Uterine Fibroids.

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Although Fibroid Tumours must have existed from the beginning of time, it is a curious fact that it is only within the last century that efforts have been made to ascertain the methods of their origin and development, and to adopt radical measures for their removal. In many of the earlier books on medicine, little or no mention is made of these growths, which is, indeed, the more remarkable because of the great frequency with which they are known to occur. Bayle stated that one fifth of all the women who died after the age of thirty-five had fibroid tumours in the uterus. A more recent writer, Klob, went even further, and stated, as the result of his experience and researches, that "undoubtedly 40 per cent. of the uteri of women who die after their fiftieth year contain fibroid tumours." There is reason to believe that the former assertion is nearer to the truth than the latter; and even at the later age the proportion of cases is not so high as that which Klob believed. But there is no doubt that the presence of fibroid growths in the uterus is extremely common; that the tendency to the formation and development of such growths increases as life advances; and that, therefore, they are most commonly found as the climacteric is approached. In the next place, as I have elsewhere advanced figures to prove, there is reason to believe that fibroids are more common amongst the unmarried than amongst women who have had children.

It is a well-established fact, and one, indeed, which Vogel and others clearly demonstrated fifty years ago, that the ordinary fibroid tumour consists essentially of long spindle-shaped cells resembling in every respect those of plain muscular tissue. In other words, these tumours are identical in structure with the normal tissue of the uterus itself. From this fact it has become common, in recent years, to apply the term Myomata to fibroid tumours, because of their derivation from muscular tissue; but this is a term which might, with advantage, be restricted to those growths which remain soft and in which the muscular elements are more obvious; the term "fibroid" being kept for the harder, whiter, and more clearly encapsuled growths. Many suggestions have been made, many theories have been advanced, as to the cause of these tumours; but when it is remembered that it is almost entirely in the muscular tissue of the uterus that these growths arise, the special characteristics of that organ should furnish some explanation for the apparent mystery. Every other muscle in the body is in a state of more or less constant movement; the very object of the tissue is to subserve some mechanical purpose, and therefore it is, in every other case, rarely, if ever, at rest. The muscles of the heart, of the trunk and limbs, of the blood-vessels and intestines, never have, during health, perfect rest and repose. But the muscle of the uterus, except, perhaps, for occasional and most limited contractile efforts during the menstrual period, remains for days or weeks, perhaps for months and years together, quiescent and functionally torpid. It is a well-known fact that quiescent tissues tend to become drier and harder than those which are functionally active. I have therefore elsewhere suggested that the hardening of small areas of muscular tissue in the uterus might be explained on the simple hypothesis of rigidity due to functional disuse, and, as everyone who has dissected uterine fibroids is aware, these nodules may be of minute size. Once the hardening process has begun, in however small an area of the muscle wall, it may possibly extend by the additional rigidity induced by its presence in the muscle around it; and that this does actually occur is made additionally probable by the well-known fact, to which Cruveilhier called attention, that "the fibroid tissue often seems to be continuous, without any line of demarcation, with the proper tissue of the uterus; it is an elongation of its proper tissue, and not a fibrous body developed in the thickness of the uterus, and capable of separation by nucleation." This observation is especially true, of course, of the softer and more myomatous kind of growth, and I am strongly inclined to believe that in many cases, if not in all, the only difference which exists between the soft myoma and the harder fibroid is that the former is better supplied with blood, and that the latter has lost more or less entirely such active living nutrition; for these softer growths are often seen to envelop nodules of almost cartilaginous or bony hardness; the two different tissues evidently being part of the same process, modified or perhaps consequential in development, but identical in origin.

In brief, the conclusions which I have elsewhere suggested as regards the etiology of fibroid tumours of the uterus are that they arise from some vascular obstruction, perhaps some small embolus in a minute branch of the uterine or ovarian artery, the drying up of the small area of stagnant muscle supplied by that vessel—perhaps only a very small area—the gradual shrinking and hardening of that area, the gradual involvement of the muscle surrounding the indurated spot—in consequence of the latter acting, so to speak, as a splint—thus keeping the contiguous parts in a condition of absolute muscular and vascular stasis; and that finally the inner layers of the myomatous growth by a gradual drying and hardening process become converted into what we recognise as definite fibroid tissue. The same chain of circumstances would explain the development of similar nodules in other parts of the organ and the final

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