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Simon De Melho Ascappa

Cancer Uteri
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Before entering upon the consideration of cancer as it manifests itself in the uterus, it may be proper to take a glance at its general pathology. The pathology of cancer, however, is at present rather obscure, owing to the discrepancy of opinions that seems to exist among writers on the subject. Pathologists have not, as yet, been able to ascertain a number of points in the history of this morbid product, e.g., there seems to exist a difference of opinion 1st as to the primary origin of cancer. 2d whether it is a growth peculiar to glandular structures. 3d whether these adenomatous tumors ever degenerate into true cancers. 4th whether cancer is curable. Such are some of the leading points of dispute among pathologists.
With regard to the primary origin of Cancer. The most plausible theory, that has been advanced as yet, is that it is derived from the blood. In support of this view, we have Mr. Vulpian, who made two cases, in which he detected encapsulated looking matter in veins or capillaries without disease of the veins themselves. Vulpian, another great authority, finds six cases in which, he has seen cancer cells in the large venous trunks. Dr. Carsewell says, that he very frequently saw cancer cells in the veins either loosely connected to their inner coat or free from attachment. But this view and these cases are opposed by that of other distinguished authorities, as their experience. For instance, Dr. Waldeyer and others, who have paid great attention to this subject state, they have never discovered cancer cells in veins, although they had undertaken the examination of several subjects with a view to confirm the above doctrine.
Another able writer on the subject says, even were the matrix product traced to the blood, yet sufficient evidence is not afforded us to conclude that cancer primarily exists in the blood. Knowing that the blood itself is dependent for its constitution on the results of the primary digestion in the alimentary canal on the one hand, & the secondary digestion in the tissues on the other, we must look to the causes which operate on that fluid whereby we are likely to arrive at more beneficial results.

The second point in dispute is, whether Cancer is peculiar to glandular structure. Now there seems no doubt that although we commonly see cancer attack glandular organs, yet the it very frequently exhibits itself in other gland than tissues. The majority of pathologists are I think now agreed on this point — the idea of Cancer being peculiar to glandular structure must first give rise to opinion that Cancer in the skin always attacks the sensitive first.
It is manifest that this was what led to Sir C. Clutterbuck to uphold the view.

In regard to the third point—whether the Malignant growth ever degenerate into the cancerous. I will not venture to form an opinion, neither experience, nor the course of my information, will justify my doing so at present. Among practical men considerable differences of opinion exist on this question. The able Professor of the University in his book (Practical Medicine) states incidentally, speaking of the history of the decision of the Court under certain circumstances, that "the decided case, (of a case he describes) had all the character of Carcinoma in crescense; a disease under the stage, in its ultimate course always takes on Malignant action." This last sentence lead me to suppose that he believes in the degenerescence of certain Malignant growths into the Cancerous. Equally prominent authorities also assert their belief in the affirmative side of the question. Others, however, who have devoted their
attention to Cancer. Maintain the negative side. Cancer, say they, has a distinct origin & structure from inflammatory diseases. And inflammatory diseases make seen the never show any tendency to this form of malignant degeneration. Further that Cancer is seldom or never seen in its incipient state but always in an advanced stage at least are the reasons assigned by Dr. Henry Beard of London. Vide his work on the Intern., page 339.

The next and last point is one in which, according to the present state of our knowledge, we can hold but one opinion. Why that Cancer is an incurable disease, so far as Constitutional Local Treatments go. Short, however, of the removal, by decision of the whole diseased part in its incipient stage, but if we are those who affirm that in this stage Cancer is never seen, then, there can be no doubt, but that, an art is wholly impotent to stem the current & termination of this appalling malady.
Leaving the above points in the pathology of this disease, in its present undetermined state, we will now turn to established facts in relation to the points that are agreed upon by the bulk of the Profession.

If it is agreed that cancer is an excrescence formed out by the capillaries in the form of a fluid blastema, which collecting outside the vessels organizes itself, there has been one objection, however, advanced to this view, viz. that cancer is never seen in the state of a fluid blastema. But the objection is inadmissible because we cannot suppose that the抗癌组织 composed of such large cells, filaments as we see on examining under the microscope, can ever pass through the minute pores of the capillaries, and therefore unless we deny the doctrine that cancer is an excrescence formed out by the capillaries, we cannot admit this objection.

The elementary forms, that present themselves to our view, under the microscope, are the following...
following. 1 Cells, 2 Nuclei, 3 Nuclear, 4 Filaments, 5 Blood-vessels, 6 Crystals.

As these, by themselves, offer no distinguishing peculiarity, because these elementary forms are common to most mineral products, therefore, of no practical value, but again if we look at them severally, we find that some of the forms have a peculiarity. For instance, the cells they are generally longer than that of any other mineral products, and contain within them one or more nuclei, and within them again still smaller bodies called nucleioli. These cells have an ontogenic development, i.e. from within outward, and are of very rapid formation. The crystals of this structure are irregular in their shape and hence a tendency to encourage calcareous degeneration. The other elements of this mineral structure do not differ from those of other mineral products.

But the peculiarities just noticed, as do even suffice to determine the existence of the disease in practically, unless the
Couple with them, the mode in which all the elementary forms are aggregated together, and also the collateral circumstances. Of this, however, we will speak more fully, in a subsequent part of this letter.

Anatomical Character.

2. After the condition has assumed an organized appearance in the shape of a tumor, it may be seen in various sizes from the size of a pigeon egg to that of an adult head. The tumor has an irregular appearance, of variable consistence. Sometimes of a strong hardness, sometimes soft as butter, and sometimes gelatinous, in character most probably gave rise to the division, into Spleen, Medullary Collar. The color of the tumor too varies very much; sometimes, it is whitish, sometimes yellowish at others brown. The variety of its size seems to depend, according to some pathological in the amount of blood extravasated into the substances of the
Carcinoma, which afterward undergo some chemical change.

Seit—Cancer may manifest itself in any organ a tissue of the body, but it seems to have a decided predilection for some particular organ, the uterus, mamma, stomach, & c., etc. For instance, it is the object of this essay to treat of Cancer as it occurs in the uterus, we will confine ourselves to that alone again.

The uterus seems peculiarly susceptible of this Morbid Product, if all the Published Cases can be depended upon; these seem to doubt, but that the early Writers were not able sufficiently to distinguish Cancer from other Morbid Products, thus we have a number of Cases of Cancer in record of the same Care. That French School, till very lately corrected this error, is too apparent. Acting from their following the unfortunate doctrine of Broussais, be this as it may, there is no doubt but there number of authentic Cases is such, that we have no hesitation in believing that Cancer of the Uterus is of very frequent occurrence.
Authors are divided in opinion, as to the


growth of the uterus, in uterine cancer, Prineau's

manifests itself. The majority believing

in the cervix, but the evidence of some

of the most able pathologists & accouchers,

tend to prove, that, after the fibrous cervix

is by far the most frequent seat, yet

it is by no means uncommon to find

the fibrous thy body attached while the

cervix remains free. If not too bold

in our grant, we are rather inclined

to the latter view as have been no

poor physiological reason, why cancer

should attack one part of an organ &

not another.

Diagnosis of Cancer

In practice, is by no means easy, owing

to the great liability of confounding other

malignant growths with it. It is therefore

of the utmost importance that we

have clear distinct notions of its

true character & the points in which

it differs from other morbid products. In

order to do so, then, we must call to an

aid
aid, the Microscope, whereby we come to a Knowledge of the Physical Bizarre Character of Cancer. If we combine this with the local signs, and Constitutional symptoms, we arrive at the most satisfactory Conclusions. We can come to under the present state of our Knowledge. Without combining the data afforded us by these three means, we are not warranted to come to any satisfactory Conclusion, sufficient for practical purposes. No one mean, can be taken as affording conclusive evidence.

What then are its Morbid Characteristics? As before stated, the Morbid Product is composed of Cells, Nucleus, filaments, blood vessels &c. But no one element of these differ to any extent from other elementary forms of the Morbid Process, as to afford any Characteristic Property. According to the best Histologists, therefore, it is the relation to each other that ought to be mainly taken into Consideration. Some Authors, however, have attempted to find a difference in the Cells sufficient.
as a diagnostic mark, but with no success.

A distinguished pathologist, in his able work on cancer, describes the characteristic microscopical appearance, founded on the relation, with the elements of the involved product, seen to each other, thus: "When capsule filled possessing the characters of cancer cells, are infiltrated among the masses of a fibrous stroma, in the same manner that the cells are so infiltrated in pneumatic lung and such infiltration not directly connected with a mucous or serous membrane, and nowhere surrounded by a hyaline or fibro-hyaline substance." This may be viewed, as far as is at present known of the subject, to possess the characteristic property, founded on the relation of the elements.

Local symptoms vary according to the stage of the disease. Before the ulcerative stage commences, the symptoms are not so well marked, as much so, that unless the patient or his attendant is generally aware of the existence of the disease,
until more distressing symptoms, and
the alarm. It generally indicates an advanced
stage of the disease. The symptoms, known
that are said to exist in this stage, are.
1. Night irregularity in the periodic flow,
2. Tense sensation about the abdominal
region, when walking or taking any other
exercise. On a vaginal examination,
Says Dr. Churchill, we shall find the cervix
and as much of the body as can be reached
herniatory hard to the touch; edges of the 01
instead of smooth, there present one, two or
three rather white without any breach of surface
and not radiating from the 01. The 01 is
rather more open than usual, but the
hips are rigid. Towards the latter part
of the first stage, pressure on the cervix
appendix is occasionally painful. If the
speculum be used, the cervix appears
swollen, tense, of a shining, sometimes shiny,
if a deep red, a brownish color. A fluid
discharge occasionally escapes from the
membranes, covering it, in consequence
of the pressure.
Sir Charles克莱恩 describes this stage as follows. "The US will be found to have undergone a change. It becomes larger than natural. Still, however, retaining its original shape. This then a gaping state of the US sometimes sufficient to admit the extremity of a finger, which when introduced into it feels as if surrounded by a firm ring." He says further, that Dr. Montgomery, also seems to entertain the same view as the above two writers, i.e., that the 1st stage of cancer is recognizable. It is needless to cite more authorities in this point. In spite, however, of those great authorities we are inclined to side with the eminent Professor, those of like thinking that cancer in the 1st stage is rarely recognizable. It is quite possible in its progress. And indeed sometimes, even the advanced stage has intervened without any marked symptom having manifested themselves. In confirmation of which we shall take the liberty of quoting from Dr. Simpson's accessories.
"A lady, at 43, married at a very early age, and the mother of six children, had enjoyed the most robust health until twelve months ago. About that period, she first observed a white discharge from the vagina, with the belief to be common leukorrhea. True leukorrhea occurred repeated discharges of blood; sometimes in large coagulated masses & shreds. At the same time, the catastramia occurred with regularity, of without menstruation as far as her taking her usual exercise. Difficulty and pain also in passing water, flaccidally incontinence of urine supervened. During all this period, the experience sex feeling of uneasiness referable to the uterus itself, not less the leukorrhea or Menorrhagia of a nature a constant calcule stale in the mind of the patient, any feelings of pleasure. In fact, the principal and relating to her aim accident, she almost sole symptom were the debility already mentioned of the painful vagina.
She had, however, been relieved by alkali.
This patient is said, died sometime afterward from the extension of the cancerous disease.
Now, this single case, although we might easily multiply the number, fully illustrates the
fact of the latency of the advanced stage of cancer, how much more then, should the
1st stage be concealed from notice?

Dr. Churchill says that the first stage of cancer may last for a number of years
without making any further progress. This has
-every one to us rather improbable. From the
nature of the disease, as we have stated before
is of rapid form development.

We shall now state the symptoms
that generally accompany the advanced
stage of cancer. The pain, which was slight
at first becomes more and more distressing
of a lancinating character. It commences at
the hips, and gradually shoots down the
upper arm, crossing along the thighs.
The pain about the thigh is said to be
so severe, that Dr. Churchill says he has
had patients, suffering from cancer, consult
him.
him for 'bad pills' as they supposed--and Mr. M. Bayle & Cary, state, that pains altogether are sometimes so acute, that patients have been known to have died of convulsions and delirium--Boirin & Dupre--Diseases of the Urinary--p. 235. There is also a desire to urinate frequently owing to the pressure when the bladder, sometimes a quantity of urine is secreted with the urine—When the urination is retention the weight of the bladder causes it to descend below the normal level of the pelvis—a common also may be felt occasionally in hypogastric region—Atone of the extremities is often pressed The urinary discharge, which exists in the first stage gradually becomes mixed with three of blood—until becomes quite bloody when there is a effusive frame which in one of the symptoms causes the patient fear. The quantity varies. The discharge is sometimes mistaken for a return of catalepsy. In those in whom that secretion had stopped, but a careful physical examination with other symptoms generally leads
The true nature of the discharge - The discharge is often offensive odor having, if a dirty brown, greenish, or whitish color. Cotton acids.

On examining the genitalia, we will find the inner surface of the cavity very tender; a ring of irritation round the orifice of the Vagina extending to the anus sometimes even down the thighs. The vagina sometimes swollen.

Retention of urine sometimes takes place needing catheterism. The ulceration extends itself to the bladder or to the rectum, very to both. More commonly to the bladder. No doubt rising to its proximity.

On introducing the hand we shall discover a hard, unequal, immovable mass filling the pelvis; and about the center a perforation which is the to bladder. This rather more than then natural, and its borders are thickened hard.

"The ulceration may easily be discovered by the loss of substance; it may cut completely round the cervix, to as to destroy its evenly, or the anterior portion in half alone."
alone may be affected. Ultimately the Padded Lecture.

The ulcerated surface is rough, unequal, and tends to fracture. And the fringe when withdrawn, is covered with fleshy masses and occasionally tinged with blood.

In some instances a fine, gold substance projecting from the ulcer, is felt, instead of a depressed ulceration; it is rough, unequal, tender, will be found to spring from an ulcerated surface, and these in its turn the subject of ulceration.

"The ulcerated surface is of a greyish color, occasionally brown - its edges are of unequal elevation, and very irregular."

Such are the local symptoms mentioned by Dr. Churchill in his work on Midwifery, page 265. The first comes to the constitutional disturbances resulting from Cancer.

In the first place there is great loss of appetite, nausea, and sometimes vomiting. The tongue of a pale red color, dry and smooth. The lips occur in the angles of the mouth, not easily got rid of - a burning sensation about
About the stomach - great thirst - the skin of a peculiar yellow color, resembling straw -
and of a woody appearance - vasoconstriction
reducing. The patient has an appearance of distress in the countenance, clearly
indicating the suffering of pain - muscles
attenuated, soft, & flaccid -
Circulation rapid - pulse small,
quick, & long.
Diarrhea & sometimes constipation
exists. The abdomen is soft and
flaccid - sometimes tense & painful
for the touch. The patient presents
a most miserable spectacle altogether.
One other precaution is necessary
for coming to a correct diagnosis of
this disease, that is not to mean
against the great liability to confound
other morbid products with cancer.
In order to do it will be necessary
to keep in mind the following points.
The morbid products that are
generally mistaken for cancer are
the following - 1 - fibrous tumors

Dr. Simpson mentions a curious case of retroflexion of the uterus where a vesicle was mistaken for a cancerous tumour.

Cancer may be distinguished from fibroid tumours by the irregular nodulated appearance of the surface, the character of the pain and ulceration.

From tubercles by its hardness, pain, discharge.

From inflammatory ulceration of the cervix - the increased size of the womb, from oedematous edema, by the greater depth of the ulceration, by the color of the discharge, by the immobility of the uterus and constitutional symptoms.

In all cases it will be desirable to make a careful physical diagnosis of not depend upon external symptoms character of discharge etc. [D. Simpson]
I have mentioned all the chief symptoms necessary for a proper diagnosis of the disease, in practice. We shall proceed to the treatment, but before doing so a few words may be said of the Prognosis of the Disease.

Although the patient labouring under this disease has but a poor chance of recovery, yet her life is prolonged to a time beyond what might be expected under the ravages of such an intractable foe. It depends upon the constitution of the patient and the extent of the injury inflicted by the disease, if the hemorrhages take place often, then she much suffer at loss of appetite. The prospect is by no means favourable. On the contrary, if the patient does originally have a robust constitution, if the existing symptoms are slowly undermining her health, she may drag a miserable existence for years. Drafting, maintaining a case when the patient lived for 7 years. Treatment.

As might be perceived, we proceed...
Proceeded upon the notion that cancer is an incurable disease, and therefore it may appear absurd in us, to speak of treatment, but it is to be understood that although we alleged that cancer is an incurable disease, it is only so far as our knowledge extends at present, and that we are by no means inclined to believe that appropriate remedy may not at some future period be found out, and therefore it will be but consistent in us to try all in our power, by every means that science teaches, to thwart the progress and termination of this disease. Further, we are convinced it is indefensible in any physician to suppose who neglects to use the means that have been employed by the profession to palliate symptoms because, supposing he cannot by those means cure the disease, that there being an ever new shall enumerate some of the most approved remedies that have come for palliating symptoms. And also that the practice that is sometimes found useful in extirpating or alleviating the disease.
in its incipient stage.

Dr. Cland says that there are three indications to be fulfilled in the treatment of this disease. 1st. To support the energies of convalescent life by exciting the digestive functions; 2d. To chase the morbid brouchelet of the heart, and promote the absorption of morbid depuration in its tissues, by means of analgesics, combined with abstentions of excitation; and 3d. To impart vigour to the frame by suitable medicines, diet, regimen. The remedies we are calculated to fulfill the first indication. May be often joined with those intended to combine accomplishing the second and third; and both internal and external means may be simultaneously used with this view.” Cope’s Diet, p.289.

These we doubt are the three main indications to be fulfilled, and any treatment therefore that be directed to meet these ends.

We support the energies of life by the use of tonics, by keeping the lenses free of the different preparations of prime items.
to be the most beneficial acceding to most Authors, and saline purgatives of all other in order to keep the bowels open, as they are most likely to vitiate the blood in their passage over the section, from their causing fluid stools.

The second indication can be fulfilled by the use of injections and the internal use of these drugs not promote absorption.

Of injections - warm water seems pretty generally recommended; an injection containing lead is also found to be useful. Camphor adds thion to the injection. Some have recommended the use of corrosive fruits again, acetic acid, nitric acid, abates of lead 2% on a great many other astringents may also be used. In e.g. alum, salpeter, striclin.

When there is profuse hemorrhage it will be necessary to use the rule. Applications of cold of the vallar, enemata of cold water, and the observance of strict quietude on the part of the patient.

The third indication is fulfilled in order to promote absorption. Podich or
In moderate doses may be found useful according to some, although we are inclined to question it.

Then the third and last indication is to be fulfilled by good nourishing diet and stimulating, fresh air use of tonics &c.

Now we come to the operative treatment, and according to some authors is unjustifiable. There has been of late great discussion on the subject, especially in the French School of Medicine. One party maintaining the affirmative side of the question and the other the negative, one still has much enter into them, neither are certain nor are convinced. Oneeled Rusbridges, sufficing to do justice to the other advocates. He will therefore content himself by simply stating what seems to us, possible.

There are two operations that have been proposed performed for cancer. 1st Excision of the Carcinoma when the disease is confined to that part and 2
And E. Extirpation of the Whole Organ.

With regard to the 1st objection it may suffice to state, that in spite of the objections that have been advanced against it--learned from statistics, the merits of which we are not competent at present to judge, that along with other teachers we consider it justifiable under certain circumstances as further imperative in us as the only chance of saving the life of the patient.

The operation will be deemed justifiable in a case where there is no contra-indication on the part of the Constitution of the Patient.

If the Carcinous deposit is confined to the life-saver segments of the Carcinoma also in circumcised local forms of Carcinoma disease--the operation is certainly inadmissible in a case where we have reason to believe the disease is not confined to the neck to the neighboring organ or similarly affected. In support of the possibility of sufficing that the disease by this operation we may mention the few successful cases recorded by time.
Of the first operation ever performed on the cervix, it is said to have excised the cervix, with nine or ten or fifteen times, which is the case. In one report, fifteen or twenty times with success. Mr. Becanery's operation was successful in two cases. And more recently Mr. Simpson operated successfully in eight cases.

The mode of performing the operation shall follow that proposed by Prof. Simpson. "The patient must be placed across the bed, with her face, and the extremities made to hang over the body, as in the operation for hemorrhoids." This says is a point of great moment, as we are enabled to make the incision through the cervix beneath from behind forward instead of from before backward. And by doing so, we avoid the risk of opening into the peritoneum, which stretches downwards so much more behind than in front of the cervix, and offers a very thin wall of partition between the cavity.
Cavity of the abdomen—having placed the knife in the above manner. Two scalps are fixed into the order or vaginal side of the cervix, as high as it was possible to insert them, and by the purchase all they afford, gradually and cautiously drag down this part into the lumen respectively of the axes of the pelvic brim, cavity, and outlet. Tilt it off, so far beyond the falx as to allow cutting this the base of the protruding cervix. After a partial cut or two, the uterus is strongly retracted at the points of incision, and the remnants of the operation require to be finished with the line of incision thus rendered irregular and confused. A pair of large, curved, short-pointed scissors, such as were used in this operation by Haldane & Draper, are in this respect preferable. As by this, we are enabled to surround and embrace the whole of the cervix at once; and I am cautiously and carefully adjusted their edges to the very points with we wish to decide upon. The cal.
Calculated by this preliminary step, the exact limits of the incision, we may now completely the amputation of the part, by one or two strong rapid stitches of the instruments - the blade must be placed around the cervix, above the line of the teeth of the Valsellum; and then the object is, as it were, to cut out the Valsellum, along with the whole inferior and diseased part of the cervix, in such a way as to expose the operation is much facilitated by the labia being strongly pressed aside by broad ophic thatula.

Prof. Simpson proposes further, a modification of the Valsellum generally used. He says, that at last, he has been in the habit of using, ‘in the first part of the operation’ the ‘ligature and traction of the cervix, a very large strong Valsellum, made with the common loose joint of the obstetric forceps, instead of the usual grasp force of the scissors joint.’ The idea of the other Common Stilts-Joint
Cider-jointed Vallesellum so, he adds, that whilst we are intent on giving the teeth of one blade in a proper situation, the teeth of the other blade are always apt to become entangled in the surface a wall of the vagina itself, and thus impede and embarrass the operator. — This difficulty is avoided by the former first mentioned Vallesellum for with them, the individual blades can be introduced, adjusted, freed, separately and successively, and then afterward, may be easily united together for further use.

The two principal objects of the operation are by this way, attained viz. 1. Fixing both blades of the instrument and more especially those corresponding to the diseased line, as high upon the cervix, and as near its line of reflection where the roof of the vagina, as possible, 2. By making the line of incision immediately above the lid of the Vallesellum, as if the object was to cut at that instrument and the hand side it embraces, this important point is secured, with the Vallesellum made in one.
some likely, than if any other plan were followed, to pass through a stratum of healthy tissue; thus it is removed that the whole vaginal portion of the cervix from the diseased spot to the seat.

In attempting to insert vulsellum as high as possible in the cervix, we will succeed far better by guiding it directly to the point sagittal by the finger, or the sense of touch, than by attempting to direct it by the speculum. The sense of sight. In fact, if the cervix is as generally happens, at all much increased in size, it is, of necessity, utterly impossible to see, with any speculum, the part in which the teeth of the vulsellum should be fixed, that part lying much higher than the vulva.

The above mode in which we have taken the liberty of citing from the Philadelphia (air: 1625). We consider it to be the best.

The next operation, viz., the elevation of the whole uterus, is one of such a remarkable nature, and its advantages,
result, report such a high rate of mortality that it is an operation not to be undertaken, and therefore abstain from making any further remarks on the subject.

The above is a brief and imperfect sketch of the interesting subject we have chosen for our essay, drawn from such few books as are within the reach of an ordinary student. And, of course, no experience whatever written too, under untoward circumstances, will plead for the imperfection and inaccuracy of the production.

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