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AND
OTHER PELVIC TUMORS:
THEIR
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AND
CONDUCT TO THE MENOPAUSE.

By HENRY FRASER CAMPBELL, M. D.,
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In the present advanced day of oöphorectomy, hysterectomy and other brilliant and bloody operations, one is intuitively prompted to explain, if not to apologize, in presenting himself as the reporter and advocate of medicinal expedients in the management of these often perplexing abnormalities. Nevertheless, the experience of the past should not be wholly lost sight of, even though largely substituted by more direct, but not universally accepted and, albeit, often perilous methods.

Many circumstances and conditions render it expedient that the individual experiences of those who have come frequently in contact with any considerable number and variety of such cases, at a period anterior to the suggestion of the surgical procedures now urged as the only alternative between active effort and entire abandonment of the woman to her fate, shall find a place in our current teaching on the subject. A large number of the cases of uterine fibromata and analogous growths, though appar-

ently more or less rapidly approaching, from bloodlessness, or other circumstances connected with the growth, a fatal degree of exanimation, are not in a condition that would justify abdominal section for either hysterectomy or oöphorectomy with or without salpingotomy. Other subjects, when candidly informed of the discouraging statistics of the one, and of the mutilation and barrenness of the others, absolutely refuse to submit to these operations, or withhold their consent until the period of even the forlorn hope they offer has passed; and yet another class with tumors of varying size, location and histology, are of an age to regard the hope offered by the approach of the menopause as a promise of ultimate relief in the decadence of vascular and trophic activity so universally recognized as an attendant on post-menstrual life.

These latter cases, as may be seen in the following quotation from Keith, have good ground and encouragement for resisting both hysterectomy and oöphorectomy as well as salpingotomy, any of which operations indeed, in my own opinion, are seldom justifiable at that age, though this as it seems to me, appears to be the only period of life at which the two latter procedures have been able to claim any marked success in arresting the menstrual nusus and flow.

“To the woman with a fibroid uterus,” says Dr. Keith,* “who has passed the best of her years in weariness and pain, middle age brings relief, and old age may be spent in peace. Hence the difficulty in knowing how far we are justified in advising interference for a disease that troubles for a time, though it rarely kills. It is often said that the operation for the removal of uterine fibroids is in much the same position now, that ovariectomy was five and twenty years ago. It is not so. It never will be so. The history of these two diseases is entirely different. As a rule, ovarian disease is a merciless one; it goes on and kills. As a rule, the active existence of an uterine fibroid is limited;

* Contributions to the Surgical Treatment of Tumors of the Abdomen. By Thomas Keith, M. D., LL. D., Edin., 1885.

it rarely interferes directly with life. When menstruation ceases, the troubles of the patient soon begin to pass away, while the tumor itself, after a time becomes smaller, and in a few years little or no trace of it may be found. The patient gets along, lives more or less comfortably, generally not even aware of its existence, and dies of something else. * * * * * They have not much to gain by chancing a dangerous operation, and they may lose much, having much to lose.

“Till of late years, uterine tumors were let lie undisturbed unless when they were mistaken for ovarian cysts; but the restless surgery of to-day will let nothing alone; it has no patience for the menopause, and would attack all and sundry in some way or other, till one almost begins to think that individual responsibility has become old fashioned and gone out of date. So far as operations for the cure of this disease have yet gone, the mortality is out of all proportion to the benefits received by the few. * * *

“Dr. Bigelow, of Washington, has lately collected all the cases placed on record up to March, 1884. At best, this must be an imperfect list, and can only show the least bad side of the operation. Of 359 operations there were only 227 recoveries and 132 deaths, or a greater mortality than one out of every three operated on. * * *

The sum of misery in the 359 operations to the subjects of them, and to their friends, is something simply incalculable. So far as hysterectomy has thus gone, it has done more harm than good, and it would have been better that it had never been.”

Though I have thus quoted from Dr. Keith, as one of the highest, and perhaps the latest authority on uterine tumors, such principles as are in accordance with my own views, and the objects of the present paper, it would be injustice to him to leave the impression that hysterectomy is banished from his surgery. On the contrary, though he so strongly condemns the operation in cases offering the possible chance of relief, by the limitation of the menstrual life of the subject, his record in cases forlorn of this

hope—and these are his only admitted ones—has been marked by successes, the most brilliant and sometimes, wonderful to contemplate.

Unquestionably then, the menopause must be regarded as the great crisis in the life, activity and growth of the great majority of pelvic tumors, but especially of the uterine fibromata, and of the softer non-malignant growths of this organ. Whatever methods of management have been found to sustain the life of the patient, and in any measure to lessen the exhausting hemorrhage, or to retard the growth of the abnormality, until the advent of this period of reprieve, are certainly worthy of our careful consideration.

All the several classes of cases just mentioned ;viz, those which cannot, those which will not, and those which ought not to be operated on by abdominal section are known—many of them—besides the burthen of the growth, to be subjected also to the most profuse, alarming and exhausting hemorrhages. Their pale and œdematous faces, their dropsical limbs, their oppressed and gasping respiration, and the tumultuous action of the feeble heart, tell us, at a glance, of a stage of exsanguination almost incompatible with continued existence. In profound interest, not unmixed with alarm, we debate in our minds the momentous question: “Can she hold out to reach the longed-for goal of her relief?”

Wide observation in regard to many subjects even in the extreme condition here represented, endorses the answer given by Keith: “Even in the worst of them, the chances are, that they will live on—not in comfort, certainly, some perhaps in misery—but still they will live, and not die.”

It is in behalf of such cases and others of a less threatening aspect and milder type, that I advocate the record of our experience and the results of such treatment as they admit of.

With a cordial recognition of the fact that such cases are not generally left without attempts to repress the hemorrhage, and to stay the exhaustion incident to the advance

of the disease, I desire to give a brief statement of the methods I have pursued in regard to them from an early period of my professional life.

For this treatment, I lay claim to no special originality, except perhaps for the systematic combination of the medicinal agents; but I would urge its adoption as suitable to a large number of those cases of uterine fibromata and other pelvic tumors in which operative procedures have been decided against, and in those that are in expectancy of the menopause. Few women with uterine non-malignant and pelvic growths have applied to me in the past thirty years, and more especially where bleeding and atonic conditions were involved, who have not been placed with marked benefit upon the treatment herein reported. In the large majority of these cases the blood-losses were greatly diminished and a better condition of health and strength secured; in many the rapidity of the growth was obviously retarded, while in a few the diminution and final removal of the tumors seemed to be the happy result of the continued medication.

In condensed statement, I may say that the iodide of potassium in combination with tartrate of iron and potassa, and ergot in combination with quinine—these agents being persistently continued, constitute the *basis* of the medicinal treatment referred to.

I will not here discuss the physiological action or the therapeutic efficiency of agents so widely familiar to the profession, and so generally resorted to, in many conditions of disease.

I will tersely make a statement of the method and mode of their administration adopted.

For many years the following was the formula for the iron and iodide of potassium:

R̄. Ferri et potassæ tart.
 Potassii iodidi aa. ℥vj.
 Syr. zingiberis.
 Aquæ aa. ℥iv.

M. S. Shake the vial, take 1 or 2 teaspoonfuls 3 times a day, in ½ glass of water before meals.

The above was found to be a muddy and unacceptable combination from precipitation, though the therapeutic effect of the medicines seemed not to be impaired.

At the present time, the following is the preparation used :

R̄. Ferri et potassæ tart..... \mathfrak{z} vj.
Syrupi..... \mathfrak{z} viiij.

M.

R̄. Potass. iodidi..... \mathfrak{z} vj.
Elixir. simplicis (vel aquæ)..... \mathfrak{z} viiij.

M. S. Take one or two teaspoonfuls from each vial three times a day in half a glass of water, before or after meals.

In addition to the above, I seldom omit, whether the cases are marked by excessive hemorrhage or not, to place the patient upon the following combination :

R̄. Quiniæ sulph..... \mathfrak{z} ij.
Ext. ergotæ solid..... \mathfrak{z} iss.

Mix and divide in forty pills, cover with capsules.

S. Take one pill twice daily.

In the submucous variety of uterine fibroids—intra-uterine polypi—metrorrhagia is frequent and profuse, or it may be constant and in a milder flow, but the subjects are always anæmic, somewhat dropsical, with heart and lung perturbation under the least fatigue.

The indication in such cases, is not so much to check the growth, or to diminish the size of the tumor, as it is to check the hemorrhage, rehabilitate the blood and promote the expulsion of the fibroid from the uterus, that it may be removed by operation.

In this class of cases I therefore eliminate the iodide of potassium from the treatment, and place the patient on the following :

R̄. Ferri et potassæ tart..... \mathfrak{z} iiij
Extract. ergotæ solid..... \mathfrak{z} ij
Quiniæ sulphat..... \mathfrak{z} ij

M. and divide in 40 pills. Take one pill morning and noon before eating.

Under the above treatment the tumor is expelled into the vagina in from two to six weeks, the metrorrhagia greatly diminished or arrested, the complexion and strength improved, while the patient is put in better condition for the operation, whether by ligature, ecrasseur or excision. In these cases of course the expulsive efforts of the uterus are principally promoted by the ergot, but to the quinine, besides its action as a general tonic, I attribute a material influence in giving steadiness and persistence to the uterine muscularity. Its effect also on the middle or muscular tunic—of unstriped fibre—of the arteries, is as I have elsewhere stated* similar to that of ergot on the uterine muscle, constructed of the same kind of fibre. By this same physiological action, and its attribute of lessening the morbid supply of blood to the growth, I believe it to be valuable in checking the increase of the subperitoneal fibromata, as well as that of other tumors and infarctions within the pelvic cavity unconnected with the uterus.

As to the action of iodide of potassium as an element of this treatment, in view of the wide-spread and, according to many, still widening influence of syphilis, transmitted or acquired, over histological economy, this agent may be supposed, on this account, to exercise a beneficial influence in the reduction of these neoplasms in some cases.

In the present connection it must not be regarded as far fetched or out of place, to refer to some of the circumstances by which many of the women laboring under pelvic tumors and infarctions are conditioned, especially those in the South and Southwest and in other malarial regions; along with their local disease and the exhausting drain attending it, they are the subjects of an abiding *toxæmia*, imposing upon them a constant liability to intercurrent paroxysms of fever of the most depressing character. These not only interrupt treatment, but increase the turgidity of the morbid growth, increase the blood-losses and superadd complications every way undesirable. Apart then from any special

* See Transactions American Gynecological Society, Vol.V, 1880. The Prophylactic and Therapeutic Value of Quinine in Obstetric and Gynecic Practice.

influence over the growth, the widely recognized prophylactic and antidotal influence of quinine will render it acceptable as an element of treatment in such tumors to a large number of observant practitioners.*

The considerations heretofore presented have had in contemplation women in the middle and later stages of menstrual life, who have been discovered to be the subject of uterine and other pelvic growths and suffering from the disturbing and exhausting results attendant upon their presence and advancement. This is the period at which most of these tumors come under the purview of the gynecologist and general practitioner. It is the period of greatest activity of the growth, of the most frequent and abundant hemorrhage, and of the greatest exhaustion and danger to the woman. From this time to the completion of the menopause, all expedients are exhausted to check the hemorrhage, to sustain the vitality of the patient, and to prop her in her staggering journey towards the goal of her relief. This is the period, too—treatment having been neglected or failed to stay her downward progress—when abdominal section with the view to oöphorectomy, extirpation or hysterectomy, can, not unwarrantably, be debated; but as I think, always only as a last and desperate resort.

It is in view, as I have said, of cases in this stage of menstrual life, that I have endeavored to formulate and systematize from the records of a somewhat extended experience a persistent course of medication and management, that may serve to sustain and guide the woman through the bight and narrows of the most perilous strait in the progress of her disease.

I will here distinctly state that the treatment is not instituted with the expectation of removing the enormous growths and uterine fibroids that distend the abdomen, but for rendering them less burdensome; not with the expectation of entirely arresting or preventing the hemorrhage,

* I here take pleasure in referring to a valuable paper on "The Sulphate of Quinine" published in the *Virginia Medical Monthly* and afterwards in a separate volume by Prof. O. F. Manson, M. D., of Richmond, Va. This paper defines the uses and extends the applications of quinine, and is well worth the perusal of every practitioner of medicine in the South.

but rendering it less profuse and exhausting; not with the expectation of restoring health; but for rendering disease, dire and dreadful, more endurable.

It may be asked if the treatment herein presented has been found always more or less beneficial in uterine fibroids and other pelvic growths?

In reply, I may say I do not remember ever to have known a simple or multiple fibroma of the uterus to directly cause the death of the subject, but in the low condition of exsanguination and exanimation caused by the hemorrhage and irritation of fibroids, I have seldom failed to realize marked improvement in the general condition of the patient, and in many cases I have observed what appeared to be a notable retardation in the increase of the growth. In several pelvic and abdominal tumors of both men and women, unconnected apparently with the uterine apparatus, I can report decided benefit to the general health and marked reduction and even disappearance of the tumor, in the prolonged use of iodide of potassium in combination with tartrate of iron and potassa. Of course, there are some cases of pelvic tumors or infarctions in which, while this or something similar may be the only *rational* medication practicable, yet, no reasonable expectation of relief can be entertained. The following is a notably disastrous case of this kind:

Mrs. H. S. G., the mother of many children, all grown, had long passed the menopause; aged 56; when a hard resisting tumor, the size of an orange, was found pressing into the cavity of the pelvis. It was situated below the sacral promontory and appeared firmly attached to the anterior face of the sacrum. Its pressure soon interfered with the passage of fæces, which for a while was accomplished by mechanical means. The progressive growth and tight impaction soon caused perforation of both the rectum and bladder resulting in free escape of fæces and urine into the vagina. Numbness and paralysis came on from pressure on the sacral nerves. The circulation became interrupted by pressure on the large arterial trunks

at the pelvis, and the patient died in less than one year from the discovery of the tumor, with irritative fever and exhaustion from gangrene of both her lower extremities.

Extirpation of the tumor, either by the vagina or by abdominal section, did not appear to be a very practicable or hopeful measure, and the attempt was persistently rejected by the patient.

The above case is recorded here more as an illustration of the phenomenal disasters which attend the detention and locking of a growing tumor within the bony pelvis, than for the purpose of exhibiting the success or failure of any treatment, either medicinal or operative. Any sub-peritoneal uterine fibroid that happened in a certain stage of growth to be detained in the bony pelvis, might become in a like manner impacted with an equally fatal result. The ascent of these uterine fibroids out of the bone-girt pelvis into the more roomy cavity of the abdomen, must be recognized as an important episode in the history of their growth for the safety of the patient. On more than one occasion I have been able to relieve patients from distressing pain by a simple dislodgement of the tumor, when partially jammed in the pelvis.

As I have heretofore said, my remarks have related to cases of fibroma and other pelvic tumors in the middle and later stages of the menstrual life of the woman, when the reduction of the growth was less the object of treatment than that of carrying them on safely to the period when their gradual decline and subsidence might be hoped for by the advent of the menopause. Varying from this class, I find among my records the notes of two cases of women at an earlier period, in which treatment seemed to be followed by the removal of all traces of the pelvic infarction, together with the perturbations of menstruation which had marked their presence.

Miss S. A., of Washington; Ga., aged 22 years, in the spring of 1869 was referred to my care by the late Prof. Jos. A. Eve, of Augusta. This young woman had been the subject of impaired health for over two years. Her symp-

toms, as reported, were disturbed and irregular menstruation, the flow being sometimes deficient, and at others amounting to profuse hemorrhage, with general emaciation and enlargement of the abdomen, which last feature had recently greatly increased.

On examination with Dr. Eve and Dr. H. H. Steiner, the patient was found to be anæmic and extremely emaciated. The abdominal enlargement resembled that of a woman eight months advanced in pregnancy. This was principally due to ascitic accumulation in the peritoneal cavity. By firm pressure nodulated masses could be felt in the hypogastric and iliac regions. Vaginal exploration found the uterus fixed in the pelvis, and bimanual pressure indicated the connection of this organ, apparently, with the pelvic tumor. There was more or less vesical tenesmus, with scanty and turbid urine. The bowels, though torpid and constipated, presented no indication of mechanical obstruction.

After some previous treatment with laxatives and diuretics, the patient was placed within ten days upon the following prescription:

℞ Iodide of potassium

Ferri et potassæ tart. aa.....grs. 320

Water

Ginger syrup.....aa ℥ iv.

M. S. Take one dessertspoonful, three times a day, before meals, in one half glass of water.

A highly nutritious diet was maintained.

The case occurred at a period anterior to the free use of hot water by the vagina as recommended by Emmet, and of hot water by the rectum as recommended by Chadwick, (see hot rectal douche, Amer. Gynaecological Transactions Vol. 5), and no local measures beyond a daily vaginal injection of tepid water for the leucorrhœa, were recommended.

The patient remained under observation for two months, during which time the ascitic accumulation had disappeared, the pelvic tumors had become less prominent, and the

uterus easily movable in the pelvic cavity. There was no return of menstruation during her stay in Augusta. The complexion, strength and general health of the patient having been greatly restored she returned to Washington to continue treatment at home. Letters from the patient informed me of the re-establishment and regularity of menstruation and of the complete recovery of her health.

The treatment with occasional interruptions was continued for eight months.

By palpation over a year after, no trace of the tumors could be discovered. No vaginal exploration was made.

This lady called to see me several years after, as she kindly and truly said "to show me that she was well, as she knew I would be gratified at the success of my treatment."

Mrs. G. I., of Louisville, Ga., aged 24 years, came to Augusta, July 3d, 1885. She was weak, anæmic and greatly emaciated from loss of blood. She had spent most of her time for several months upon her bed. In a recent "turn" the hemorrhage had been so profuse and exhausting that her husband became alarmed and her medical attendant referred her to me for examination and treatment.

The abdominal wall was flat and somewhat retracted. There was no indication of enlargement in either of the iliac regions, but in the hypogastrium there was a decided elevation above the pubic brim of the pelvis, as if by a distended bladder, or by the uterus in the fourth month of pregnancy. The tumor was firm and resisting to external pressure and apparently devoid of acute sensibility. Vaginal exploration revealed the same hard and rotund body pressing against the posterior face of the pubic wall and pushing the vault of the vagina downward, so as to obliterate the cavity. She had been for some time past troubled with vesical tenesmus and some dysuria. Where the bladder, with any degree of distension, could be accommodated in this thorough occupation of the pelvic cavity, it seemed difficult to say.

On making the most careful and extended efforts to ex-

plore the cervix it was found to be entirely out of reach, from the extreme anteversion of the enlarged uterine globe. The organ was firmly fixed—impacted—in this anterior obliquity.

A few days later, my friend, Dr. John S. Coleman, was requested to assist me in a more thorough examination by the vagina and, if possible, in an exploration of the uterine cavity. In no position, whether dorsal, semi-prone or genu-pectoral, could our combined efforts secure any change in the position of the massive uterus, or bring the cervix within the reach of the finger. The patient being greatly enfeebled from her recent loss of blood we were unwilling to fatigue her further, or to attempt probing unless guided by the touch.

I placed the patient, the day after arrival upon the following:

R̄ Potassii iodidi.....ʒxij.
Elixir simp.....Oj.

Mix and write: Dose one or two teaspoonfuls in combination.

R̄ Ferri et potassæ tart.....ʒxjj.
Syrupi zingiberis.....Oj.

Mix and write: Take one or two teaspoonfuls from each bottle, before each meal, in $\frac{1}{2}$ glass of water.

In addition to the foregoing:

R̄ Ext. ergotæ solid.....ʒiss.
Quiniæ sulph.....ʒjj.

Mix and divide in 40 pills, cover with capsules; write: Take one morning and at noon.

A tepid vaginal douche was directed to be made night and morning. The patient was also requested to assume the genu-pectoral position each night and apply the reposit-
tor tube, to allow air to enter the vagina.

Though under this treatment the patient rapidly improved in color, in flesh and in strength; though she was able to leave her bed, and, once or twice, had gone upon the street, daily repeated examinations in knee-

breast posture failed for a long time to discover any diminution in the size of the mass, or the slightest change of its position, under either digital pressure or reversal of gravity.

On the 29th of July, over twenty days from the beginning of treatment, I perceived that decided movement in the uterine globe attended the entrance of air—and the patient told me that for the last few days, air would puff out of the vulva after lying down from the knee-breast posture. This entrance of air indicated movement, and a less tightly impacted condition.

July 30th Mrs. J. returned home, with directions to continue treatment.

Sept. 20th, 1885, Mrs. J. returned to Augusta for further examination and advice. Various letters had reported her as constantly improving in general health and activity since July 30th. Palpation could discover no tumor in the pelvic region. On vaginal exploration the uterus was found low in the cavity of the pelvis, but only slightly anteverted. The most surprising diminution in the size of the organ was observable, and its perfect mobility in every direction was apparent. On placing her in genu-pectoral posture, air quickly entered and distended the vagina on opening the vulva, and the uterus retired by reversed gravity above the normal plane. An elastic ring pessary $3\frac{1}{2}$ inches in diameter was applied to sustain the organ in proper elevation. She had had two returns of menstruation without tendency to hemorrhage. The uterus, though greatly reduced, was evidently at this time still considerably above its normal size and weight.

Recommended continuance of treatment. Oct. 21st, 1886; at this date Mrs. J. paid her last visit. She called for examination as to her condition, and to have the pessary, which she said added to her comfort, renewed. One could scarcely recognize in this cheerful, ruddy and majestic woman, the dispirited, pale and almost bed-ridden patient of over a year ago. She had continued treatment, somewhat interruptedly, to the present time.

Though I did not measure the cavity with the sound, I

may state that the uterus is reduced to the normal dimensions, and is normal in contour and position, except a slight tendency to prolapsus, due probably to its prolonged abnormal condition and relaxed ligaments. Menstruation had been regular and normal for over a year, and in every particular her health seemed fully restored.

She was advised to continue her medicines for a while in reduced doses, after which she might probably safely abandon medication.

I have seldom witnessed relief from a grave and threatening condition, which appeared to be so directly attributable to the influence of the treatment adopted.

In conclusion, were I to endeavor to formulate *principles* from the foregoing considerations, and from my own observation and experience, the following may perhaps be legitimately stated:

First, that a large proportion of uterine fibromata and other pelvic tumors outside the ovarian cysts, are not properly the subjects for surgical treatment, either by hysterectomy, oöphorectomy, salpingotomy or excision.

Secondly, though these growths, especially the uterine fibroids, seldom *per se* destroy the life of the subject, and are limited in the duration of their injurious influence, they yet impose upon the woman a prolonged period of depression, exhaustion and ill health, during which period she is liable to succumb to intercurrent invasions of disease before the establishment of the menopause, or the time of expected relief.

Thirdly, that a systematic and persistent therapeutic course, rationally adjusted to the nature and condition of the disease, is highly desirable.

Fourthly, from the known physiological effects of ergot in combination with the salts of quinine, and of iron, with iodide of potassium, and in view of the results above presented, we may regard such a combination as rationally applicable during the prolonged period of hemorrhage and exhaustion, so frequently marking the progress of these pelvic growths.

Fifthly, that while such medication cannot be expected ordinarily to remove large fibroids, or materially arrest their advance, it exercises marked influence in diminishing the blood-losses, and in improving the nutrition and general health of the subject of such tumors; and in some rare instances, apparently in younger subjects, it results in the entire disappearance of the growth and its deplorable concomitants.

And lastly, that in view of the danger of impaction, much pain being often produced from this cause, with increase of bleeding, a womb with growing fibroids should be frequently lifted out of the cavity of the true bony pelvis, by nightly self-replacement in the knee-breast posture.

