregnancy, pelvic inflammation, &c. 8 cases.

Sources of fallacy are discussed, and the possible effects of treatment noticed. The relation of the disappearance of fibroids to the menopause is uncertain. Kleinwächter finds that these tumours do not, as a rule, cease to grow at that epoch of life.

Although any one of the cases here reported may be based on an error of diagnosis, nevertheless so many cases have been recorded by experienced authorities that there can be no doubt that fibroid uterine tumours of considerable size sometimes disappear spontaneously before the menopause.

E. A. G—, aged 40, a laundress, married twenty years, and the mother of one child (no history of abortions), was admitted under my care into the Samaritan Free Hospital on May 9th, 1890.

She informed me that seventeen years previously she had suffered from "inflammation of the bowels." Her sole confinement took place twelve years before admission. Three years ago she had another attack of "inflammation of the bowels with constipation." She kept her bed for eleven weeks, and then discovered a lump in the left iliac fossa. It never disappeared, and gave rise to dragging pains when she walked about. Thirteen weeks before admission she was seized with abdominal pains and dysuria. She placed herself under the care of Mr. Hogg and Mr. Langston Scott, of Ealing. A fortnight before admission she fell down, receiving a severe blow on the tumour. Intense abdominal pain ensued, and she had to keep her bed; morphine was given and poultices applied.

On admission I noted that the patient was a tall woman, well nourished, with an expression of pain on her face, the alæ nasi dilating, respirations rapid, and the knees drawn up.

The abdomen was tender on pressure. A solid mass filled the left iliac fossa and reached upwards to the left, above the umbilical level, scarcely extending to the right of the middle line (Fig. 1). It felt very hard, yet there was resonance on percussion all over its surface, and crepitation when the palm was pressed against the abdomen.

On pelvic exploration I found the os uteri high up close against the pubes. The cervix was almost absorbed, as it seemed, in the tumour, which bulged far down the pelvis behind the vagina. I passed a soft catheter into the os (its position and the state of the parts rendered the use of the uterine sound dangerous), and it passed upwards and backwards 2 inches. The uterus and the pelvic and abdominal mass were quite immoveable. The

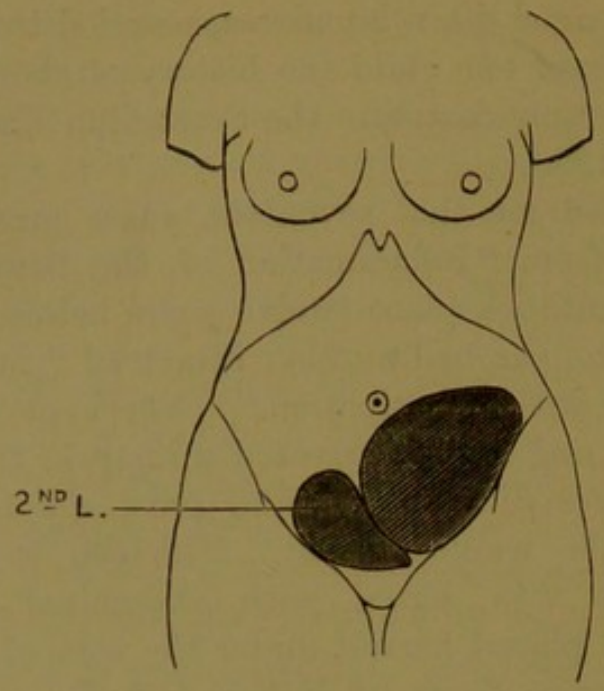

FIG. 1. THE TUMOUR.—Case of E. A. G—. 2nd L. Second lobe, not distinguishable till May 16th.

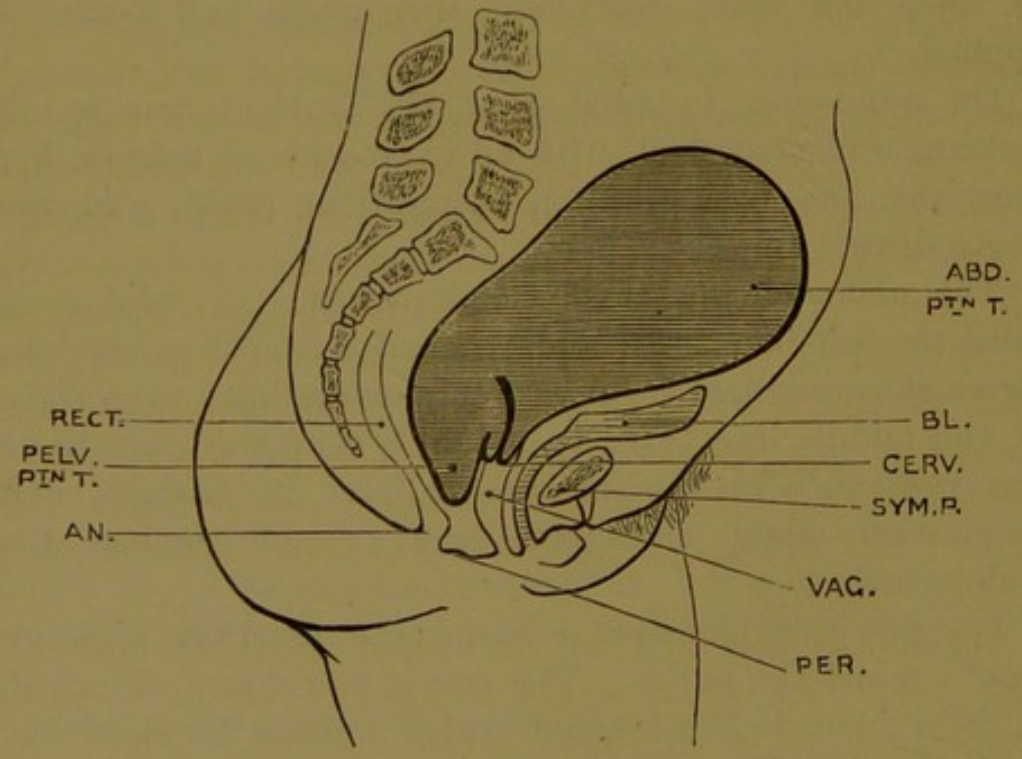

FIG. 2. PELVIC AND ABDOMINAL RELATIONS OF THE TUMOUR.—Case of E. A. G—. Abd. Ptn. T. Abdominal portion of tumour. Pelv. Ptn. T. Pelvic portion of tumour. Cerv. Cervix uteri. Bl. Bladder. Vag. Vagina. Sym. P. Symphysis pubis. Rect. Rectum. An. Anus. Per. Perinæum.

labia and vagina were œdematous, the legs free from œdema.

The period was regular, and occurred about every twenty-four days, and no profuse "show" had been noted. The last took place fourteen days before admission. The urine was scanty, pale, specific gravity 1015 (it never rose higher even to the day when she was discharged), and on boiling it with nitric acid marked opacity was developed. The tongue was rough and bright red, with white fur along the middle line. She passed mucous stools, and suffered badly from large internal hæmorrhoids. The pulse was 120. The temperature, 102° on admission, never rose higher—unfortunately the temperature record was not preserved.

After careful consideration I came to the conclusion that the symptoms and physical signs implied impaction of a uterine fibroid in the pelvis. Dr. Bantock and Mr. Meredith also explored the parts with great care, and came to the same conclusion. We agreed that the case required rest, and that no operation was at the time indicated. I gave saline purgatives, which afforded her great relief. The pulse and temperature fell to normal.

On May 16th I could detect a smaller solid mass, to the right of the larger, occupying the hypogastrium. It reached halfway to the umbilicus. The cervix, the mass in the pelvis, and the two solid masses in the abdomen now moved freely together as though they formed one tumour. No impaction remained. The patient was discharged on June 6th, 1890, in fairly good health.

On February 10th, 1891, she visited me at the hospital. The period had not appeared during her stay in hospital, and did not recur till a week before this visit. The vulva was not œdematous; there were some small, slightly tender, external piles.

On pressure over the lower part of the abdomen, the tumour could just be felt above the pelvic brim to the left. The cervix uteri lay high up in the pelvis as before,

and close to the pubes. The sound passed 2½ inches forwards; the uterus was almost fixed. The tumour no longer extended downwards behind the vagina. It now felt like a fibroid involving the left broad ligament. The patient said that on Friday, August 1st, 1890, something suddenly burst and discharged stinking fluid. Since then the tumour seemed to disappear gradually; the discharge had been constant but scanty, and was diminishing.

On November 25th, 1892, I saw the patient once more. There was no trace of any tumour. The cervix still lay close to the pubes, the uterine cavity measured 3½ inches and was fairly moveable. There was no tumour in the abdomen, nor in Douglas's pouch. The right fornix was free, there was some resistance in the left, but no tumour, though bimanual palpation was perfectly practicable. The patient had an ulcer in the lower third of the left leg, but was otherwise in excellent health.

Was this case an instance of the absorption of a uterine fibroid before the menopause? I feel sure that it was so to a certain extent. The masses in the pelvis and abdomen with the uterus moved freely together after the patient had lain in bed for seven days. At the beginning everything was fixed, and there was high temperature and great tenderness. In fact, inflammation was evidently present, and as evidently subsided at the end of the week. Then, not only was the tumour moveable, but it was also much easier to define. Two months later something burst. Whether it burst into the uterus or the vagina I cannot say. It might have been a parametric abscess discharging through the upper part of the vagina, but I could not find any evidence to support this theory. The mass in Douglas's pouch moved freely with the tumour by May 16th, and so could not have been an abscess. More probably there was fibroid disease of the uterus first, then impaction and pelvic inflammation, and then breaking down of a submucous fibroid growth in the uterine wall. The bilobed abdominal tumour could not have been an intra-uterine fibroid. The history contra-indicates solid

tumour of the ovary or any other organ. After the discharge the tumour at once began to grow smaller, and within eighteen months it had disappeared altogether. The impaction and inflammation had damaged its vitality, and hence its disappearance.

At the least there was more or less fibroid disease, although some part of the mass felt at first might have been an inflammatory product. In my own opinion, the amount of actual inflammatory effusion was trifling, and the enlargement, at the time that the symptoms were acute, can be explained by œdema of the tumour. The blow had set up inflammation, and the increase in size involved impaction and œdema. I will refer to similar cases related by Drs. Playfair (16) and Prieger (15), where fibroids apparently or really underwent involution after inflammatory complications. This subject, disappearance of fibroids, is of much interest. The evidence is seldom in any sense satisfactory. The fibroid is not seen, but only diagnosed, except in Von Mosetig's (18) and in Herpin and Mayor's (2) cases, where it was seen during abdominal section.

Involution after the menopause is slow, and we all know how extreme calcareous changes sometimes develop. As this involution nearly always occurs more or less in fibroids, at the change of life,* cases of spontaneous disappearance of these tumours at an earlier age may represent a premature menopause. Cases in patients over forty-five are hardly abnormal, especially when the disappearance is slow, as in Ashwell's series (31—33). The catamenial history is very important, but too often wanting.

The most probable true cases of spontaneous disappearance of fibroids, independent of the menopause, are those where pregnancy sets up the process of involution which extends from the uterus to the tumour, more or less a myoma. In my paper on "Myoma and Fibro-myoma of the Uterus"† I noted how a fibroid shares in the

* Kleinwächter is of a different opinion, as will presently be noted.

† 'Trans. Obstet. Soc.,' vol. xxx, 1888.

hypertrophic changes affecting the uterus during pregnancy. Indeed, the muscle-cells of the fibroid grow even larger than do those in the uterine walls (loc. cit., Pl. II, fig. 3). If the process of evolution be exaggerated in the tumour, it is easy to understand how involution may be more marked in the morbid growth than in the uterus. Cornil, who recently examined a large myoma removed by M. Péan at the fourth month of pregnancy, found that the pressure of the hypertrophied fibres on each other caused atrophy. Chrobak found cystic and necrotic changes in a fibroid removed with the uterus and a six months' fœtus.*

One great difficulty in regard to research into the subject of this paper lies in the unsatisfactory nature of measurements. For not only is the tumour rarely seen in the course of an exploratory operation, for instance, but it is hard to measure. Hence in the appended tables the estimate of the size and form of the tumour, as recorded by different observers, is either based on the height to which the uterus rises above the pubes, or is given by unsatisfactory comparisons, such as "as large as a man's head," or "a child's head," "a fœtal head," "a man's fist," "a large orange," "an orange," "a walnut," or "a door-knob." "Comment is needless," as a journalist would say.

As much that is known about the spontaneous disappearance of fibroids is taken from second-hand information, and as the original observations are, in many instances, difficult of access, I intend to quote those observations as fully as possible. The record will not, I fancy, prove so tedious as would at first appear,—in fact, the clinical histories mostly err in being too short rather than too long. The facts of each case, as well as the numerous sources of fallacy, will be made apparent. In accordance with what has already been said, I will divide these thirty-seven cases into four large groups :

* The question of cystic and necrotic changes in fibroids is discussed in my paper on "Cystic Fibroids," 'Medico-Chirurgical Transactions,' vol. lxxvi, 1893.

1. Spontaneous disappearance more or less complete of fibroids directly associated with pregnancy—thirteen cases.

2. Spontaneous disappearance of fibroids in patients under forty-five, with a distinct history of inflammatory complications, congestion, injury, &c.—six cases.

3. Spontaneous disappearance of fibroids in patients reported as under forty-five, not directly associated with pregnancy, inflammation, or injury—ten cases.

4. Spontaneous disappearance of fibroids in patients reported as over forty-five, or no age given; cases not directly associated with pregnancy, inflammation, or injury —eight cases.

The four tables correspond to this classification. Group 1 is the most natural and most satisfactory; Group 2 includes the case on which this memoir is based; whilst Groups 3 and 4 include much that is matter for doubt. In some reports it is not always easy to make sure whether the age of the patient is given as at the beginning or the end of her clinical history. The youngest cases in Group 3 seem to be the most certain examples of absolutely spontaneous involution.

I. Opinions on the Disappearance of Fibroids.

I will begin with a few words on the opinions of writers who have had more or less experience of the condition under consideration. The general doctrines of great authorities may be found in their well-known and accessible treatises. On the whole, perhaps, the best summary is to be found in Dr. Barnes' text-book.

"If we can demonstrate a sensible diminution in the bulk of a tumour, and even follow the diminution on to complete disappearance, the only doubt as to the reality of absorption rests on the possibility of an error of diagnosis. The supposed tumour might have been retro-uterine hæmatocele, an enlarged body of the uterus from

hyperplasia, or some other condition. That some cases of cure by absorption, reported before the characters of retro-uterine hæmatocele were known, were falsely interpreted is highly probable. But the reality of fibroid tumours having been absorbed is too well established to admit of doubt."

Dr. Meadows is quoted in some text-books as a practical authority on the subject, but he merely states that cases of disappearance of fibroids have occurred in his experience, without adding any clinical report. Dr. C. H. F. Routh, in 1863, turned attention to the tendencies of fibroids to diminish and afterwards increase. The cases of disappearance under his own observation will be described.

Dr. Playfair, in a communication to these 'Transactions,' the name of which I have purposely repeated at the heading of the present memoir, is careful to distinguish between cases of disappearance of fibroids before the menopause and cases where fibroids have disappeared at or about that period of a woman's life.

Dr. McClintock believed in the spontaneous destruction of fibroids enclosed in the uterine tissue (as separate from polypi). "It seems a thing not impossible for tumours having apparently all the characters of the kind we have been considering" (that is, uterine fibroids) "to be removed by a process of atrophy or absorption. . . . No example has come under my own observation." Sir Charles Clarke's case, which he quotes, was clearly an example of breaking down and discharge of the débris of a submucous fibroid through the vagina. At the beginning of the history the tumour "was found descending into the vagina from the cavity of the uterus." The patient died, "worn out by pain and discharge." At the necropsy, "upon the anterior part of it" (the uterus) "near the fundus were found two small tumours as large as peas, which were probably the same tumours before felt of the size above mentioned" ("one the size of a man's fist, the other twice this size"), "as there was no

other vestige of them." The "probability" is strong in this case.

Pozzi classes cases of alleged disappearance of uterine fibroids under "softening." He observes that the tumours increase together with the uterus in pregnancy, and that they grow softer after delivery, "by a process which has been attributed, on somewhat hypothetical grounds, to fatty degeneration." In a work published nearly twenty years ago, and occasionally quoted second-hand, he introduces Guéniot's cases, which will here be related direct from the original source. He adds the three following cases, which are of little value, as it is only implied that spontaneous cure occurred. I give them below as a warning to all who would rely on second-hand and imperfect information. M. Pozzi does not include them in his standard work.

(1) Spontaneous cure ("aucun traitement chirurgical"), case of profound anæmia with large and multiple interstitial fibroids, menorrhagia. A year after observation the floodings had ceased and the patient was well. "No information as to the local condition."

(2) A "sister" refused vaginal examination. Severe menorrhagia. A hard tumour, rising several fingers' breadth above the pubes, bearing all the characters of a fibroid. No surgical treatment. Recovery. No fresh local examination.

(3) Menorrhagia after operation for a fibrous tumour projecting from the cervix. An interstitial fibroid developed. Floodings ceased. The tumour remained "half as big as an adult's head," but no note is made of its size before the floodings ceased. Patient's health perfect.

Courty writes, "As to the natural reabsorption of the tumour, though it must never be absolutely counted upon, such remarkable examples are known (I myself have seen very authentic cases) of satisfactory modifications and of cure by well-directed medication, that we must not hesitate to prescribe all methods of which the action, as a resolvent, is incontestable."

Professor Schroeder states that there can be "no doubt that the recession and even the complete disappearance of these growths is observed." He admits that the diagnosis "may appear a little doubtful" in some of the many recorded cases, but in the majority the correctness of diagnosis is "beyond question."

Gusserow, a very high authority on all things connected with fibroids, speaks of the process of disappearance as mere atrophy, fatty degeneration of the muscular elements, and shrivelling of the connective tissue; in fact, a kind of cirrhosis. He significantly adds that it is well known that many observations on the disappearance of fibroids are unreliable.

Carl Schorler has written in a truly scientific spirit on uterine fibroids, and in association with the subject of this communication we may note how he has collected series of cases improved by ergot, and others not improved by the use of that drug. In the "improvement" series we find that the majority of patients were over forty-five. Hence the coincidence of climacteric changes must be remembered, as these changes may claim the chief share in cure.

De Sinéty's opinion on the subject deserves notice, not only because he is a high authority on uterine pathology, and wrote the opinion to which I refer as recently as 1886, but also because he expresses it in an article in the well-known colossal standard medical dictionary as popular in this country as in France. French writers are known to be very industrious in hunting up original records and digesting the results in summaries. De Sinéty writes, "Cases of spontaneous disappearance of fibroids are at the present day fairly numerous in the annals of science. This reabsorption is effected by different processes. Pregnancy and the menopause appear to exercise an influence on these retrograde phenomena, although they have also been observed in nulliparous women and during the most active period of sexual life; sometimes fibroids undergo fatty degeneration."

De Sinéty is, we must note, rather vague as to the

spontaneous disappearance of fibroids independent of pregnancy and the menopause. He confines himself to saying that cases "have also been observed." Further on he writes about rare cases of softening and discharge of the tumour without suppuration or gangrene. Here it is particularly noteworthy that whilst he says not a word about personal experience of spontaneous disappearance of fibroids, he now goes out of his way to describe a case of cure by spontaneous elimination.

"We have observed a case of this kind, where a fibroid tumour was eliminated piecemeal, in shreds so much resembling fœtal membranes that they had been diagnosed anatomically as such. Histological examination showed that these membranous products, spontaneously expelled and followed by a fœtid discharge resembling the lochia, represented a fibro-myoma. A few years later this patient became pregnant, aborted, and expelled at the same time fresh pieces of the tumour, mixed with placental relics."

The fœtid discharge occurred in my case.

The most recent clinical work on the changes observed in fibroids was published in the beginning of 1893 by Professor Kleinwächter of Czernowitz, already known as an investigator into the pathogenesis of myoma. He records forty fairly long histories of uterine fibroids under his own observation. He finds that it is quite exceptional for a fibroid to diminish or even remain quite stationary before the menopause. He also maintains that it is likewise exceptional for fibroids to grow less after the menopause. Only one out of his forty seem to have grown less when the catamenia disappeared. But the clinical histories of the series date from 1884 or later; hence few, if any, "change of life cases" have been watched for a sufficiently long period. There remains time for many to diminish. When experienced observers say that fibroids grow less after the menopause, they do not necessarily mean immediately after. Professor Kleinwächter's three cases of disappearance of fibroids will be related.

At the onset, I must point out that in many of these cases the "disappearance" is by no means complete.

II. Cases as reported.

1. *Spontaneous Disappearance of Fibroids directly associated with Pregnancy.*

(1) Scanzoni's case of resolution of a fibroid during post-partum involution of the uterus has been widely quoted. His own words are, "We, for example, observed a fibroid of about the size of a man's head, and thoroughly diagnosed, disappear so completely during the puerperium that six weeks after delivery not a trace was to be found of the tumour which had existed for eleven years."

Gusserow shows that the slow or quick growth of a fibroid depends on the prevalence of fibrous or of muscular tissue. This point is hard to determine clinically, but a purely myomatous tumour must vary in size more than a fibro-myoma, and is assuredly more likely to be influenced by gestation and involution.

(2) Herpin witnessed a Cæsarean section performed by Mayor of Geneva, who, he notes, was the first to apply auscultation to the diagnosis of pregnancy. The patient had already borne two children. A solid but not bony pelvic tumour had been detected at the seventh month. "Labour pains set in at term. Cæsarean section was performed, the result being fortunate for mother and child; the tumour itself ultimately disappeared." It is unfortunate that no note could be made of the appearance of the tumour as seen or felt at the operation, though, no doubt, the operator rightly avoided disturbing the parts as much as possible.

(3) A patient under Pozzi's care became pregnant when undergoing treatment for a large fibroid at a watering-place. The tumour grew to double its size previous to gestation. Delivery occurred without any complication,

and the fibroid afterwards disappeared without leaving a trace behind. M. Pozzi adds that Gusserow has rightly pointed out that fatty degeneration of fibroids has never been proved microscopically, excepting in Freund and Martin's two cases, where the tumours did not diminish in size.

(4) Dr. Kidd, of Dublin, speaks of a case where a student, after delivering a woman (age not stated), mistook a fibroid for a twin. Dr. Kidd was called in and discovered a "large fibrous tumour." Two months afterwards he found that the uterus had gone back to its normal size. The tumour was, he states, "intra-uterine;" it must have been, in fact, more or less submucous.

(5) Dr. Sedgwick was called in to a woman aged 30, suffering from retroversion of the gravid uterus in the second month; there was a fibrous tumour in the posterior wall. Abortion followed. Within a year she again became pregnant, and suffered from uncontrollable vomiting. The uterus was easily examined through the very thin parietes of the emaciated patient; in its front wall were four fibrous tumours, each as big as a walnut, and towards the middle of the posterior wall another of the same size. She was delivered at term. In her next, as well as in subsequent pregnancies, Dr. Sedgwick repeatedly explored her, but could find no trace of the fibroids. The abdominal walls remained thin.

(6) Professor A. R. Simpson describes a typical case of involution of a uterine fibroid after labour, which he traced in conjunction with Dr. James Young. The third stage of labour was "troublesome;" next day the fundus was an inch or two below the level of the umbilicus. A large, firm, equable mass could be easily manipulated through the relaxed abdominal wall, growing from the upper part of the anterior wall of the uterus, and reaching the size of a child's head in the right hypochondrium. This large fibroid mass became greatly reduced in size during the puerperal week, and when the patient passed from under Dr. Young's observation it had diminished to

the size of a hen's egg, and was lodged within the pelvic cavity.

(7) Professor Simpson reports a second case of involution of a fibroid after pregnancy in his own practice. However, during gestation it only "felt as if of the size of a walnut" through the abdominal walls. It disappeared within two months. Eight months later Professor Simpson found her in the fifth or sixth month of her second pregnancy. "The outline of the uterus was smooth; the tumour had melted completely away, and had never been reproduced." He admits that "there is more room for discussion as to whether such a process occurs in them (fibroids) under other circumstances"—outside pregnancy. He contents himself with seeing no reason to doubt that a fibroid may be disintegrated, without subsequent expulsion through the genital canal, in non-pregnant subjects, but he does not put forward any clinical evidence.

Dr. Emmet's three cases of disappearance of a fibroid in the anterior wall during pregnancy are classical; they are quoted, for example, in the third French edition of Courty's treatise, 'Maladies de l'Utérus,' p. 1111. It is significant, showing how little trust can be placed in the very best text-books as regards questions of detail and any second-hand information, that the important subject here quoted is relegated by Courty to a foot-note, and that no mention is made of the size of the absorbed fibroids. On reference to the original work I find that in Emmet's first case (8) the fibroid, during the third month of pregnancy, was "as prominent and well defined as a door-knob would be when in the grasp of the hand." In the second (9) the size of the fibroid is not even indicated. In the third (10) "the tumour was much smaller than in either of the other cases, but the fact was as well settled in my mind as to its disappearance during her pregnancy."

(11) Dr. Madge read a paper before this Society over eleven years ago, where he very carefully observed the growth of a cluster of fibroids, varying in size from that of a walnut to a large orange, on the uterus of a pregnant

woman, who, it must be noted, was forty years old. Six months after delivery three of the smaller outgrowths had disappeared. Sixteen months after, the uterus with the largest fibroid was still easily felt above the pubes, two of the smaller tumours were distinctly made out. Of the rest of the large cluster observed during pregnancy, and until three months after labour, only traces remained, one such trace being about the size of a bean.

(12) Quite recently the 'Transactions' have been enriched by Dr. John Phillips's case where a woman was delivered, when thirty-six, by craniotomy, in consequence of a large fibroid in the anterior wall blocking up the pelvis. This tumour was of the size of a cocoa-nut. A year later the patient was again confined, and died from post-partum hæmorrhage. The placenta was adherent over the site of the previously existing fibroid, the uterine wall was much thickened in that position, but no further trace of the tumour could be discovered. There was a small intra-mural fibroid in the posterior uterine wall. The uterus was exhibited before the Society.

(13) Kleinwächter, a most accurate contemporary observer, has recorded a good example of involution of a fibroid after pregnancy. The patient, aged 32, was in the fifth month of her fifth pregnancy in April, 1888. A hard, crescentic, pedunculated tumour, "the size of half a fist," stood out in relief from the right side of the gravid uterus. A month later it was larger. The patient was safely delivered. In June, 1890, the tumour had disappeared. The uterus was a little above the normal size. Menstruation was normal.

In No. 21, Class 3, pregnancy occurred after the fibroid had begun to diminish conspicuously. In No. 19, Class 2, the tumour apparently did not diminish till about a year after delivery.

2. *Spontaneous Disappearance of Fibroids; Patients under Forty-five; History indicating Inflammatory Complication; Congestion; Injury, &c.*

(14) Dr. Rigby had a case under observation in St. Bartholomew's Hospital. "Two large masses, having all the characters of fibrous tumour, could be felt through the abdominal parietes, the one immediately behind and above the symphysis pubis, and evidently arising from or seated in the uterus; the other above it, and extending nearly or up to the umbilicus. She was suffering severely from an attack of pelvic inflammation, with great excitement of the circulation; six leeches were applied *per vaginam* to the most painful spot, and a profuse hæmorrhage followed, which could not be stopped until she had lost a large quantity of blood; the flushed face had become pale, the hard throbbing pulse soft and feeble. In a week the lower tumour had evidently become softer and smaller, and in the course of a month could be no longer felt. The other one had also undergone similar changes, but in less degree; and in about six or eight weeks more disappeared also."

(15) Dr. Prieger, who naturally desired to demonstrate the excellences of Kreuznach, dwelt (loc. cit., p. 187) on his Case 5, Mrs. I—, from the north of England. She had a fibroid which formed an enormous mass closely connected with the uterus, and appeared as though in the last month of pregnancy. After a course of baths at Kreuznach it was found that the expected process of absorption had taken place, so that the mass was reduced to several growths, easily distinguishable on deep pressure with the fingers on the abdomen, and separately connected with the uterus. They were only united to each other by band-like structures—evidently adhesions. This observation suggests the previous disappearance of old inflammatory products, very possibly as the result of treatment at Kreuznach. The full history (loc. cit., p. 244) of the case confirms this suggestion. Dr. Prieger first saw the

patient (a married childless lady, "who had reached climacteric years," p. 248) in the spring of 1847. From the uterus sprang a mass "of the size of a big man's head." It completely filled the true pelvis, and reached upwards higher than the umbilicus. It formed a compact mass, not uniform in hardness, and bearing on its surface several deep grooves or depressions. The hardness was considerable, so that the substance of the tumour only yielded to the touch at a few points which were mostly in the neighbourhood of the grooves. The patient made out that the tumour had doubled its previous size within the last three months before Dr. Prieger examined her. She came under his treatment at Kreuznach, and was subjected to a course of baths and systematic alkaline fomentations. The tumour soon became softer. In July, 1847, he found that it was no longer uniform, but multiple, and in a few months the individual fibroids became smaller, and ligamentous bands ran between them. An attack of flooding and fever occurred in August, and subsided after rest. On returning to England the patient found that the tumour grew bigger again, so she returned to Kreuznach in the season of 1848. The tumour once more diminished in size, some of the smaller and softer outgrowths disappeared completely. In 1849 she underwent a third course of treatment at Kreuznach, and the tumour became so small that Dr. Prieger wrote and informed her English medical adviser that further diminution could hardly be expected. The period ceased in 1850. In 1851 the patient paid her last visit to Kreuznach, as the tumour had slightly increased in size. It grew smaller again, and after that date seems to have remained quiescent until the case was reported two years later.

In fact, this was, in all probability, a case of multiple fibroid tumours, welded together by adhesions which converted them into a single large tumour. Rest, baths, and fomentations caused the resolution of most of the adhesions, and the separate fibroid outgrowths grew smaller, owing in part, perhaps, to the influence of the climacteric.

(16) Dr. Playfair relates a case of very high interest, as it demonstrates the dangers of the sound, even in skilled hands; and it also resembles, in two essential points, the case in my own experience, for the fibroid became fixed and disappeared after inflammatory complications. The patient was thirty-five, and subject to metrorrhagia. In February, 1867, the cavity of the pelvis was found to be occupied by a large nodular mass of uterine fibroid, principally attached to the right side of the uterus, but also occupying Douglas's space, which could be felt through the abdomen, and was apparently about the size of an adult head. The uterus itself was pushed up behind the symphysis pubis. Shortly afterwards an attempt to pass the sound proved a failure, as the tumour projected so much into the uterine cavity. An acute attack of pelvic inflammation followed. The uterus and its growths became fixed, and so much exudation was thrown out that the nodules on the mass could no longer be distinguished. After the patient had remained in hospital for a month about half a pint of pus was discharged from the vagina. Twelve days later the patient was discharged. The site of exit of the pus could not be detected. "The tumours were in much the same condition as formerly." In January, 1868, Dr. Playfair again examined her. "The uterus was then in its natural position in the pelvis, and freely moveable. No trace of the fibroid tumours could be felt, and the only unnatural condition I could make out was an indefinite sense of thickening in the right broad ligament."

(17) My own case comes under a similar category. As in Dr. Playfair's, there was a nodular mass bearing all the characters of a fibroid, and pelvic inflammation occurred, followed first by discharge, and then by disappearance of the fibroid.

(18) Professor von Mosetig read before a Vienna society in October, 1888, an account of a case where the pelvis of a patient was blocked by a lobulated tumour "as large as a man's head," which reached upwards as far as two

fingers' breadth below the umbilicus. The patient began to suffer in February, 1888, from the usual pressure symptoms, and metrorrhagia which went on for three months. The cervix was not high in the pelvis, but was compressed antero-posteriorly. The tumour was quite fixed. On October 7th von Mosetig performed an exploratory operation. The tumour could not be moved, and its surface on exposure and manipulation became deeply congested, ecchymosis appearing at several points. He expressed no doubt in his report that the tumour was a fibroid. The wound was closed. Very soon all discomfort passed away. On examining the patient on the fourteenth day von Mosetig "could hardly believe his own eyes." The tumour had diminished by more than one-half. Douglas's pouch, previously filled by a firm mass, was now free. Eight days later the tumour was yet smaller, "scarcely as large as a man's fist." He attributes the phenomenon to the hyperæmia observed during the operation. It caused the tumour to diminish, just as similar uterine fibroids grow smaller during erysipelas. He has even known a soft sarcoma to diminish in the course of the same disease, through changes induced by hyperæmia.

(19) Dr. Guéniot's case was first seen in March, 1868. She was then forty years old and seven months pregnant, and further afflicted with a huge fibroid, as well as several smaller outgrowths, which could be felt through the abdominal walls on the anterior surface of the uterus. The tumour itself almost filled the pelvic cavity, pushing the cervix forwards and flattening the rectum. Owing to the pregnancy its upper limits could not be determined. Dr. Jarjavay had examined the case a year before; the tumour was then "as big as a child's head, and as hard as marble." At the eighth month the pelvis was so blocked that it was determined to perform Cæsarean section at term if the fibroid did not rise out of the pelvis. Fortunately this is just what occurred on May 17th, after labour pains had been for two hours in progress, and a quantity of liquor amnii had escaped. The tumour rose slowly,

but it was not till sixteen hours after the beginning of labour that it came to lie entirely above the pelvic inlet. The fœtal head was then able to occupy its right place in the pelvis, and was delivered four hours later. The patient suffered afterwards from chronic urticaria, dysuria, painful micturition, and occasional menorrhagia. The fibroid seemed to remain stationary, then she was seized with dull pains and *malaise* for a month. Great relief followed, and in June, 1869, she told Dr. Guéniot that she had never felt so well for ten years. He examined, but found that the tumour had but little diminished in size. The smaller outgrowths lay on the front of the uterus, the largest being as big as a hen's egg. The fundus reached four inches above the pubes. Eight months later the patient's health again failed, flooding set in, and Dr. Guéniot found that the tumour had become softer. Violent labour-like pains were observed in September, 1870. On November 2nd Dr. Guéniot found that the cervix was effaced as in my case, its posterior lip being, as it were, absorbed by the tumour. The anterior lip was recognised as a slight elevation; on touch, sharp neuralgic pains were set up. By December 27th the body of the uterus was found much smaller, the fundus and the smaller fibroids hardly rose above the pubes. The pelvic cavity was almost free, as the large tumour had diminished in size by over one-half. There was no history of the discharge of any solid or fluid by the vagina, rectum, or bladder. (In August, 1890, No. 17 discharged.) But during the whole of December the patient was feverish, the rise of temperature being distinctly intermittent at first, but soon becoming constant. Dr. Guéniot speaks of this condition as "true reabsorption fever." At the same time she was very weak and grew emaciated, keeping to her bed. Yet she had never been so easy as to defæcation and micturition since her illness. A course of quinine and arsenic was tried, but set up gastritis and stomatitis. On January 6th a diet of cold broth was

prescribed, and it answered well, for at the end of ten days the patient was convalescent.

On September 4th, 1871, Dr. Guéniot again examined the patient. The body of the uterus was anteverted and about one-third larger than usual. The fundus could be felt level with the pubes on bimanual palpation. A firm tuberosity was detected on its anterior surface. The vaginal fornices were quite free; not a trace of the large tumour could be detected. His last report is dated December 27th, 1871. The condition remained as in September. The period was somewhat irregular, often appearing at short intervals, with discharge of small clots. The patient, then forty-three years old, bore fatigue well and felt quite strong.

3. *Spontaneous Disappearance of Fibroids; Patients reported as under Forty-five; Cases not directly associated with Pregnancy, Pelvic Inflammation, &c.*

(20) Dr. Playfair describes a case where the patient was only twenty-two. She had borne three children and was subject to epilepsy. In November, 1865, Dr. Playfair detected a firm globular fibroid tumour, the size of a large orange, attached behind and to the right side of the uterus. There was menorrhagia. She was kept for six months under the influence of bromide of potassium, and the fits disappeared for a time. In July, 1866, Dr. Playfair again examined her. "The most careful and prolonged examination failed to enable me to detect any trace of the tumour which had formerly been so frequently felt."

(21) In a case described by Dr. McClintock the patient was twenty-eight, four years married, and never pregnant. The uterus formed a tumour above the pubes of the size of an orange, hard and tender. After a three months' course of chloride of calcium given with tincture of perchloride of iron, she left hospital in February, 1858, with the tumour much reduced in size. Dr. McClintock did not see her again till June, 1861, when no trace of the

tumour remained. She had become pregnant in January, 1860, and gave birth to a dead child at the end of the eighth month. The pregnancy, no doubt, played some part in effecting the complete disappearance of the tumour.

(22) M. Béhier describes a case where a large fibroid tumour disappeared within three months. The patient was a laundress, aged twenty-nine. Thirteen months before admission into hospital dysmenorrhœa and menorrhagia set in; she had recently been confined. She then noticed a small tumour in the hypogastrium. Shortly before admission severe flooding occurred during a period, and the tumour suddenly became much larger. M. Béhier found the lower part of the abdomen filled by a solid firm tumour, with a perfectly smooth surface. It was 8½ inches broad and 7 inches in vertical measurement. The lateral fornices were effaced, and all movements of the uterus in the pelvis were communicated to the abdominal tumour. No special treatment was adopted, but the pain and flooding were treated "by appropriate means." There was no rise of temperature. The tumour steadily and rapidly diminished in size, the patient remaining in hospital under careful observation. Three months after admission M. Béhier found that it had totally disappeared. The cure, he insisted, was quite spontaneous. The distinct history of menorrhagia tends to confirm the diagnosis of fibroid. Dr. Guéniot publishes this case.

(23) Courty publishes the case of a barren women aged thirty, subject for long to uterine congestions and floodings. An interstitial tumour in the anterior uterine wall was clearly defined. After being treated for several months with steel, ergot, and other means she got better. A year after his last visit Dr. Courty saw her again. The uterus had so much diminished that hardly any trace remained of the swelling, once so marked, which he had detected in its anterior segment.

M. Courty says nothing whatever about the size of the fibroid in the anterior wall when he first saw it. The

paragraph on this case is not included in Dr. Agnes McClaren's translation of the same (third) edition of M. Courty's work. (See p. 667, translation.)

(24) Hildebrandt, in a memoir on the effects of subcutaneous injections of ergot, includes a case where the patient was thirty-three and the uterus the seat of a large fibroid, so that that organ was of the size normally attained at the twenty-eighth week of pregnancy. After fifteen weeks' treatment the uterus, easily explored by bimanual palpation, was no larger than in a healthy non-pregnant multipara, and its cavity was of the normal length. In his other successful cases the diminution was much less. The direct or indirect part played by the ergot cannot be discussed.

(25) Dr. C. H. F. Routh, in his 'Lettsomian Lectures,' says that he has met with at least two distinct cases of large fibroid which, he would say, filled the pelvis, and materially interfered with the functions in that cavity, where the tumours had gradually diminished to the size of small apples. In one case the patient was about thirty-five, with menorrhagia. Dr. Routh informed me of her age in a private letter, and added that she is now (March, 1893) living, aged about sixty-five. The tumour has disappeared.

(26) Kleinwächter, in his series of forty fibroids where the history was carefully watched, includes one case where the patient was thirty-seven in March, 1884, and subject to severe hæmorrhages. The uterus was hard and irregular in outline. Its right horn extended to two fingers' breadth below the umbilicus. Ergotine was given. In January, 1885, the uterus was smaller, the metrorrhagia had ceased. In June, 1886, the uterus was not over the size of a fist. Menstruation was regular.

(27) M. Depaul once examined a woman about thirty-eight years old, subject to great anæmia from flooding. A fibroid as big as a man's fist could be felt in the anterior wall of the uterus. She underwent a hydropathic course of treatment. Eight months after M. Depaul first examined

her, he again explored the pelvis. The tumour had entirely disappeared. She had not borne children for many years. This case was originally published by Dr. Guéniot.

(28) One case of Dr. Ashwell's will find place here, the remaining will be found in the next series. Dr. Playfair shows that Dr. Ashwell cannot be correct in attributing the disappearance of the tumours to the prolonged use of iodine alone, since apparently all four patients were over thirty-nine and two were forty-eight.

Dr. Ashwell, in November, 1840, first saw this case. She was forty years old, and two months previously had discovered an enlargement in the hypogastric region, which was tender, but not very painful. It became larger, and as there was much pain she was examined. "*A tumour of considerable induration* [the italics are Dr. Ashwell's] was discovered. It had risen three or four inches towards the umbilicus, and although it passed a little to the right of the mesian (*sic*) line of the body, by far the larger portion was in the left hypogastric region. The cervix uteri was swollen, patulous, and indurated in several spots." Iodine and iron were given and leeches applied on alternate mornings to the tumour. "The morbid enlargement, by the end of February, did not exceed the bulk of a large Seville orange; it having in November equalled in size a fœtal cranium at the full period of gestation." By August, 1841, the tumour had "sunk quite within the pelvic cavity," and "the cervix was much more healthy. In 1845, and subsequently in 1851, I was informed that not a vestige of the tumour remained." No doubt this tumour greatly diminished, but it is not stated who gave the information that not a vestige remained at the end of five years, when the patient was forty-five.

(29) In Dr. C. H. F. Routh's second case (see Case 25) the patient, aged forty, was matron at a charitable institution, and Dr. Routh informs me that she she was "very regular, with abundance." The diminution took about two years.

4. *Spontaneous Disappearance of Fibroids; Patients reported as over Forty-five, or no Age given; cases not associated with Pregnancy, Pelvic Inflammation, &c.*

(30) Kleinwächter records a second case of marked diminution, though not actual disappearance of these tumours, independent of pregnancy. The patient, first examined in July, 1884, was forty-five years old, and suffered from menorrhagia. The fundus reached to within two fingers' breadth of the umbilicus. Ergotine was given. Ten months later the tumour was a little smaller. Menstruation ceased in 1889. In February, 1891, the tumour was hardly "half the size of a fist." This case will not surprise many British observers, yet Professor Kleinwächter believes that fibroids do not, as a rule, grow smaller at the menopause. The first case has already been noted; it occurred before climacteric years.

The three remaining cases reported by Dr. Ashwell (see No. 28) may be placed here.

(31) The patient was forty-six. She "had a tumour on the left side of the abdomen, occupying the space between the umbilicus, the anterior superior spinous process of the ilium, and the symphysis pubis. It was *hard*" (italics in original), "not very painful to the touch, and about the size of the fœtal head. The os and cervix uteri presented no abnormal indications. The tumour could be balanced by the fingers placed on the cervix, and when pressure was made upwards the tumour was distinctly elevated and protruded the abdominal integuments, so much as to render its outline distinctly visible. External pressure above and around the growth forced down the whole uterus much lower in the cavity of the pelvis, and left no doubt that the tumour was really uterine." Menstruation was profuse, and severe hæmorrhages frequently occurred between the periods. The iodine treatment was sedulously employed for nearly two years. "At this period the tumour was not diminished in size, and but little in hardness." The patient was sent to the south coast of Devonshire. The

tumour and bleedings began to subside within a few months. "On careful examination, now five years from its first recognition, I could discover no traces of the tumour." The patient was then fifty; it is not stated that the menopause had arrived. The case is noted as "communicated by Mr. Richard Wedd, of Cheshunt." It is not clear whether the personal pronouns in the above quotation refer to Dr. Ashwell or to Mr. Wedd.

(32) The patient was aged forty-eight; "first perceived a tumour about the size of a small melon three years ago. It was then low down in the hypogastric region." Menstruation became profuse, and there were hæmorrhages between the periods. "Now the tumour is as large as a moderate-sized adult head, lobulated, and in several of its more prominent portions of *extreme* hardness. It reaches nearly as high as the umbilicus, and protrudes the abdominal integuments, giving to the patient the appearance of a pregnancy of the fifth or sixth month. . . . The os uteri is patulous; and its lips, together with the cervix, are soft and swollen, but without any spots of induration." Iodine was given. The period ceased when the patient was fifty-two. Two years later "the tumour was not larger than an orange. By examining *per vaginam* I could discover scarcely any hardness of the cervix." Thus the tumour took six years to reduce itself to insignificant proportions; but the patient was then fifty-four. Two years later, when she was fifty-six, Dr. Ashwell could "externally scarcely make out any tumour."

(33) There is much confusion about the age of this case. The patient is reported as "Mrs. B—, aged forty-eight." She was under Dr. Ashwell's care in Guy's Hospital in the spring of 1837, "suffering considerable pain from a large *hard* uterine tumour about the size of a child's head. Iodine was given, and "the tumour continued slowly to diminish." Dr. Ashwell lost sight of her till 1853, when she consulted him about some pulmonary trouble. "On examination externally *no tumour was perceptible* even

when the fingers were pressed deeply down behind the pubes, and the cervix uteri is quite healthy."

Dr. Ashwell adds, "Mrs. B. married in November, 1837, the tumour then being as large as a small melon. She had been pregnant only once, and aborted at two months; this was very soon after marriage. She has ceased to menstruate two years. The tumour decreased rather more rapidly for two or three years after her marriage, and she assures me that for the last four years it has been as imperceptible as at present."

If the patient was forty-eight at the beginning of the history in 1837,* she must have been sixty-four in 1853 at the end. If so, the menopause, two years before, occurred when she was sixty-two! In all probability she was thirty-two when first seen, forty-six at the menopause, and forty-eight when last seen; this would place her in Series III, not Series IV.

Yet in No. 32 Dr. Ashwell states at the beginning that the patient was "aged forty-eight," whilst four years later she was "then fifty-two years of age," so that the age refers to the beginning of the history.

I suspect that in No. 33 Dr. Ashwell meant to say that the patient was forty-eight when she consulted him in 1853. The previous part of the history was admittedly imperfect.

This case is an object-lesson on the dangers of hasty reference and second-hand quotation.

These three cases of Dr. Ashwell's are practically of small value, but they have been quoted as examples of the spontaneous disappearance of fibroids. Dr. Playfair rightly connects the result with the age of the patients.

(34) Dr. Kidd (of Dublin) kindly sent me the details of an unpublished case in February, 1893. The patient was single, and aged sixty-one at the above date. "She was living in Germany as a governess in 1867, and then, for the first time found that menstruation became exces-

* "1837" cannot be a misprint for "1847," as Dr. Ashwell was Obstetric Physician to Guy's Hospital at the former date, when the patient was in that institution, according to the clinical history, but had retired before 1847.

sive. She came under my care in 1868, when about thirty-six years of age. On examination I found a fibrous tumour in the interior of the uterus. The uterus extended to midway between the umbilicus and pubes. She was very anæmic from loss of blood, but still able to carry on her work as a governess, and would not submit to any operative interference.

"In 1870 Dr. McClintock saw her with me. The tumour was now as large as the uterus about the seventh month of pregnancy. The hæmorrhages were so profuse as to prevent her making any exertion. We dilated the cervix, and found a large tumour in the uterine cavity. We thought it unadvisable to make any attempt to remove it. We brushed the surface over freely with strong nitric acid which checked the bleeding, and after a time she was able to resume her work, but the tumour continued to grow till it was as high as the xiphoid cartilage."

In 1884, when she was aged fifty-two, menstruation ceased. The tumour now began to diminish and gradually disappeared.

"I saw this lady on February 8th, 1893. The abdomen presents no appearance of a tumour. On passing my finger into the vagina I found the body of the uterus still as large as it could be about the twelfth or fourteenth week of pregnancy. I did not think it wise to pass a sound." The patient was in good health.

This must be included as a menopause case, since the tumour did not apparently begin to diminish till the patient was fifty-two and reached the menopause, which was protracted.

It is rather a good normal biological history of a fibroid than a case of "spontaneous disappearance." We find protracted menopanse, and diminution of the tumour afterwards, symptoms usually expected in fibroid disease. More such histories are wanted, such as Kleinwächter recently published. That author's opinion relating to the menopause is, however, peculiar.

(35) Another case under Dr. Kidd is of great interest.

A single lady, aged forty-four, first consulted him in 1852. The age is not stated in the original article on the case. Dr. Kidd kindly informs me, in a letter, that the patient died in 1875 or 1876, aged about sixty-seven. Hence she was about forty-four when she first came under his care, and in 1867, when it had reached its highest stage of development, she was fifty-three. The menopause, not occurring till several years later, was much protracted. There was a tumour about the size of a goose's egg. He watched the case; a second tumour developed, and by 1859 the abdomen was as large as in the seventh or eighth month of pregnancy. A portion of the tumour lay behind the uterus, pushing it upwards and forwards. The tumour was "of stony hardness," the uterine cavity "of normal length." There was no uterine hæmorrhage, but great pain in the tumour during the catamenia, and difficulty in defæcation. In 1861 the lower part of the tumour was fixed in the bony pelvis, being quite immoveable, the upper part reached to midway between the umbilicus and ensiform cartilage. The uterus lay too high in the pelvis to be reached by digital exploration. The tumour pressed on the right great sciatic nerve, causing severe pain. An air-pessary gave relief. At the end of 1863 menstruation became irregular, and the patient stated that she occasionally passed flesh-like masses "which she believed to have been coagula, as I presume they were." Menstruation ceased; the abdomen gradually diminished in size.

"On the 26th of June, 1867, I saw this lady, and examined her carefully. I could not detect any tumour in the abdomen. On passing my finger into the vagina I found a firm round tumour in Douglas's space, moveable, hard, but yielding slightly to the finger on pressure. The uterus was easily felt, pushed a little forwards by the tumour, but nearly in its normal position. The vaginal portion of the cervix and the os were quite defined. The uterus moved freely and independently of the tumour. The patient had not known of the existence of this part of the tumour,and believed the whole had disappeared."

Unfortunately Dr. Kidd gives no information as to the patient's age. We cannot presume that the cessation of the catemenia represented a natural menopause. If so, the case is at least interesting as illustrating how a large fibroid may disappear entirely from the abdomen and cease to cause pelvic trouble at the "change of life."

(36) A case "of the complete removal of a fibrous tumour by absorption" is recorded by Dr. Matthews Duncan. "What enhances the value in this case," says Dr. McClintock, "besides the thorough competency of the observer, is Dr. Duncan's own acknowledgment that he has been, as it were, forced against his judgment, by the evidence of a single case, to admit the possibility of the complete removal of a large fibrous tumour by absorption." Dr. Playfair testifies to the value of this case on the same grounds. Dr. Duncan writes, "The tumour was as large as the fœtal head at the end of pregnancy. It was as easily and as perfectly diagnosed as any case could be. There was no doubt ever thrown upon the nature of the case by any of the experienced practitioners who examined it. It had every character and symptom of a fibrous tumour. The patient was long in the most aggravated state of anæmia. Now there is as certainly no uterine tumour as there was certainly one formerly. The only method of escape for me, in the evidence of this case in favour of complete absorption, is the supposition that the tumour may have become spontaneously enucleated, separated, and discharged, without the consciousness of the patient. This alternative, I confess, considering the cleanly habits and truthful character of my patient, seems more unlikely than the other." Dr. McClintock quotes the above in full. On reference to Dr. Matthews Duncan's original record of the case, I find that he adds, "whatever may be the truth regarding this individual case, every one will admit that it is unreasonable, in the present state of therapeutics, to expect absorption of a fibrous uterine tumour." The patient had taken "small doses of iodide and bromide of potassium almost constantly for years;

but extensive experience with these remedies does not lead me to attribute to their use this singular good result."

Thus wrote Dr. Duncan in 1868. Twenty-five years' further experience has led gynæcologists to confirm fully his opinion. I regret to say that he does not give the age of the patient. If she was over forty-five the disappearance of the fibroid would not be a matter of great interest. He is careful to add, in a foot-note, "Cases of atrophy and absorption after delivery require separate study as occurring under special conditions." It is strange that he does not apply a similar rule to cases occurring near the menopause.

(37) Péan, after observing that fibroids tend to diminish towards the menopause, and even to disappear, describes a case which he saw five years before publication of his report, but the patient's age is not given. He discovered a fibroid filling almost the entire abdomen. As it caused no symptoms beyond a little inconvenience he advised that operative interference be postponed. He saw the patient five years later, and was very agreeably surprised to find that she had almost got rid of her tumour. "The treatment, confined to the administration of arsenic and tonics, had been sufficient to produce this result." I may here remark that a solid ovarian tumour could not have disappeared spontaneously.

These cases might be discussed at great length, but this communication is already, I fear, inconveniently long. The tables may assist the inquirer.

Errors in diagnosis are possible in every case, and I may safely say they must have occurred in several cases. Yet fibroid uterine tumours have been familiar to practitioners and specialists for long beyond the last generation, nor are they hard to distinguish, especially when multiple or well lobulated. Small subperitoneal growths are easy to detect and hard to mistake, and their disappearance has been closely observed (as in 8, 10, and 11, for example). If such growths disappear, larger growths, more exposed to traumatic and inflammatory dangers, may

likewise vanish. The history of hæmorrhages is important, but the absence of bleeding proves nothing, since that complication is absent in most subperitoneal and many interstitial fibroids. Perimetritic tumours show very definite symptoms; hydrosalpinx and pyosalpinx are never so hard as fibroids. Parametric effusions are ill-defined, though often very hard, and are attended by severe constitutional symptoms not noted in most of the cases here collected.

In these days we can all distinguish between the disappearance of a fibroid and the discharge of an intrauterine growth of the same nature, piecemeal; as in Sir C. Clarke's case which I quoted with Dr. McClintock's general observations on the subject. This complication, as I have already said, possibly existed, together with the undoubted presence of other fibroids, in my own case.

Series 4 is necessary to include with the other series, for the disappearance of fibroids in age is, as far as our present knowledge can guide us, a subject inseparably connected with their disappearance at an earlier epoch of a woman's life. I have shown how Kleinwächter at least finds that fibroids do not usually grow smaller after the menopause, though his cases were not watched for a sufficiently long period afterwards to warrant his assumption that they may not begin to decrease steadily a few years later. I often see several patients in whose cases I refused operation some years since on account of the age approaching the menopause; they have long passed that age, and their fibroids are decidedly smaller. I have not known absolute disappearance to occur in any of these cases.

In some of the cases here recorded, ergot, chloride of calcium, or other drugs or therapeutic measures may have played a considerable part in causing the disappearance of the growth; but wide experience has shown us that, as a rule, these means, now seldom relied upon, rarely ensure much benefit. The more reliable advocates of electricity simply claim that the fibroids grow smaller and

cease to give trouble under their treatment. If, on the other hand, electricity acted thoroughly, the disappearance of the fibroid could not be called in any sense "spontaneous." This question has, however, been well discussed before the Obstetrical Society.

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1. *Spontaneous Disappearance of Fibroids directly associated with Pregnancy.*

No.	Authority.	Age.	Menorrhagia.	Size and extent of tumour at its full stage of development.	State of tumour at end of clinical history.	Time in disappearing.	Remarks.
1	Scanzoni	?	?	"Size of a man's head"	Disappeared	6 weeks after delivery	Had existed 11 years.
2	Herpin and Mayor	?	?	Large enough to render Cæsarean section necessary	"Ultimately disappeared"	?	Tumour seen during Cæsarean section.
3	Pozzi	?	?	"A large fibroid"	"Disappeared without leaving a trace behind"	?	No complication at delivery.
4	Kidd (Dublin)	?	?	"Large fibrous tumour"	Disappeared	2 months after delivery	—
5	Sedgwick	30	?	5 "fibrous tumours, each as big as a walnut"	,,	See text	—
6	Simpson, A.R.	?	?	"Size of child's head," reached, after delivery, to right hypochondrium	"Size of hen's egg"	A few weeks	—
7	Id.	?	?	"Size of a walnut"	Disappeared	2 months	Did not reappear at next pregnancy.
8	Emmet	?	?	"As prominent and well-defined as a door-knob"	,,	?	Underwent involution after delivery.
9	Id.	?	?	?	,,	?	,,
10	Id.	?	?	"Much smaller than in either of the other cases"	,,	?	,,
11	Madge	40	?	Cluster, sizes varying from "that of a walnut to a large orange"	Some of the smaller fibroids "reduced to traces"	16 months after delivery	—
12	Phillips, John	36	?	"Size of a cocoa-nut" when craniotomy was performed	Disappeared	Under 1 year.	Patient died in childbed 1 year later (see text).
13	Kleinwächter	32	No	Above "the size of half a fist" (see text)	,,	Apparently during involution after delivery	—

2. *Spontaneous Disappearance of Fibroids; Patients under 45; History indicating Inflammatory Complication, Congestion, Injury, &c.*

No.	Authority.	Age.	Menorrhagia.	Size and extent of tumour at its full stage of development.	State of tumour at end of clinical history.	Time in disappearing.	Remarks.
14	Rigby	?	?	Two large masses, one "extending nearly, or up to, umbilicus"	Disappeared	Within 3 months	Acute pelvic inflammation.
15	Prieger	"Reached climacteric years"	Yes	"Size of big man's head;" reached higher than umbilicus and filled pelvis	See text	Under 6 months	Multiple fibroids, apparently soldered together by inflammatory deposit.
16	Playfair	35	Yes	"Apparently about the size of an adult head"	Disappeared	Under 10 months	Acute pelvic inflammation. Abscess burst into vagina (?), see text.
17	Doran	40	No	Hard, solid mass, reaching to level of umbilicus, and far downwards into Douglas's pouch	"	Within 10 months	See history at beginning of text.
18	Von Mosetig	?	Yes	"Solid elastic tumour as large as a man's head," * reached to within two fingers' breadth of the umbilicus (seen during exploratory operation)	"Scarcely as large as a man's fist" *	About 1 month	Extreme congestion; apparently cured by exploratory operation.
19	Guéniot and Jarjavay	40	Occasionally	Tumour filled pelvic cavity; several smaller outgrowths	"Not a trace of the large outgrowth could be detected"	4 years	Pregnant when first seen; attack of pelvic inflammation, third year.

* Sizes given in original *English* report only. See Authors quoted.

3. *Spontaneous Disappearance of Fibroids; Patients reported as under 45; Cases not directly associated with Pregnancy, Pelvic Inflammation, &c.*

No.	Authority.	Age.	Menorrhagia.	Size and extent of tumour at its full stage of development.	State of tumour at end of clinical history.	Time in disappearing.	Remarks.
20	Playfair	22	Yes	"Size of a large orange"	Disappeared	Under 9 months	Epileptic; bromide of potassium given.
21	McClintock	28	?	"Size of an orange" above pubes	,,	No trace within 2 years	Chloride of calcium treatment. Pregnant towards end of history.
22	Béhier and Guéniot	29	Severe	Lower part of abdomen filled by tumour; fornices effaced; fixed in pelvis	,,	3 months after admission into hospital	See text.
23	Courty	30	?	Interstitial tumour in anterior wall; size not indicated	"Hardly any trace"	Under a year	(Possibly Case 33 should follow here; see text on Case 33.)
24	Hildebrandt	33	?	It made uterus as big as at 28th week of pregnancy	Uterus reduced to normal size in non-pregnant multiparæ	15 weeks	Subcutaneous injections of ergotine.
25	Routh, C.H.F.	35	Yes	"Filled pelvis"	"Diminished to size of small apples"	See text	—
26	Kleinwächter	37	Severe	"Right horn of uterus extended to two fingers' breadth below umbilicus"	"Uterus not over the size of a fist"	Under 2 years	Ergotine given.
27	Depaul and Guéniot	38	Severe	Big as a man's fist	Disappeared	8 months	—
28	Ashwell	40	?	"Size of a fœtal cranium at full period of gestation"	,,	Within 4 years	—
29	Routh, C.H.F.	40	Abundant	"Filled pelvis"	"Diminished to size of small apples"	See text	—

4. *Spontaneous Disappearance of Fibroids; Patients reported over 45, or no age given; Cases not associated directly with Pregnancy, Pelvic Inflammation, &c.*

N.B.—The menopause, in women subject to uterine fibroid, is often delayed for several years.

No.	Authority.	Age.	Menorrhagia.	Size and extent of tumour at its full stage of development.	State of tumour at end of clinical history.	Time in disappearing.	Remarks.
30	Kleinwächter	45	Yes	Uterus reached to within two fingers' breadth of the umbilicus	"Hardly the size of a fist"	Under 7 years	Menopause at 50.
31	Ashwell and Wedd	46	Yes	"Size of a fœtal head"	Disappeared	4 years	See text.
32	Ashwell	48	Yes	"As large as a moderate-sized adult head"	„	8 years	See text.
33	Id.	48?	?	"Size of a small melon"	„	?	Probably 32 when tumour was first seen. See text.
34	Kidd (Dublin)	52	Severe	Reached ensiform cartilage when patient was 40	„	Within 9 years of its greatest development	Began to diminish at 52. See text.
35	Id.	53	?	"Reached to midway between umbilicus and ensiform cartilage;" lower part fixed in pelvis	Tumour no longer abdominal; reduced to a firm mass in Douglas's pouch	Under 6 years from ditto	Tumour largest at 53. Menstruation continued several years later.
36	Duncan, J. Matthews	?	(Great anæmia)	"As large as the fœtal head at the end of pregnancy"	„	?	—
37	Péan	?	?	"Filling almost the entire abdomen"	"Almost disappeared"	Within 5 years	—