Lecture.

EPITHELIOMA OF THE CERVIX IN A CASE OF PROLAPUS UTERI. OPERATION FOR THE REMOVAL OF THE GROWTH, WITH OPENING OF DOUGLAS'S CUL-DE-SAC; AND COMPLETION OF THE OPERATION BY REMOVAL OF THE WHOLE WOMB.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA,

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GENTLEMEN, to-day I bring before you a woman who has borne many children, and who gives a history of uterine hæmorrhage long after the appearance of the climacteric.

From my teachings you will at once infer, and correctly in most cases, that the most likely cause of this is cancer. For in my experience, it is only women who have borne children that suffer from cancer of the cervix. In the whole course of my professional life, I have met with but two apparent exceptions to this rule. One was in a married woman who alleged that she had never had a child, but I think she probably had one before her marriage. The other was in a sterile lady who had a large fibroid tumor of the womb, which was gradually self-enucleated and forced through the os, dilating it to some three inches in diameter. It had been in this position for some time, and had, of course, bruised and irritated the cervix by its presence. I removed the tumor without tearing the cervix, but, of course, with more or less stretching of the parts. Within a few weeks, carcinoma attacked the cervix, and she ultimately died. Yet this apparent exception to the rule really strengthens it, for in this case, the cervix uteri was as much injured by the birth of the tumor as it would have been by the birth of a child.

Cancer of the cervix uteri, then, occurs in women who have borne children, because it is the cervix that sustains the injuries of labor, it being the lowest portion and the part through which the whole child must come, and which must sustain the brunt of all the injuries of labor.

This case is an exceedingly interesting one, almost unique, as it gives me an opportunity of exhibiting to you an epithelioma of the neck of a womb, whose neck is wholly outside of the body. She is sixty-four years of age, the mother of twelve children, and has been sent to me for operation by Dr. F. R. Gerhard, of Douglassville, Berks County. She came under his care three months ago, complaining of pain in the back, and on examination, the true condition was recognized and an operation recommended. The sound goes in five inches, and we have here, as you see, hypertrophic elongation of the supra-vaginal portion of the cervix, and infiltration of the vaginal cervix with this cancerous growth. The cervix is at least four inches in diameter; the fundus remains high up within the pelvis.

It is my intention to remove this growth as far as possible with the scissors and knife. In doing so, however, I shall run considerable risk of opening either the bladder or the peritoneal cavity. I can ascertain the position of the bladder by means of a sound introduced into its cavity, but I have no means

of determining how far down the peritoneal fold, or Douglas's pouch, extends. I find that the bladder comes well down over the anterior surface of the growth. In order to prevent hæmorrhage, I take two or three turns around the uterus with a rubber tube. I next carefully dissect the bladder from the uterus, until I get as far as possible above the diseased surface, and then cut through the neck, coming out at the posterior portion.

Examining to see if I have entered the bladder of Douglas's cul-de-sac, I find that the former is uninjured, but that there is an opening into the peritoneal cavity. The fundus of the uterus is retroflexed and perfectly movable. I think the best thing now to do would be to remove the uterus bodily, which will then give the patient a better chance of ultimate recovery, without materially increasing the dangers of the operation. The cavity is thoroughly injected with carbolic-acid solution. The fundus of the womb is then brought through the peritoneal opening, and transfixed with a needle armed with a stout thread. This gives me complete control over the organ. I now dissect off the womb from the bladder, partly with the blade and with the handle of the knife. Hooking my finger over the left broad ligament, I transfix it and tie it on either side, and again *en masse*. It is then cut off close to the womb, being first caught by a pressure-forceps, so as to be under control if the ligature should slip and bleeding occur. The right broad ligament is treated in the same way.

The womb is now, as you see, completely detached, and comes away. I find its cervical surface infiltrated with cancer. I shall close up the upper portion of this large opening in front of the bladder by sutures, but shall leave at the lower portion, a space for the escape of any discharges that may occur, the ligatures acting as drainage-tubes. Seven silver sutures have been put in, and now the parts are thoroughly syringed with a two and a half-per cent. solution of carbolic acid. The vagina is lightly packed with cotton medicated with corrosive sublimate, and an opium suppository is slipped into the rectum.

The patient will be wheeled to her bed in the private room, alongside of the woman from whom, yesterday, many of you saw me remove an ovarian cyst.

With regard to the removal of the whole womb for cancer, I have long been on the fence, being undecided whether it were a legitimate operation. Undecided, because the operation, save in a very few hands, has been a most fatal one; and, when successfully performed, has not given immunity from the return of the disease. Yet, it certainly has cured some women—at least, the disease in five years had not returned—and I am disposed to think that, whenever a cancerous womb is freely movable, and the cervix can be readily dragged down to the vulva, the extirpation of the whole organ is warrantable. But the operation should always be performed *per vaginam*, and not by the abdominal incision, which is a very difficult and a very fatal operation.

(This woman did perfectly well. Her temperature on the succeeding day went up to 100.5°, but it never, after that, reached 100°. Two weeks later, she was brought before the class to have the sutures removed. The parts, which at the time of the operation were external, were now drawn up so high that difficulty was experienced in reaching and in removing the wires).