POLK (Wm M.)

Remarks upon hysterectomy

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REMARKS UPON HYSTERECTOMY WITH DESCRIPTION OF SPECIMENS.*

BY WILLIAM M. POLK, M. D.

1. Hysterectomy by morcellement (fibroid).
2. Suprapubic hysterectomy for fibroid.
3. Suprapubic hysterectomy for carcinoma of the cervix.

I have here a specimen representing removal of the uterus by morcellement. I did the operation to-day myself for the first time. This specimen is placed in juxtaposition with one removed by the suprapubic method.

The tumor occurred in a woman about thirty-eight years of age and, owing to the fact that it had rather loose attachments, it rose well above the pelvic brim until it occupied the position of a uterus five months pregnant, reaching nearly to the umbilicus. The woman had never been married and consequently the case presented the difficulties which such vaginæ usually do. I therefore selected it as a suitable case in which to test the operation. I worked assiduously, and yet it took about one hour and twenty minutes to complete the operation. The operation was more difficult than in the suprapubic one, but I am not so sure that the patient was not in better condition; she certainly was in better condition than she would have been after an operation of this length above the pelvis. Perhaps it is fairest to say, however, that the condition of the two patients from whom these specimens were taken was about the same, with the advantage in favor of the vaginal operation.

The great difficulty found was in my inability to control the bleeding from the tumor. There was no difficulty in controlling the bleed-

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ing from the vessels of the lower segment of the uterus, because they could be ligated at the outset with comparative ease. The ovarian vessels could not be so easily reached at first. It is claimed, and with justice, that if you make steady traction while operating on these fibroids, you will control the bleeding, but every time I cut away a piece the tumor would escape from me and there would be a gush of blood. Hence, more blood was lost in this case than in the suprapubic operation, where practically no hæmorrhage takes place. I do not pretend to say that one more skilled in this operation would not have been able to do it with less hæmorrhage. On the whole, I think with small fibroids that it is the better way of removing them. In the case of the small fibroid here presented and removed by suprapubic operation it would have been better to have removed it by the vaginal route, and perhaps it would have been better if I had removed the larger one above the pelvic brim. This, I believe, is about in accord with the opinions of those gentlemen who have perfected this method.

These other specimens simply represent cases of extirpation of the uterus for various causes—two for suppurative disease of the appendages and the other, a case in which the appendages had been already removed and, disagreeable symptoms continuing to recur, the uterus was removed. Another is a case of carcinoma of the cervix in which I removed the organ from above. I am not quite sure of the propriety of operations from above for carcinoma of the cervix, even though it does involve the vagina. My reason for doing it here was that I could amputate the vagina low down with less hæmorrhage than when done from below. The case simply illustrates the advantages of removal from above. As to whether or not there is a sufficient advantage to justify the additional shock which unquestionably accompanies the suprapubic method, I am still in doubt.