

## Uterine Fibroids.

BY BEDFORD FENWICK, M.D.,  
Gynæcologist to The Hospital for Women,  
Soho Square.

So much attention is bestowed at the present day upon the treatment of Fibroids both in medical and surgical practice, that it would be well for trained nurses to make themselves acquainted with various practical facts which are known concerning these tumours. They are probably aware that Fibroids are, at their first formation, merely a thickened part of the ordinary muscular tissue of the womb, and that such thickenings are extremely common. Those who have collected and analysed the statistics of large numbers of cases vary in their estimates of their frequency. One observer, for example, believed that one woman in every five who reached the age of 35 had one or more of these hard growths. Another, and this I believe is the more accurate view, considered that one woman out of every eight suffers in this manner. Whatever the accurate figures may be, every one is agreed that the condition is extremely common. Then it is known that, as age advances, these growths tend to become somewhat larger and more troublesome, and also that the consequences to the patient, or in other words the symptoms which the growth produces, vary greatly with the exact position occupied by the hardened tissue in the womb itself.

For example, according to that position, the growths have been classified into *sub-mucous*, *interstitial*, and *sub-peritoneal* Fibroids. The first class are growths which press into the cavity of the uterus, the second are those which are embedded deeply in its wall, and the third are those which grow outwards from the womb into the abdominal cavity. In general terms, it is useful to remember that, in the first class, the patient suffers from more or less excessive hæmorrhages; in the second class, there are often no symptoms at all caused by the growth; while in the third class, the tumour, unrestrained by the pressure of the uterine walls, may become very large, and cause more or less considerable pain by pressure upon the surrounding organs.

In short, the two great symptoms of Fibroids are *Bleeding*, and *Pain* from pressure. The hardened tissue itself is free from sensibility, and therefore the patient may have an enormous tumour, completely filling the abdominal cavity, without experiencing the slightest pain; and even without being aware of its presence. On the other hand, a very small fibroid ulcerating through into the uterine canal, and open-

ing up perhaps some large vein, may cause the most profuse and dangerous hæmorrhage.

There are other facts connected with Fibroids which have been recorded within the last few years by those who have had a large experience of these cases, and which are equally interesting and important. For example, the statistics of a series of his operation cases enabled the writer some years ago to prove that there was a remarkable connection between the occurrence and development of these tumours and the condition of the patient with regard to pregnancy. To test the accuracy of those figures he has lately abstracted the facts of the last 200 cases he has treated, with the results that his previous conclusions were confirmed. For example:

65 of these patients were  
unmarried,

60 were married, but childless,

—  
that is to say 125 had never been pregnant,  
29 had only had one child,

—  
so that 154 patients out of the 200 had never been pregnant at all, or only once, the remaining 46 having had, on the average, three children each.

Another interesting point with regard to these cases was that the average age of all the cases in the series operated upon was 40; and it is a very curious fact that as regards the size of the tumour they fell into four nearly equal divisions. In 52 of the cases, the tumour more or less filled the pelvis, in 54 the tumour extended just half way to the umbilicus, in 49 it reached the umbilicus, and in 45 it extended nearly or quite to the ensiform cartilage; in other words, to the spots reached by the pregnant uterus at the end of 3 months, 4½ months, 6 months, and 9 months.

With regard to the symptoms in these cases, in 140 patients the losses were profuse, in 28 they were described as normal, and in 32 the periods had ceased altogether. These figures then prove a very decided tendency of the growth to project into the uterine canal. In only 35 of the cases did the patients complain of extreme pain, and in each of those there was some degeneration of the fibroid tumour, or some ovarian disease, or some marked pressure upon other organs to account for the occurrence of the pain.

Another very important fact has within recent years been pointed out by the writer and other gynæcologists. Formerly there was a curious superstition prevalent that in all cases of fibroids the tumour began to shrink and might even disappear at "the change of life." There is no doubt that the tendency of all

[previous page](#)

[next page](#)