

**ON SOME POINTS CONNECTED WITH THE
PATHOLOGY, DIAGNOSIS AND TREATMENT OF
FIBROUS TUMOURS OF THE WOMB: BEING THE
LETT SOMIAN LECTURES ON MIDWIFERY AND
DISEASES OF WOMEN, DELIVERED BEFORE THE
MEDICAL SOCIETY OF LONDON, NOVEMBER
AND DECEMBER, 1863**

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C. H. F. ROUTH

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TO
SIR CHARLES LOCOCK, BART., M.D., F.R.S.,
FIRST PHYSICIAN-ACCOCHEUR TO THE QUEEN;
WHO, BY HIS
HIGH ACQUIREMENTS AND EMINENT SCIENTIFIC CHARACTER,
HAS OBTAINED
SO EXALTED A POSITION IN THE PROFESSION,
These Lectures,
DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON,
OF WHICH HE WAS FORMERLY PRESIDENT,
ARE DEDICATED (BY PERMISSION)
IN TOKEN OF THE ADMIRATION AND RESPECT OF
THE AUTHOR.

P R E F A C E.

It has been asked why, when called upon to deliver the Lettsomian Lectures on Midwifery and Diseases of Women and Children, I should have selected the subject of Fibrous Tumours of the Uterus—a subject not purely medical, and, in many of its phases, more adapted for lectures on surgery. This view I believe to be founded on a misconception of the nature of the subject. I had, at any rate, two good reasons for acting as I did.

In the first place, a general reason. Abdominal diseases have of late years been rather a favourite study. Not only have pure physicians, by careful inquiry into the pathological changes and varieties in form and position of the organs contained within the abdominal cavity, both brought to light much to facilitate the diagnosis, and laid the foundation upon which to build perhaps still more important discoveries; but obstetric physicians and surgeons have, by an amount of boldness warranted only by the better comprehension of these diseases and by the success which has attended the use of the knife in their hands, been able to establish upon something like a philosophical basis the rules to be observed in the treatment of these cases. The information thus elicited was, however, much scattered in various works and languages. Here was one reason, therefore, to justify an attempt, however im-

perfect, to collect and put together what, as a whole, might prove very instructive.

In the second place, a special reason. Although to mention the names of the workers in these departments might appear unwise, lest injustice should be done to some by an accidental omission, it might be stated, without fear of contradiction, that it is especially to the labours of those engaged in the *practice* of diseases of women and children that the advance made in the diagnosis and treatment of diseases of the *pelvic organs* is especially due. This might, indeed, have been pre-supposed. The acquaintance with normal pregnancy, and the accidents which attend this state; the practice of diagnosis between this condition and the diseases with which it may be confounded; the appreciation of those symptoms and maladies which result from its presence or follow on its termination—all these points would lead to the acquirement of a knowledge more likely to be found useful and suggestive in diseases of the pelvic organs generally, and fibrous tumours of the womb especially, than that kind of information to be acquired by the ordinary routine practice of pure surgery. Take, for instance, ovarian dropsy, or those diseases which affect the larger size and shape of the uterus, and other analogous affections. The very presence of these would lead to interference with functions more or less affected also in pregnancy, and with which the accoucheur is quite familiar. All information to be derived through vaginal examinations, and all operative interference through this passage, are only in the general course of his obstetrical duties. Even gastrotomy for uterine and ovarian dropsy bears the closest resemblance to a Casarean section. The sequelæ also of such operations have a strong similarity to some forms of puer-

peral fever, a disease which falls almost exclusively in the province of the accoucheur to treat. Take them all in all, the duties of an accoucheur are eminently surgical. Midwifery is surgery. But it is a special surgery, limited to the sexual organs and their annexes, and requiring eminently the study of midwifery, and of those diseases of the pelvic organs to which a woman is especially liable. It is a subject with which, for this very reason, a pure surgeon, unless he be also an obstetrician, need not be conversant, and a branch of surgery which he need not practise, and, indeed, might object to as scarcely legitimate. And such has been the conclusion come to by some eminent surgeons already.

These two reasons appeared to my mind to be sufficiently powerful to justify the course which I adopted. At any rate, they were those which influenced me in selecting fibrous tumours of the womb as the obstetrical subject for the following Lettsomian Lectures.

C. H. F. ROUTH.

