# Uterine Fibroids and Pregnancy.

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One of the most important and interesting complications of fibroid tumours is met with when pregnancy takes place in a uterus so affected. It is an excellent illustration of the advances which have been made in recent years, in the diagnosis and operative treatment of these cases, that it is possible now to save many patients who formerly died from this complication. Still it requires a considerable amount of experience of these cases to be able to judge whether operation should be performed or not in any given case; and, if so, at what precise date an operation will afford the best possible chance of recovery to the mother, and perhaps, also, to the child. For all practical purposes, the best classification to be adopted is to divide these cases into three groups:—First, those in which the fibroid tumour is growing from the upper part of the womb; secondly, those in which the tumours surround the cavity of the womb; thirdly, those cases in which the tumour either grows from the lower part of the uterus or has grown downwards until it fills, and, perhaps, has become fixed in, the pelvic cavity.

The first group includes cases which are readily dealt with, and which undoubtedly give the best results; because it can be easily understood that, when the fibroid growth chiefly involves the fundus, the uterine cavity is left free for the reception and growth of the fœtus. In many of these cases, therefore, it is possible to predict that pregnancy will pursue a normal course, may go to full term, and, if care be exercised, that labour may be natural, and followed by no harmful results. The main disadvantage, in fact, to the patient, in the majority of such cases, is that there will be a greater distension of the abdomen—proportional, of course, to the size of the tumour—than in an ordinary pregnancy. In some cases, however, the growth may be so large that the abdominal distension becomes unbearable about the seventh month, and then, if the patient's health becomes seriously affected, the decision has to be made as to whether labour should be induced in the ordinary manner, or whether Cæsarian section should be performed, the child delivered, and then the uterus removed with the tumour so as to prevent the occurrence of further pregnancies. This is often a very difficult question to decide, and there are many points which have to be considered before the decision can be arrived at. But it has always to be remembered that pregnancy is sometimes followed in these cases by a degeneration in the fibroid growth; because this fact is of much importance in deciding upon the line of treatment. In some cases, pregnancy is followed by a gradual shrinking of the fibroid tumour, but when this occurs the growth is always situated within the uterine muscle, and so is contracted by the contracting organ. When the fibroid is outside the uterus, it is more common for its growth to increase, in consequence of the extra blood-supply it has received during pregnancy, or for degeneration to take place in its substance, perhaps, in consequence of the increased pressure to which it has been subjected by the enlarged uterus. And, in many cases, this degeneration becomes rapidly dangerous to the mother as, for instance, in a case which I showed recently at a medical society, in which the patient, a woman aged 31, was sent to me under the belief that she was suffering from cancer. She had been confined three months previously of her first child, and soon after began to suffer from steadily increasing loss of flesh and strength, pain, and profuse discharges. I found that she had a large uterine fibroid and advised its removal, performing hysterectomy about a month later, and then it was found that two small fibroid growths in the lower part of the uterus had—evidently from the long-continued pressure to which they had been subjected—broken down into fluid, which was discharging through a small opening just above the cervical canal, and so produced a discharge which had closely simulated that of cancer. In fact, the conditions accounted for all her symptoms, and after the operation she rapidly and completely recovered.

The second group is much more difficult to deal with. In the first place, it is obviously more difficult to diagnose pregnancy in a womb which is already greatly enlarged by hard fibroid tumours; and, secondly, the question of treatment is equally difficult of decision. In former days, when it was certain that this condition was present, the only means available were, if possible, to bring on labour, because the fœtus could not grow when surrounded by walls of dense, hard fibroid tissue. Unable to develop after a certain time, the fœtus died and then decomposed, and as a necessary consequence, sooner or later, the patient showed signs of sepsis, and very often died with all the symptoms of blood-poisoning; and, indeed, in many cases, this happened before her condition had been recognised. But, even when the diagnosis was plain, in such a case, for instance, as that shown in the appended illustration, it is easy to understand how difficult treatment

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