

Treatment.—Removal. It is best also to curette and disinfect the uterine cavity.

Fibromyoma.—Commonly called Fibroids. Composed of fibrous tissue and unstriped muscle, having a whorled arrangement. The tumour has a capsule which is derived from the uterine wall and contains large blood-vessels. The blood-vessels of the growth itself are small. Causation of the tumour is unknown. The tumour occurs most commonly in middle-aged women who have not borne children. Sterility is fairly common in women who have fibroids, but if pregnancy occurs, abortion is frequently the result. During pregnancy, if it progresses, the tumour is particularly liable to undergo "Red" degeneration. This gives rise to pain in the tumour and increase in its size, and there may also be a rise of temperature.

All fibroids develop in the uterine wall, so that they are all "Interstitial" at the beginning; later they may become "Sub-mucous" or "Sub-peritoneal."

Symptoms.—Menorrhagia, pain, leucorrhœa, abdominal enlargement.

Hæmorrhage is worst in the sub-mucous type and may give rise to severe anæmia. Pain is not a marked feature, but menstrual pain is often increased. If metrorrhagia arises it is usually due to the formation of a fibroid polypus, but it may indicate the onset of carcinoma in a uterus containing fibroids or of degeneration of a fibroid.

If a fibroid develops in the cervix it is very likely to cause pressure symptoms. The commonest is pressure on the neck of the bladder causing retention of urine.

Treatment is determined by the character of the tumour and by the severity of the symptoms.

Small fibroids often require no treatment, or at the most treatment by drugs may suffice.

X-Rays or Radium are useful in certain cases.

Operative treatment is required under the following conditions:—Fibroids causing severe hæmorrhage, fibroid polypi, fibroids causing retention, fibroids undergoing degeneration, cervical fibroids.

When there is a suspicion of malignant disease.

Operation 1. Myomectomy. In a young woman with a limited number of tumours. 2 Hysterectomy. The best operation in middle-aged women as a rule.

CANCER OF THE UTERUS.

The cervix and the body of the uterus may be the site of epithelial new growths. About 94 per cent. of these growths arise in the cervix. Of these growths about 95 per cent. occur in the cervix of women who have borne children. The commonest time for cancer to occur is between the ages of 40 to 60, though it is frequently found earlier. Cancer of the cervix usually starts in the region of the external os and is then a squamous carcinoma. It may also start in the mucous membrane of the cervical canal and is then an adeno-carcinoma.

Squamous carcinoma of the cervix begins as a small hard nodule which quickly ulcerates. It quickly spreads circularly round the cervix and infiltrates its substance. It also spreads along the lymphatics. The growth soon forms a bleeding ulcerated mass.

Later the growth infiltrates downwards on to the vaginal walls along the bases of the broad ligaments, utero-sacral ligaments, bladder and rectum. In the late stages it involves the ureter and may occlude it. This growth is very liable to bacterial infection. Pyometra may result from this.

Adeno-carcinoma of the cervix. This spreads in all directions as high as the internal os and down to the vaginal walls. It is a rapidly growing tumour.

Symptoms.—Early-slight irregular hæmorrhage having no relation to menstruation. Hæmorrhage on touch.

Late-pain, wasting constant hæmorrhage, anæmia,

foul-smelling discharge, frequency of micturition, fistula, infection of the kidney.

Diagnosis.—Very important and may be difficult. In all cases of doubt a wedge of cervix tissue must be removed for microscopical examination.

It is very important that all women having irregular bleeding should be examined at once. This is often delayed and most valuable time is wasted.

Treatment.—Early cases: Wertheim's hysterectomy. This is very extensive hysterectomy, and involves the removal of pelvic glands and cellular tissue. It is a very severe operation and the results vary in different hands; the mortality of the operation itself is high but there is a definite number of cures. It should only be attempted in early cases.

Later cases: Radium. This method of treatment is giving very hopeful results. It can be used in all cases and stops hæmorrhage, gets rid of the discharge and causes a remarkable improvement in the patient's general condition. There is a negligible mortality. It seems as if this would be the treatment of the future when the technique is improved by further experience.

The treatment has not yet been used long enough for reliable statistics of five-year cures to be available. But the outlook is hopeful.

CANCER OF THE BODY OF THE UTERUS.

This arises in the mucous membrane and is always columnar-celled. There is not the same tendency to ulceration as in carcinoma of the cervix.

It attacks equally women who have or have not borne children. The commonest age incidence is from 50 to 60, very rare before 40. The spread to lymphatic glands is much slower than in carcinoma of the cervix. Pyometra occurs fairly commonly. The course of the disease is slow.

Symptoms.—A watery blood-stained discharge. Irregular hæmorrhage. Enlargement of the uterus. The onset of bleeding some years after the menopause is very significant of this disease. Foul discharge occurs late in the disease.

Diagnosis.—When the above symptoms occur, if there is no obvious cervical growth, the uterus should be curetted without delay and the fragments obtained microscoped.

Treatment.—Pan-hysterectomy very successful. The results are good in early and fairly advanced cases. It is not necessary to do a Wertheim's Hysterectomy.

In late cases radium, but the results have not, so far, been so good as in carcinoma of the cervix.

EXAMINATION PAPER.

At the end of the course of lectures on Gynæcology, Dr. Dearnley set an examination paper to test the knowledge of those who attended the class. There was no obligation to sit for the examination and no certificate given. The highest marks attainable were 150. Dr. Dearnley wrote to Miss Hale: "Some of these papers are very good. None of them are too bad, but some of them wrote too short answers. Please congratulate the one who got 145 marks out of 150. It was an almost perfect paper."

The candidate who gained 145 marks and so secured the prize offered by Miss Cochrane, was Miss I. G. Kitton, a School Nurse in the Public Health Department of the London County Council.

The other successful candidates were Miss D. M. Warren, Miss E. Armstrong, Miss J. A. Kilcoyne, Miss W. Mackenzie, Miss V. M. Taverner, and Miss G. H. Harding, to all of whom we offer our congratulations.

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