

Appointments.

NIGHT SUPERINTENDENT.

Miss Flora Morrison has been appointed Night Superintendent at the Lodge Moor Hospital for Infectious Diseases, Sheffield. She was trained for eighteen months at the City Fever Hospital, Aberdeen, and for three years at the Paisley Infirmary, and has held the positions of Theatre Sister and Night Sister at the Paisley Infirmary, and of Sister in various wards at the Ruchill Fever Hospital, Glasgow.

Miss P. L. Lawrence has been appointed Night Sister at the West Suffolk Hospital, Bury St. Edmunds. She was trained at the Sheffield Royal Infirmary, and has also held the posts of Sister at Chalmer's Hospital, Edinburgh, and Sister at Princess Christian's Hospital, Weymouth.

CHARGE NURSE.

Miss Lillian Heather has been appointed Charge Nurse at the Chelsea Hospital for Women. She was trained at the West Suffolk Hospital, Bury St. Edmunds, where she has since held the posts of Night Sister, Sister of Female Wards, and Theatre Sister.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Miss M. Brown, Miss E. C. Ellis.

POSTINGS.—Miss S. O. Beamish, to Station Hospital, Shorncliffe, for temporary duty; Miss E. M. Goard and Miss E. J. Minns, to Connaught Hospital, Aldershot.

CHANGES OF STATION.—*Matron*.—Miss A. Gariock, R.R.C., is appointed Matron at the Royal Herbert Hospital, Woolwich on return from Indian Troopship duty.

Sisters.—Miss E. C. Humphreys, to Royal Herbert Hospital, Woolwich, on return from Indian Troopship duty; Miss M. R. Makepeace, to Royal Victoria Hospital, Netley, on return from South Africa.

Staff Nurses.—Miss E. Barber, Miss B. F. Perkins, to Malta from Connaught Hospital, Aldershot; Miss E. M. Lang, to Royal Victoria Hospital, Netley, from Lincoln.

APPOINTMENTS CONFIRMED.—*Sister*.—Miss M. Smith.

Staff Nurses.—Miss F. A. Dawson, Miss A. M. M. Denny, Miss F. G. P. de S. Zrinyi, Miss E. M. Fairchild, Miss O. M. Griffin, Miss E. M. Keays, Miss E. M. Lyde, Miss E. L. McAllister, Miss A. M. MacCorman, Miss E. M. Perkins, Miss G. M. Smith, Miss M. E. Wilkin.

Uterine Fibroids.

By BEDFORD FENWICK, M.D.,

Physician to The Hospital for Women, Soho Square.

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Finally, when the growth is more of a fibroid character, the pressure upon it by the increased muscular walls might set up sufficient irritation either to squeeze the growth into the cavity, and thus cause a miscarriage, or outwards upon the wall of the uterus. Or, in other cases, the same cause, perhaps by interference with its blood supply, may produce necrotic changes and active degeneration in the tumour. Probably every practitioner has seen cases in which fibroid growths have increased more or less greatly in size in consequence of the stimulating effects of pregnancy upon the organ. But the two latter contingencies, whilst even more important to the practitioner in the one case, or to the patient in the other, do not appear to be so well understood. The following are, I believe, typical cases of these two classes. A lady, aged twenty-nine, had been under my care, and that of other specialists, for profuse menstrual losses; and all who had seen her agreed that the cause of these was the presence in the anterior wall of the uterus of a definite rounded growth, not of extreme hardness, and about the size of a Tangerine orange. She married and became pregnant. No marked increase in the size of the swelling above the cervix was noted by her doctor during that condition, and I did not see her until some six months after her confinement. She then reported herself as having much improved in her general health, and that menstruation was perfectly normal. On examination, there could only be felt a definite bulging above the cervix, the size, perhaps, of a pigeon's egg; and when I saw her again, nearly a year later, even this swelling had disappeared, and the most careful examination could not detect any abnormal hardness or enlargement of the uterus. Had this been a unique case, one would naturally have thought that one's original diagnosis had been mistaken, but the same result occurs sufficiently often in the experience of expert examiners to make it quite certain that a uterine myoma may entirely disappear after pregnancy has taken place.

In the following case, the reverse condition took place. The patient was aged thirty-seven, and had had four children. After the birth of the last child, she noticed that the abdomen remained swollen, and, as this condition continued, she was sent, after a few months to me, for an opinion as to its cause. I found a hard nodular swelling chiefly occupying the anterior wall of the uterus, and extending about two fingers-breadth above the pubes. It appeared to be incorporated in the wall of the organ; the two or three nodules evidently being small sub-peritoneal out-growths. I did not see her again until two years

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