

The disappearance or 'absorption' of fibroids before the menopause / by Alban Doran.

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40 Col: Crimmin Vc. CSE

41 MARINE LINES,
BOMBAY.

19. Oct, 09

(7)

My Dear Mr. Doran

I have never written
to thank you for the receipt of
your extremely interesting paper on a
case of Cystic interest: termed Fibroid
with a papillomatous appearance. It
reached me at Bikaner where I
happened to be marking time while
Genl. the Surgeon. Genl. were trying to
find me something to do. I am
preserving this as I have done all

the things - I had a most interesting time at the Petri (women & children) & Matlari (children) - I was there for 6 months & ~~the~~ for 6 abdominal operations at the former institution!

If ever you come out to this country I hope you will leave us up. I also hope you will let me hear from you occasionally

you will probably remember Matlari my boy's mother, a charming old lady, at Swinton when you called to see us. We are both Shireen with my friend for she died at Southampton the other day.

Yours very sincerely

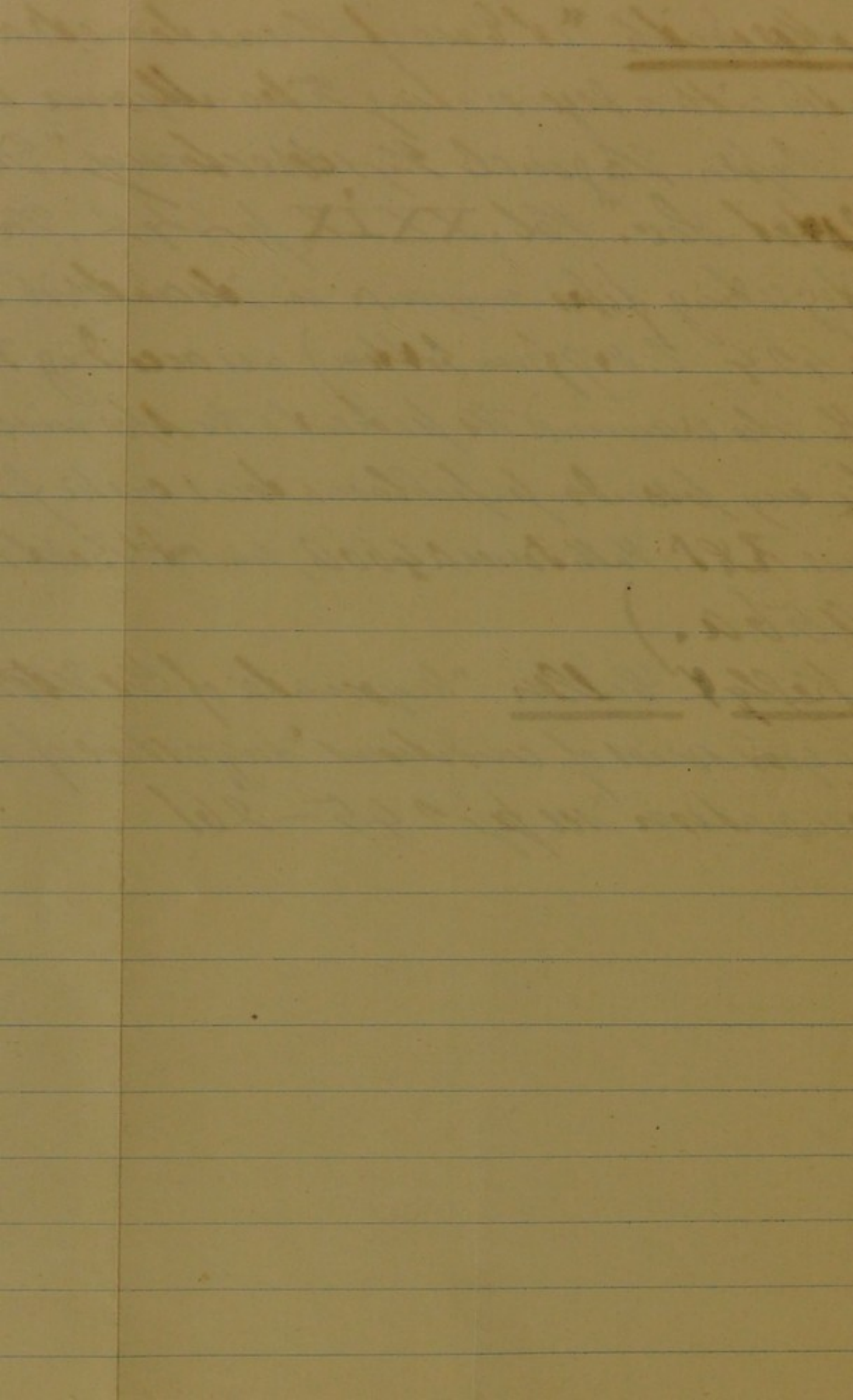
J. Colin. Evans.

your other papers for reference.

My life has been rather a restless one lately. I had to vacate my Surgical appointment in Poona as I was not entitled to hold it as a Mayor. I then got acting charge of the Women's Hospital here with a professorship at the College. It was supposed that the permanent incumbent who was in England on leave would not return & I was promised confirmation but things were ordained otherwise. Immense returned & I had to turn out. I am now in ^{acting} Surgical charge of the Gencbas Tygal Hospital (80 Surgical beds including a women's ward) so I shall not reach home much with

Macdougall "A Case of Haematometra asso-
ciated with a degenerating Fibro-myoma, treated
by Super-Vaginal Hysterectomy." Trans.
Obstet. Soc. Vol. XXIX, p. 442. The "dis-
integrating fibro-myoma in its outer wall"
(p. 424, l. 8 & from bottom) was, according to W. S. Grif-
fith who examined the specimen, much
like any pseudo-papillomatous cystic fibroid.
(Mus. R. & S. Path. Series 2466B, Mus. F. Bards. Resp.
2956a.)

Kelly & Cullen "Myomata of the Uterus"
For a good series of conditions "suggestive of sarcomatous
degeneration" see pp. 245-261



9.

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The Disappearance or "Absorption" of Fibroids before the Menopause.

BY

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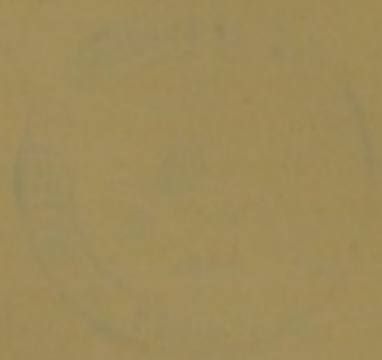
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The Disappearance of "Absorption" of Fibroids before the Menopause

ALBA L. JOHNSON, M.D.
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Chicago, Ill.
The University of Chicago Press
1901

The Disappearance or "Absorption" of Fibroids before the Menopause.

By ALBAN DORAN, F.R.C.S.

Surgeon to the Samaritan Free Hospital.

ELEVEN years ago the present writer read before the Obstetrical Society of London a monograph on the absorption of uterine fibroids.¹ He analysed 37 cases of what he was careful to rate as "Spontaneous Disappearance of Fibroids." He concluded that although any one of the 37 cases may represent an error of diagnosis, nevertheless so many have been recorded by experienced authorities that there can be no doubt that fibroid tumours of considerable size sometimes disappear spontaneously before the menopause. The words "absorption," "spontaneously" and "before the menopause" must be borne in mind.

The choice of the word "absorption" was explained. The writer quoted a communication by the late Dr. Playfair,² "the name of which I have purposely repeated at the heading of the present memoir." Otherwise the word was misleading, but it served one good purpose, it proved comprehensible and satisfactory for reference. Those who wished to hear the reading of the paper knew what was meant, and it still serves, we find, for reference, indeed one particular reference will presently be considered as an essential factor in this review.

The writer, on the other hand, though using a term of doubtful accuracy for the sake of uniformity, employed the term "spontaneous disappearance" for the headings of his tables. He could not find one single reliable instance of steady molecular absorption, that is of the removal of the tissues of the fibroid by the blood and lymph-channels without the aid of any destructive pathological process. He considered, however, that a near approach to molecular absorption occurs, when after pregnancy the process of involution extends from the uterus to the tumour "more or less a myoma." This statement bore a qualification, not a generalisation. The writer did not mean fibroid tumours in general, for he was aware that the average "fibroid"—the "fibro-myoma" of pathology—does not undergo involution after pregnancy. Dense white fibre is not likely to share

in a process naturally affecting muscular tissue. He was referring to tumours chiefly made up of plain muscle-cells, the "myoma" of pathology, and "fibroids" are occasionally of that type. He agrees with those opponents of the absorption theory who insist that the "diminution" of a fibroid uterus after pregnancy usually signifies involution of the capsule of the tumour, that is to say of part of the uterus proper. In other words there is no diminution of the fibroid itself. But when the fibroid is mainly made up of muscular fibre, he believes that considerable involution is quite possible, for evolution appears to occur in a myoma proper during pregnancy.

Lastly, as to the third term "before the menopause," used in the writer's essay, it implied that spontaneous disappearance occurs after the menopause. This is certainly the case. It does not always occur, Kleinwächter³ was one of the first to note, on clinical evidence, how fibroids occasionally enlarged after the change of life. But the same authority, so sceptical about the diminution of fibroids, describes three cases where he observed that condition, once after delivery in a woman aged 32, once in a woman aged 37, independently of pregnancy, injury or inflammation, and once in a woman aged 45, also independently of the conditions just given, the menopause not occurring until the patient had reached the age of 50.

These are the very definite statements of a sceptic. But just as too much stress used to be laid on the menopause as the curer of fibroid disease, so Kleinwächter's theory that increase of the disease is the rule after the menopause, has recently been overestimated. The present writer indicated a serious qualification which has been overlooked:—

"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. . . . Only one out of his forty seems 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."

Indeed a considerable number, the writer finds, grow distinctly

* He maintained that a myoma originally developed from round-cells around the uterine capillaries ("Zur Entwicklung der Myome des Uterus," *Zeitschrift f. Geb. u. Gyn.*, vol. ix., p. 68). Further investigation is needed.

larger for a time, owing to well-known changes, and then diminish appreciably in bulk.

We must put aside post-menopause cases, however, and turn to our subject, diminution and disappearance of fibroids before the menopause. In association with this question we must take into account:—

1. Errors of diagnosis caused by masses connected with the uterus which are not fibroids and which certainly tend to disappear.

2. Destructive inflammatory changes, the commonest cause of the diminution of fibroids.

3. Disappearance of fibroids due to their sharing the process of involution after delivery.

4. True disappearance or diminution of fibroids occurring independently of pregnancy and destructive inflammatory changes, and also independent of operative removal of the ovaries when that procedure proves successful in its aim. This would be the most essential type of spontaneous disappearance of fibroids. It would represent a kind of irregular menopause, the show continuing though the tumour grows less, just as was sometimes seen when the ovaries were removed. The component elements of the genital tract may age in a relatively irregular manner, as is the case with the hair and the teeth.

These subjects must be considered separately at greater length.

1. *Errors of Diagnosis.* We need not dwell on grave mistakes due to inexperience or to faulty and insufficient observation. We must indicate a most interesting and important source of fallacy on which Murdoch Cameron⁴ has rightly laid great stress. At the Manchester Meeting of the British Medical Association in 1902, he expressed extreme scepticism about the absorption of fibroids, and declared that he had observed a considerable number of cases which were sent to him as fibroid tumours of the uterus, but which eventually disappeared after treatment by rest and potassium iodide. "These cases very closely resembled fibroid growths."

In reply to a published letter from the present writer,⁵ Cameron explained more fully his experience of these cases.⁶ He observed that on examination an extensive hard swelling was found behind the uterus reaching backwards to the sacrum. Its outline could not be defined. We must all admit that this feature was in itself strong evidence that the tumour was not a fibro-myoma. Very little information could be obtained from the patients. Murdoch Cameron felt sure that the hard swellings were not impacted uterine fibroids, and therefore he did not operate but gave potassium iodide. As

there was no operation Cameron admitted that he could not vouch for their pathological character, but added that the same treatment in cases where there was clearly a uterine fibroid, failed altogether.

There was more correspondence in the *British Medical Journal* following the publication of the letters from Cameron and the present writer. It was somewhat instructive and is important in respect to this review; as it shows the opinions of several living gynaecologists and practitioners on the question.

Dr. Andrew Fausset⁷ reports that he once examined a woman "with a tumour of the uterus as large as a football, which an eminent surgeon and I diagnosed as a fibroid." Hysterectomy was about to be performed, being "authoritatively recommended at hospital," but the patient declined and placed herself under the care of Dr. James Edmunds, who administered mercury and potassium iodide. Cessation of hæmorrhage, which had been troublesome, and shrinkage of the tumour speedily ensued, and the treatment was continued on and off for a year.

Independently of the fact that only "shrinkage" is admitted, there are two defects in this case as an instance of disappearance of fibroids spontaneous and before the menopause, so that it must be rejected. Dr. Fausset took great pains to trace the patient, but he candidly admits that when at last he had an opportunity of seeing her, she objected to any examination. He could only affirm that there was no outward semblance of a tumour, that the periods had ceased, and that she was in excellent health. Secondly it transpired that when the patient consulted Dr. James Edmunds she was 49 years of age. This fact deprives the treatment of all its value as far as the present question is concerned, since spontaneous cessation of bleeding and of enlargement of the tumour is common at the menopause. Hence the case was not likely to be an example of the disappearance of deposits, observed by Cameron, though Fausset seemed to be of that opinion. Very possibly Fausset and the "eminent surgeon" whose name does not transpire, were quite right when they diagnosed the tumour as a uterine fibroid.

The effects of medication on any one patient are seldom to be estimated accurately. Enlarged and heavy uteri, and even cases of fibroid are often benefited by mercury and iodides, as Drs. Fausset and Edmunds have found in their own experience. The correspondence on the disappearance of masses connected with the uterus as a result of medication, however, included some letters on a very important matter—the relation of syphilis to uterine enlargements. Shaw-Mackenzie,⁸ who has investigated with considerable assiduity

the relation of syphilis to diseases of the female organs, turned attention to the experience of Boquet, who gave potassium iodide to a syphilitic patient with bleeding fibroid, and found that the hæmorrhages ceased. He therefore tried the salt in non-syphilitic cases and the results, he maintained, were good, for not only did the metrorrhagia come to a stop, but the tumour was markedly diminished. Boquet's theory that syphilis may sometimes determine the evolution of a uterine fibroid is not based on any substantial evidence. Legrain's suggestion about gummata, quoted by Shaw-Mackenzie, deserves a little consideration, but that observer in describing three cases of what he terms syphilitic disease of the uterus, ranks them under parenchymatous and fungous metritis rather than gumma. He thinks that some cases diagnosed as fibroid are really syphilitic.

Stanmore Bishop,⁹ joining in this epistolary controversy, expressed great scepticism about Boquet and Legrain's views, which Shaw-Mackenzie was inclined to support. Bishop was ready to admit that in the published cases where syphilis complicated fibro-myoma the bleeding might have been mainly due to specific disease of the endometrium, the source in all cases of the hæmorrhage so essentially characteristic of uterine fibroids. When the specific disease of the endometrium was relieved by potassium iodide the bleeding naturally decreased, and the symptoms set up by swelling with possibly ulceration of the endometrium would likewise disappear. But, as Bishop remarks, these effects of treatment by iodide do not show that the salt acts on the tumour itself. Shaw-Mackenzie,¹⁰ in another letter very reasonably insisted that the issue of the discussion at the Meeting of the Association was between fibroid and inflammatory products, between simple and syphilitic inflammation, between operative and medical treatment.

The subject of errors of diagnosis caused by masses which disappear after medical treatment need not further be discussed. The masses are clearly products of inflammation which may be syphilitic, although on that point Murdoch Cameron is dumb. They, however, are not fibroids. They have been discussed at length above because so much stress has been laid on them, and also because without doubt their disappearance under treatment has been wrongly described more than once as an instance of the absorption of a uterine fibroid.

2. *Disappearance of Fibroids caused by Destructive Inflammatory Changes.* This is the commonest explanation of a genuine example of the disappearance of a fibroid even when we exclude the bodily

expulsion of a sloughing fibro-myoma out of the uterus and vagina. Murdoch Cameron, in the original communication¹¹ which led to such free correspondence thus criticises the present writer's report of a case in his experience. "This case was given as an instance of the absorption of a uterine fibroid before the menopause. The injury provoked inflammation, which was followed by impaction, then resolution of the inflammatory products and slow disappearance of the tumour."

The present writer, however, has explained why he employed the term "absorption" in the title of his original monograph, and how he really analysed cases of "disappearance" of fibroids described by many of the original reporters as "absorption." On turning to the tables published with this monograph the reader will find the case in question placed as No. 15, under the sub-heading "Spontaneous Disappearance of Fibroids; Patients under 45; *History indicating Inflammatory Complication, Congestion, Injury, etc.*"

The author's patient was a woman aged 40, married twenty years and once pregnant, twelve years before she came under his observation in May, 1890. Early in 1887 she noticed a tumour in the left iliac fossa which never disappeared and caused dragging pains when she walked about. The swelling was discovered during an attack of peritonitis, as far as could be judged from the patient's description of the symptoms, and a similar attack had occurred some fourteen years previously. At the beginning of February, 1890, she was seized with abdominal pains and dysuria. In the last week in April she fell down, receiving a heavy blow on the tumour; it must be noted especially in regard to criticisms which have been made on this case that the attack of abdominal pain began eleven weeks before the injury, but, as might be expected, very great suffering was caused by the blow. Messrs. Hogg and Langston Scott, of Ealing, had kept the patient under their observation for the whole thirteen weeks, and the relation of the injury to the symptoms was also made perfectly clear by the patient herself, who was intelligent. There could be no doubt that a fibroid was present, and it was killed by impaction and parametric exudation. After three weeks' rest the tumour moved freely; it was then found to be bilobed, the second lobe, solid, elastic and smooth, reached half way to the umbilicus; it was a typical out-growth, and must have been of old development. The two lobes (the left was much the larger) were unaltered by the attack of inflammation as far as palpation could indicate. The after-history showed, however, that this undoubted fibroid tumour had been, so to speak, killed by the attack of inflammation. At the beginning of August,

1890, a fetid discharge suddenly appeared and the tumour grew smaller; the discharge remained constant but scanty. In February, 1891, the tumour hardly reached above the pelvic brim, by November, 1892, there was no trace of any tumour. The uterine cavity measured $3\frac{1}{2}$ in. and was fairly movable.

Thus a bilobed fibroid was destroyed by inflammation, and its fragments were ultimately discharged externally. Such an ending is very frequent when the fibro-myoma is submucous, but in this case it was not of that class, and there was no menorrhagia either before or after the acute attack; indeed, it is noteworthy that the period was suspended for nine months after that attack.

The writer described and tabulated, with references, five similar cases under Rigby, Prieger, Playfair, Von Mosetig, and Guéniot. In four the clinical history left no doubt about inflammation. Von Mosetig's case¹² is of special interest as it was verified by an exploratory operation. The tumour could not be removed, its surface on manipulation became deeply congested, ecchymosis appearing at several points. Von Mosetig appeared to be certain that the tumour was a fibroid. By the end of three weeks the tumour at first "as large as a man's head" was "scarcely as large as a man's fist." He attributed this phenomenon, unattended by any kind of discharge, to the hyperæmia observed during the operation, and believed that it caused the tumour to diminish just as he has observed uterine fibroids growing smaller during erysipelas.

This case is important, but not very satisfactory. The concluding statement deserves to be remembered. The diminution in size was so rapid as to make us doubt that the tumour was a solid fibro-myoma. There might have been a hæmatoma under the capsule of uterine tissue exposed at the exploratory operation, connected with a small fibroid which alone remained three weeks later. The present writer has observed hæmatomata in fibroids due to blows. In one instance he explored, and at first the hæmatoma looked like a malignant growth, but it disappeared within a few weeks.

In the discussion which followed the reading of the present writer's paper,¹ Dr. William Duncan reported an incomplete operation on a woman aged 33 for a fibroid which reached to the umbilicus; some firm adhesions were separated. Two and a half years later the tumour had disappeared "and the uterus felt of normal size."

3. *Disappearance of Fibroids due to their sharing the process of Involution after Delivery.* Experience teaches us that pregnancy often has no effect whatever upon fibroids, whilst sometimes it sets

up destructive changes of the kind just considered. But there is reason to believe that a fibroid almost purely made up of muscle-cells, a myoma in fact, is liable to share in the involution of the uterus after delivery. The author has found that it may undergo evolution¹³ during gestation, hence he must feel inclined to support the idea that the opposite process may naturally follow. Thirteen cases were tabulated by the present writer in his monograph and now, eleven years since the tables were prepared, the cases will still bear scrutiny. It is, however, not easy to feel certain that no destructive inflammation occurred in any particular case. We must also remember that a fibroid growth may be expelled during the puerperium and thrown away by a careless nurse or relative who may fail to inform the doctor of the fact. Boissard¹⁴ reported a labour where the placenta was normally delivered. As the labour occurred in a lying-in hospital, the placenta was preserved for a midwives' class, as a matter of routine. The demonstrator discovered a fibroid polypus as big as a hen's egg, with its fundus firmly adherent to the chorion and its pedicle torn through. It is conceivable that a sub-mucous fibroid might be discharged in this manner or even expelled during the puerperium, without the doctor knowing anything about it, and without any teachers or routine system of examination being associated with the case. Had he recognised the existence of the fibroid before delivery, he would be easily misled if he examined the patient after convalescence. Again, recent research has shown that necrotic changes may take place even in a subserous fibroid in pregnancy or the puerperium. Stouffs¹⁵ removed a necrotic subserous myoma three months after delivery. The growth had not, it would seem, diminished in size, but shrinkage is ultimately probable.

Bearing these limitations in mind we may briefly consider the 13 cases, where the observers were more or less men of authority. Full details and references will be found in the writer's original report. Kleinwächter, a great doubter as to the disappearance of fibroids as an event otherwise than very rare, watched a large series with much care. He examined a woman aged 32 in the fifth month of pregnancy. A hard, crescentic, pedunculated tumour, described as of the size of half a fist, stood out in relief from the right side of the gravid uterus. A month later it was found to have increased in bulk. The patient was safely delivered, and within two years the tumour had disappeared. The uterus was a little above the normal size. This case seems fairly reliable, but the report of earlier and frequently repeated examinations would have been more convincing, and precise information concerning absence of discharge is wanting. A

pedunculated growth, we must admit, could not well find its way into the uterine cavity, and if "transplanted" it would still be felt in the abdomen, although separate from the uterus.

Madge also had to do with pedunculated fibroids associated with pregnancy. He detected a cluster varying in size from the dimensions of a walnut to the bulk of a large orange. The woman was forty years old. He watched the case closely, and noted six months after delivery that three of the smaller outgrowths had disappeared. Sixteen months afterwards the uterus with the largest fibroid was still easily felt above the pubes. Two of the smaller tumours were distinctly definable; the remainder were reduced to mere traces.

This case is possibly, from a purely pathological standpoint, the most important in the subseries—disappearance of fibroids associated with pregnancy. As in Kleinwächter's the mass was pedunculated, so that it could not be discharged into the uterine cavity. Madge watched it very closely and observed that its component parts became reduced to very small proportions. This observation seems to imply that pregnancy may have a direct effect on fibroids, under certain—which in this instance means uncertain—conditions. Very often it has no effect whatever, and occasionally it causes sloughing of the morbid growth, but we see that in some cases pregnancy is followed by distinct diminution in the size of the fibroid. Degenerative changes, however, are often observed in clusters of subperitoneal fibroids independent of pregnancy and when associated with it, the fibroids may owe their disappearance to these changes and not to true involution.

Professor A. R. Simpson and Dr. J. Young observed reduction of bulk in a large fibroid during the puerperium. Apparently there was no discharge of any broken-down material. Hence this case is remarkable as the nearest approach to proof of involution properly so-called. Kidd of Dublin's case was similar. That obstetrician has personally informed me that the fibroid which he detected during labour undoubtedly disappeared within two months, without discharge of any of its substance into the uterine cavity. Sedgwick's case was for long under his observation during several pregnancies, and the patient was exceedingly thin. Gestation seems to have played a prominent part in causing the disappearance of the five fibroid growths which he detected in the uterine walls, but it is not so clear that the change was true involution.

John Phillips performed craniotomy on a woman aged 36. He found that the fibroid in the anterior wall which obstructed labour

was of the size of a cocoanut. She became pregnant again, and called in a doctor when she was sinking from hæmorrhage after spontaneous delivery. The placenta adhered closely to the uterine wall over the site of the fibroid which had disappeared. The uterus was exhibited by Phillips at a meeting of the Obstetrical Society of London. Phillips maintains, I understand, that true absorption followed the instrumental labour.

Emmet reports three cases in his *Principles and Practice of Gynæcology* (1879, p. 522, often quoted from incomplete references in European text-books) which he seems to have closely observed. If that authority be strictly correct they do not come properly under the present heading, as he implies that they disappeared during, and not after, pregnancy. Sceptics will object to the involution theory on the strength of Emmet's observations, since post-partum diminution in size of the tumour might be due to the changes in these ante-partum cases where involution would be improbable. A second case under A. R. Simpson deserves notice. He declares that he observed the disappearance of a fibroid of the size of a walnut within two months after delivery.

Pozzi's patient became pregnant when under his treatment for a large fibroid. Delivery was normal and the fibroid afterwards disappeared without leaving a trace behind. Scanzoni insists that he observed the total disappearance within six weeks after delivery of a fibroid "of about the size of a man's head." We cannot help thinking of those exudations about which something was said above under the heading "Errors of Diagnosis."

Herpin's case would be of great value had it been complete. Unfortunately it has only been reported in a discussion on Cæsarean section. That operation was performed by Mayor, of Geneva, at term because a solid pelvic tumour prevented natural delivery. This tumour "ultimately" disappeared. Herpin witnessed the operation, but the appearance of the tumour, which he considered to be a fibroid, as revealed by the opening of the abdominal cavity, is not described by that writer.

4. *Disappearance or Diminution of Fibroids independent of Pregnancy and Destructive Inflammatory Changes.* Two questions are related to this aspect of the subject, namely the influence of the menopause and diminution of fibroids after removal of the ovaries or other curative measures. The first is treated elsewhere, the second, like the first, reminds us that fibroids do disappear or become greatly reduced under certain circumstances, namely age and operations on

74 Collins Street

Melbourne. Australia

5th August - 1906.

Alban Doran Esq. F.R.C.S.

Dear Sir.

For many years you have taken a great interest in the greatly discussed question of Absorption of Fetus. I have read many of your articles with great interest. I thought you might be interested by the case I recently reported for the Victorian Medical Society so I am enclosing under separate cover the Intercolonial Medical Journal of last month in which appears a report of my case ~~of~~ on page 382 with a report of the discussion of the case on page 389.

We are a small medical Community out in these distant parts but you will see that we are still arguing over questions that from time to time cause debates in the centre of learning - London.

With kindest regards and hoping this case may prove of interest to you

I am

Yours sincerely,

Alfred Mann & Arthur

Yours sincerely,
Chas. Sumner

Very truly yours,
Chas.

With kindest regards and hoping the

same have been debated in the Society of Learning - London
are still engaged over questions that from time
to time distant - for as you will see that we

are a small number of Commissioners, but

of the case in page 387.

of our paper 482 with a report of the discussion

of last month in which appears a report of my case

under separate cover the Anatomical Medicine Journal

reports for the Victorian Medicine Society, London including

the paper you might be interested by the case I recently

have read many of your articles with great interest.

The Society's business question of character of the case

for many years you have taken a great interest in

Dear Sir

Alfred Brown Esq. 2892

2nd August - 1905

Belmonte, Australia

7th Collins Street

the ovaries. Putting aside puerperal involution, just discussed, do these tumours disappear spontaneously? We have arrived at the most essential part of the whole question. If spontaneous absorption be proved (and we must say that it is proved) the involution doctrine might, on the other hand, be rejected by many authorities in great part, since in some if not all of the pregnant cases the absorption might be due to the same causes as in the cases independent of pregnancy. On the other hand, other gynæcologists might urge that the involution theory was correct, a genuine process of involution occurring in the tumour in non-pregnant cases as well as in those where there was pregnancy.

We will not dwell on the question of electrolysis. Its value has been ably defended by the Keiths, who have never distinctly asserted that it, as a rule, causes absorption of the fibroid. Inglis Parsons¹⁶ says the same according to his experience. Gerald Garry,¹⁷ out of seventy cases where he employed the Apostoli treatment only noted extreme shrinkage in two, and in one of these exceptional cases violent pelvic inflammation preceded the reduction of the mass. Lewer's evidence on electricity¹ should be borne in mind.

Turning to the operation of removal of the uterine appendages for the "cure of fibroids," the case is somewhat different. The present writer has had the opportunity of closely examining many fibroids before, during and after removal of the ovaries and tubes. That many cases proved failures is not to the point; in several well-marked instances he had opportunities of examining the patient month after month and year by year after the operation. He found that a hard or soft fibro-myoma of the most characteristic kind often underwent extreme reduction within a few months.¹⁸ Not rarely, he must allow, nothing of the sort occurred, and the good and bad results he found did not bear any precise relation to thorough or incomplete extirpation of ovarian tissue. For that reason, among others, he has rejected the operation, but his experience convinces him that there must be some relation between the growth of fibroids and the functions of the ovary.

That many fibroids decrease in size very appreciably many years before the menopause there can be no doubt. Unfortunately evidence as to their total or almost complete disappearance before the menopause is very scanty and unsatisfactory. Among recent examples, Bantock's¹⁹ must be rejected as though the patient was forty-two when he diagnosed the fibroid, the disappearance appears to have been gradual, and she was fifty-one when he found that the tumour

had sunk below the level of the pubes. Hence this was an evident menopause case.

George Keith²⁰ claims to have observed a case of absorption of a uterine fibroid. In November, 1897, he examined a married woman aged 28 in consultation with Dr. Gertrude Keith. A tumour filled the pelvis and extended into the abdomen. "There was no cervix; it was incorporated in the tumour and represented by a depression." The tumour was in bulk "equal to an orange of the largest size." Uterine fibroid was diagnosed. As the patient was subject to mitral disease an operation was not considered advisable and circumstances did not allow of treatment by electricity. Ergotin was given in five grain doses three times daily for four days before the period and during the flow. This treatment was continued for nearly two years, and then the ergotin was stopped as all symptoms had ceased. Here it must be noted that no symptoms are mentioned in this report, but the prescription implies menorrhagia and the statement that the tumour fills the pelvis suggests trouble from pressure. In November, 1902, five years after he had first examined the case, George Keith "found a normal uterus and no trace of the tumour." In conclusion, he observes: "I have not the slightest hesitation in saying that an ordinary uterine fibroid was present in 1897 and that there is nothing of the kind now (November, 1902)." There was no history of any specific disease.

The ergotin treatment cannot be closely criticised, nor need we consider the treatment by chloride of calcium advocated by certain physicians. The present writer in his essay on the absorption of fibroids criticised very closely, and reported cases where there was no direct association with pregnancy or local inflammation, but where also the patient was either nearing or passing the menopause; in two instances no age was given. This series must be rejected and now a very limited number of reported cases remain at our disposal, no more than eleven including George Keith's above related where the patient was under forty, and the tumour became reduced without association with pregnancy or any destructive inflammatory process.

Ten cases occurring in women under 45, tabulated and criticised by the present author in his essay deserve scrutiny; they cannot be here discussed separately at length. Many were published years ago before diagnosis was so perfect (very relatively speaking) as at the present date. We must reject one, in the light of Murdoch Cameron's cases of disappearance of deposit, related under "Errors of Diagnosis." Guéniot and Béhier (1872) write of an example of the disappearance of a large fibroid within three months; the patient

was twenty-nine. Guéniot and Depaul's case (1868) is suspicious in the same way and so is Ashwell's (1854). Courty (1881) observed the disappearance within two years of an interstitial fibroid in the anterior uterine wall, but he publishes no details as to its size when he first observed it, and in the English translation of his *Traité* the paragraph in this case is omitted. McClintock's case, observed between 1858 and 1861 is less suspicious, but pregnancy occurred in 1860, and seems to have played a part in the result, although the tumour had already begun to diminish. C. H. F. Routh closely watched the steady disappearance of a fibroid in two cases, Hildebrandt (1872) in one case and Playfair (1868) in one. All the patients in this group were under forty.

Most reliance, however, will be placed on an observation by the sceptic Kleinwächter, relating to one of the cases in his series of forty fibroids closely watched. The patient was thirty-seven* in 1884 and subject to severe hæmorrhages. The uterus was hard and irregular in outline, its right cornu extended to two fingers' breadth below the umbilicus. In January, 1885, the uterus was smaller; the menorrhagia had ceased. In June, 1886, the uterus was not over the size of a fist. Menstruation continued regular. Ergotine was administered to this patient and the advocates of that drug would here claim a triumph, but the *onus probandi* must be their responsibility, as undoubtedly hundreds of relatively young women are not cured by ergotine, though it may afford the majority distinct relief. If there be some condition ensuring the absorption of the tumour when ergotine is judiciously administered, it is for these advocates to indicate it to us, but as yet they cannot benefit woman-kind by such an indication, and as it is with ergotine so it is with several other well-known therapeutic measures. As Murdoch Cameron says, we see no reason why fibroids should not be made to disappear by some means at present unknown. All will agree with this saying as far as its last word is concerned. But this authority went further and declared that he had never been fortunate enough to observe a case of disappearance of a true fibroid, and for that reason refused to accept such a statement as fact.

It is at least certain that reliable reports of this condition are exceedingly few, but the evidence of Kleinwächter, a profound doubter and a careful observer, working under conditions where observations could be made for a prolonged period, appears to prove that something like complete involution takes place in association

* In a second case under the same authority, mentioned at the beginning of this review, the patient was 45 years of age.

with pregnancy, and something homologous to involution occurs independent of gestation in a few very select cases. Probably they represent an extreme form of the appreciable diminution in size of fibroids very frequent before the menopause, but never to be rated as complete absorption. The author has observed such a change in a woman whose two sisters had fibroids which advanced steadily so that he had to remove them.

The cause of these extreme retrogressive changes may, as has been hinted above in relation to successful removal of the appendages, lie in the ovaries, in short they may represent a premature menopause. If it be not so, the cause remains unknown, for we may conclude this unsatisfactory and rather tedious controversy by noting that the well-known pathological complications so familiar in cases of fibroids do not cause their disappearance. Acute inflammatory changes have been discussed, bleeding certainly does not make a fibroid smaller, œdema makes it larger, and Fairbairn and Cullingworth's researches show that necrobiosis accounts for great changes hitherto ill-understood, but not for the disappearance of fibroids. The former²¹ admits that the question as to the ultimate state of a necrosed fibroid is difficult to solve, but there is clinical evidence that the most advanced type is a cystic mass containing broken-down, blood-stained material. He allows, mainly on the strength of a case in Cullingworth's series, that a certain number of necrotic fibroids may become dried up and putty-like from absorption of fluids and subsequently calcified from the deposition of lime-salts. But there is no evidence that necrosis explained the more authentic cases discussed in this review.

In Phillips' case no fibroid could be detected in the uterus removed after death, so at least there was no necrotic change. Again, this necrosis is associated with pain, as Cullingworth has shown,²² and as the present writer has independently noted on clinical evidence. "Small necrotic fibroids cause more constitutional disturbance than a trifling amount of menorrhagia can account for."²³ Large necrotic fibroids naturally give rise to very bad symptoms. Tenderness on touch, otherwise unusual in fibroids, is common when there is necrosis. It happens, as will be seen from the analyses in this review, that in none of the more reliable cases was there a clinical history suggesting necrosis as understood by Fairbairn and Cullingworth. The rare genuine instances of marked diminution before the menopause may, like the far commoner cases of increase of the tumour after the menopause, represent some perversion of the nutrition of the genital tract at present inexplicable.

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