CARCINOMA UTERI*

BY CHARLES L. BONIFIELD, M.D., CINCINNATI, OHIO

CANCER is still the most dreaded of all diseases. Cancer of the uterus is one of the most frequent and at the same time one of the most fatal and most disagreeable manifestations of this disease. Its treatment still leaves much to be desired. We have two other papers on the program on this subject, one dealing with its treatment by radium, and the other with the extending of the radical operation for its surgical removal. I will simply speak of a few points, with which I have been impressed as a result of my own medical experience, and the observation of the work of others.

The cause of cancer has not yet been determined, but there are two factors in its etiology that have impressed every observing clinician, as being very important. The first is the age of the patient at the time cancer occurs, and the second is chronic irritation. The period at which cancer of the uterus is most prone to occur begins about forty, and ends about fifty-five. Many cases are seen in earlier life, many later, but this is the real cancer age. It cannot be emphasized too strongly or too frequently that the patient should be brought to that period of her life in the best possible condition, physically, particularly as regards her uterus. Therefore, all lacerations of the cervix that produce any irritation at all should be repaired, and if a chronic endometritis exists, it should be cured before this period arrives.

The next point I wish to emphasize is that for a number of years we have been trying to preach to the laity the danger of cancer, and in this way to get to operate and treat cancer in its earliest stages, but that our efforts have not produced the results which we hoped. To my mind there is some objection to carrying on the propaganda as it has been carried on in the past. Something like a year ago, we had "Cancer Day," in Ohio, and a number of Protestant pulpits in Cincinnati were filled with speakers on cancer. I know of at least one instance where a woman fainted, and had to be carried out after hearing a discussion on this subject by one of the speakers, and many more were so frightened that the talks did them no good. I maintain that to arouse hysteria in regard to these things is folly, and does not bring results.

The thing I wish to suggest instead of this, is that every woman who has borne children, and therefore has the strongest predisposition

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or the strongest predisposing cause that we know of, when she reaches the age of thirty-five or forty should go to her family physician and be examined to see if any symptoms of cancer are manifesting themselves. It is necessary for us to go to our dentists every six months in order to save our teeth, and so it certainly seems worth while for the woman to subject herself to this little inconvenience and expense for the purpose of saving her life.

It has been my experience, and I believe that of most of us, that 75 per cent of the cases of cancer that come into the office are already so far advanced that the hope of permanent and complete cure has already gone by.

The next point I wish to speak of is the treatment. I think this might be divided into four methods; cautery, x-ray, radium and surgery. The cautery is one of the oldest treatments and has given good results, but it is not applicable to all the cases and has not become very popular. The same may be said of the Percy treatment by heat. The x-ray I believe is capable of further development, and I have great hopes that some time it will be a more powerful remedial agent than any we have at present. I understand that in Germany they are making tubes that will make it more potent, but at present it does not, in my opinion, answer the purpose as well as other methods.

In some places, the most popular and to some people the most attractive treatment is radium, but the very expense of this treatment will for many years to come, prevent its applicability to the vast majority of cases of cancer of the uterus, but this to me is not a very depressing fact because I still believe that the thorough removal of cancer by the surgeon is the best treatment that has yet been devised. Just what the procedure shall be must depend upon the judgment of the surgeon into whose hands a given patient falls. When we first operated for cancer, the vaginal hysterectomy was done, and by and by the operation was extended and extended as we became more radical, and of late years, we have been preaching and practicing that the radical operation should be limited to those cases in which we feel very sure that we are able to remove the disease in its entirety. I concurred in that belief for many years, but my observations in recent years have convinced me that I was mistaken. Up to that time when a case came to me, that I regarded as inoperable for thorough cure, I was satisfied to curette away the tissue as far as possible and then cauterize with the actual cautery, following that with applications of formaldehyde. I relieved these patients somewhat and prolonged their life, but all the time these patients knew that the disease was still there. The psychologic effect was bad and death followed, preceded by those dreadful complications such as vesicovaginal and rectovaginal

fistula. In operating I occasionally made mistakes. I thought when I examined a patient, I would be able to do a complete hysterectomy, but when I opened the abdomen, I found I could not get quite all the disease. Observation has convinced me that my mistake was a fortunate one for the patient, for she lived longer than the others, and when she died, she passed away with less discomfort.

Such cases have now become sufficiently numerous to convince me that my former teaching and practice was a mistake, that wherever it is at all practical to do a hysterectomy, it should be done. These are the points that I particularly wish to emphasize, but I also wish to say: The advocates of radium claim that if they do not cure the patients, they relieve the pain, and they die happily. It has been my fortune or misfortune, to see a number of cases dying after treatment by radium, and one of them, I think, died the most miserable death of any patient with cancer of the uterus that has been under my care.

409 BROADWAY.

(For discussion, see p. 312.)

SOME PHASES IN THE EVOLUTION OF THE DIAGNOSIS AND TREATMENT OF CANCER OF THE CERVIX*

BY ROLAND E. SKEEL, M.D., F.A.C.S., LOS ANGELES, CAL.

ONE who peruses the literature of the preceding century in a search for data on cancer of the cervix, is likely to be the victim of conflicting emotions when his labor is completed. He will be deeply impressed by the magnificent advance which the profession has made in its knowledge of pathology, the prevention of infection, and improvement in operative technic; and as profoundly depressed by the absence of corresponding improvement in the ultimate mortality rate of the disease.

It was my intention in planning this paper to consider the diagnosis and treatment of cancer of the cervix in four principal epochs of the last one hundred years; first, the preanesthetic; second, from the discovery of anesthesia until the time of general adoption of antiseptic methods; third, from the preceding until the publications of Wertheim's panhysterectomy; and fourth, from the latter to the present, a time when it is felt that a new era is dawning, one which is likely to persist until the discovery of the ultimate cause of cancer leads to the development of a positive cure.

Somewhat to my surprise there appeared to be no significant change either in methods of operation or the results obtained following the

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