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# Primary Cancer of the Corpus Uteri.

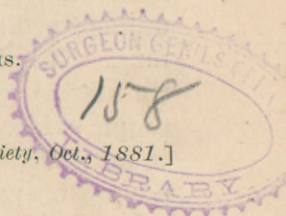
DIAGNOSIS AND TREATMENT.

Freund's Operation, and the Scoop.

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Primary cancer of the body of the womb has but once come under my observation, and I am inclined to concur with the statement made by those careful observers, Drs. Ruge and Veit, in their recent exhaustive treatment of the subject (C. Ruge und J. Veit. *Der Krebs der Gebärmutter. Zeitschrift f. Geburtsh. und Gynækologie* VI. 2, 1881, p. 261), that "until of late there have been but few privileged gynecologists who have seen more than one or two cases of this kind in their practice. It has been necessary, in describing the symptoms by which this treacherous and deeply-disguised form of cancer may be recognized, to compare the isolated and scattered cases of many authorities, as the observations of no one individual would suffice." Even if we accept the opinion of Thomas, that "the cancer of the body is much more common than is generally thought," the careful study of each individual case appears



no less important, as he says that "the most marked feature of this affection is the obscurity attending diagnosis;" and correctly continues: "For a long time, and perhaps throughout the case, uterine hemorrhage and fetid discharges will be the symptoms which will excite suspicion. These leading to further and fuller exploration, a portion of the morbid tissue will be removed by the curette, examined by the microscope, and thus the diagnosis will be established."

As *symptoms* which mark this condition, he enumerates: hemorrhage, especially if occurring after the menopause; depreciation of vital forces; cachectic appearance; fetid discharge, and pains of severe and lancinating character. Whilst the *physical signs* he gives are: enlargement and hardening of the uterine body; increased capacity of uterus; profuse hemorrhage upon probing; uterine tenesmus, with dilatation of os; recognition of peculiar intra-uterine growth by introduction of the finger; microscopic evidence of cancer. We will see that the symptoms in our case are not quite the same, and such as to make a diagnosis even more difficult.

I am satisfied that many cases are improperly designated as cancer of the uterine body, from the fact that it is the locality most deeply affected; it is often the case that, when malignant disease has spread from bladder or rectum, vagina or cervix, to the fundus, the ravages of the disease are so much more rapid and so much more marked in the part last affected, that appearances favor the belief that this was the original seat; and the part from which it actually sprung is looked upon as secondarily attacked.

During the spring of this year I had been repeatedly consulted by Dr. Staudinger, of Marthasville, Mo., in reference to a case which was giving him a great deal of annoyance; he had successfully battled against the persistent hemorrhages, but still the patient did not improve but temporarily; the constitutional symptoms, as well as the physical signs, left room for doubt; it was a question whether it was a decaying polypoid or a malignant disease of the

uterine body ; and I was unable to come to a definite conclusion until I had been enabled to make a microscopic examination of a recently removed piece of the morbid growth ; and then the unfortunate sufferer did not consent to come to the city for operative treatment until she began to fail signally.

May 23, 1881, she came under my care ; and I give the following history, as obtained partially from the patient herself, and partially from the notes of her carefully observing attendant :

Mrs. P. Q., aged 47, had always been in good health, and had borne several children, the last 18 years ago. During this childbed she suffered from pelvic cellulitis, and has not conceived since ; the menstrual flow has always been rather frequent and profuse ; so much so during the past eight years that she was frequently weakened thereby, although she always rapidly rallied ; several years ago she was in bed for days at a time, enfeebled by loss of blood. Mrs. Q., however, considered herself in good health until the spring of 1880, one year ago, when she began to ail and to suffer from a constant hemorrhagic discharge, more to be likened to a bloody serum, slight at times, off and on developing into severe flooding ; this, however, was not regular, nor in any way connected with the menstrual period. *Fluor albus* made its first appearance some nine months ago ; then only slight and after each period, becoming more permanent since January, and varying occasionally with a reddish mucoid discharge, even in the inter-menstrual period ; during this time the menses had also become more profuse, and continued for twelve or fifteen days. The discharges had always been perfectly sweet ; and not until the end of April, one month previous to her coming here, did they become at all fetid.

Dr. Staudinger was first consulted in January on account of debilitating hemorrhage ; the patient was then confined to her bed for a time, and complained of some pain in the left leg, off and on ; and when severe it was also felt across

the abdomen and in the right leg, the back always remaining free. These pains, which the patient considered rheumatic, did not continue long, and left so slight an impression that I heard nothing of them until she was very carefully questioned.

Dr. S. temporarily overcame the metrorrhagia by the internal use of ergot, gallic acid and opium: rest in bed, intra-uterine injections of iodine, and tampons of tannin and glycerine, quinine and tonics were used; but although a certain improvement was manifest, the patient did not seem to rally. The uterus was enlarged, anteverted, movable, and through the slightly dilated os quite a large piece of a polypoid growth was removed; after this the leucorrhœal discharge seemed to increase and the fetid odor to appear. This was merely a coincidence, however. Pulse varied from 100 to 103, and the temperature was from  $1\frac{1}{2}^{\circ}$  to  $2^{\circ}$  F. above the normal. When consulted toward the end of March, I felt unable to make a positive diagnosis; the absence of a decided cachexia and of the characteristic pains as well as the fetid discharge, led me to hope that the doctor's patient might be suffering from a disintegrating polypoid growth within the uterine cavity. I advised large doses of quinine, with injections of ergotine into the uterine tissue, and dilatation and removal of some of the morbid mass for the purpose of diagnosis.

On examination, the section sent me showed an areolar tissue, a fibrous network containing round and epithelioid cells, no distinct nests as in typical cancer; and although the specimen was insufficient, I felt satisfied that the growth was malignant; moreover, the patient seemed to decline, notwithstanding Dr. Staudinger's energetic and judicious treatment.

Mrs. Q. now consented to come to the city, and when I first saw her, May 23d, she appeared in fair condition, by no means emaciated, weighing perhaps 150 pounds; her complexion showing but little pallor beneath her bronzed, rather peculiar hued, skin; the pulse was somewhat accelerated,

and the temperature a little above normal. The examination revealed vulva and vagina normal, the latter containing but little secretion, which possessed a slightly fetid odor; the uterus was well up in the pelvis, slightly anteverted, somewhat enlarged,  $8\frac{1}{2}$  centimeters ( $3\frac{1}{3}$  inches) in length, the sound being freely movable in the enlarged cavity. The uterus was movable in every direction; the body was enlarged, hard and nodular, the enlargement being more marked toward the left.

All other parts were normal; there was no infiltration, no thickening or tenderness in any of the surrounding parts; the broad ligaments were most carefully examined; the right one was free, whilst a question arose as to the possibility of a slight thickening of the left; the thickening, however, if any, was most trifling.

The cervix was normal in feel and appearance, soft, slightly congested, not nodular; the os and cervical canal were enlarged so as to admit the finger, and through the widened canal the polypoid, broad-based neoplasm could be reached with the dressing forceps. There was no pain upon pressure anywhere. In comparing the results of my examinations, physical and microscopic, with the symptoms of the case, I could come to no other conclusion than that this was a primary cancer of the uterine body, with a nodular enlarged uterus and polypoid mucous growth within the cavity, the disease being still strictly confined to the uterus itself.

The prognosis was self-evident; the treatment equally so; and this I distinctly enunciated to the patient: that,

1. A curative treatment was possible, by Freund's operation, the extirpation of the entire diseased organ, but this itself endangering life.

2. A palliative treatment, the removal of the diseased masses by the scoop was without danger, and within the limits of ordinary surgical interference.

Mrs. Q., a brave, sensible woman, knowing the final results of an even temporarily successful palliative treatment,

unhesitatingly chose to risk everything for the sake of permanent cure; and I had thoroughly satisfied myself that, if ever Freund's operation were justifiable, it was so in this case. The patient was still strong and in fairly good health; pulse and temperature were but slightly raised, and as far as our present methods of examination were to be relied upon, the disease was confined to the uterus, which was non-adherent and freely movable, whilst the neighboring organs were intact.

The very thorough first examination, in which I had removed a piece of the neoplasm for examination, was followed by some hemorrhage and fever, so that I was obliged to undertake a careful preparatory treatment—rest, warm baths, frequent disinfectant hot water injections, quinine, tonics and opiates. Patient rallied rapidly; and June 5th I undertook the operation for removal of the cancerous uterus, attempted for the first time in this city, in the presence and with the assistance of Drs. Prewitt, Hodgen, Schenck, Papin, Nelson, Fischel, D'Oench, Henske, and her attendant, Dr. Staudinger.

The following notes were kindly made by Dr. D'Oench:

10 A. M., chloroform administered. 10:25, incision into the abdominal walls from the umbilicus to within three-fourths of an inch of the pubis; adipose tissue well-developed; muscular layer equally so, and of good color. 10:30, opened the peritoneum, after slight oozing and small bleeding vessels had been completely checked. A desperate condition of affairs was now disclosed; the omentum was found adherent to the anterior abdominal wall; to the left, it was firmly attached as high as the highest point of incision, and above; to the right the line of attachment could be traced from the umbilicus toward the right anterior superior spine; practically, the enlarged omentum was firmly adherent to the anterior parietes at all points below the navel, also to the elongated bladder, which was at the same time attached to the abdominal walls, and drawn far upward by the omentum; the enlarged, nodular and hard

uterus was in four or five places closely bound to coils of intestines by old, unyielding adhesions; these, although serious obstacles to the operation, left the womb freely movable; neither broad ligaments nor any other of the surrounding tissues appeared abnormally thickened.

The operation, in itself one of the most difficult, I believe the most dangerous and difficult in abdominal surgery, appeared an impossibility in the face of these complications, and I reluctantly yielded to the unanimous opinion of Drs. Hodgen, Prewitt and Schenck, to desist and close the wound; this was done with the thickest silver wire obtainable, fastened with flattened shot almost the size of a gold dollar, the sutures being three-fourths of an inch apart; very fine silk serving for the comparatively few superficial sutures needed for a perfect adaptation of the surfaces, upon which I always insist. I might here add that I know of no other method which permits so careful an adaptation of the parts as thick silver wire clamped by this peculiar "flattened and stemmed" shot.

The wound was closed at 11:30 A. M., and my usual dressing applied, which differs essentially from the Lister regulation only in the substitution of the yielding carbolized or salicylated cotton in place of the hard gauze. Over the dressing proper I place sufficient cotton to furnish an even and nicely-rounded surface for the better application of the binder and the even distribution of the pressure thereby.

Patient suffered from nausea and other unpleasant effects of chloroform for so long a time, and so severely, that I feared more serious troubles, and felt some alarm, when on the second day all unfavorable symptoms passed off; and from that time on not an incident occurred to mar the unusually rapid progress of her recovery, and the perfect freedom from pain which accompanied it.

Not more than three or four doses of morphia were given; no opium, no oil, the bowels soon beginning to move natur-

ally. At first the catheter was resorted to every six hours, but was soon dispensed with.

Union by first intention occurring, not a drop of pus was seen, and I was enabled to remove some of the stitches on the seventh, and the remainder on the ninth day. As I had repeatedly noticed that in cases of such rapid recovery in which I have removed stitches at so early a day, the tender cicatricial tissue in the line of the wound was likely to yield a little and leave a broad line instead of a narrow cicatrix, I applied a few long strips of adhesive plaster to rest and fix the abdominal walls, and for the same purpose ordered a binder.

Before the end of the month, three weeks after the operation, Mrs. Q. returned to her home, none the worse for the trip, but none the better for the attempted operation. By the use of disinfectant injections, of tonics and good food, as well as a nursing of her strength, she kept up very fairly; but anxious for some help, a stay of her sufferings and prolongation of her days, and mindful of the relief I had promised her from a much less serious, in short, a trifling, but only palliative operation, she determined upon having this performed, and insisted on it, regardless of the intense heat.

Before leaving on my summer vacation, July 15th, I operated at the patient's home, with the assistance of Drs. Staudinger and Eimbeck: a cupful of the diseased tissue was removed with the scoop, putrid in part, but not any of it grangrenous in appearance. The largest of Simon's scoops, which for this purpose I use in preference to any other, entered readily the enlarged cervical canal, and rapidly cut away the softer and more superficial portions, the broad-based polypoid masses, and then, as the tissue became more resistant, I removed pieces of the size of a small hickory-nut at each cut of the scoop. The great advantage of this instrument over the slightly modified form of Sims', which alone is known and used in this country, is, that by reason of its more ellipsoid shape, pieces can be cut



out, and it serves a greater variety of purpose. The apparent thinness, apparent absence, of the uterine wall, which allowed the feeling of the inserted instrument through the rectum, and also through the abdominal walls, as if little else intervened, caused me to cease; the cavity was washed out with hot water, sponged with perchloride of iron, and a tampon of cotton steeped in equal parts of perchloride of iron and water was next introduced into the rapidly contracting shell.

The vagina was plugged with cotton tampons, the first of which were well oiled in order to facilitate their removal from the vagina contracted, and corrugated by a little of the iron, which necessarily escapes.

Patient suffered, as before, exceptionally from the use of chloroform; the tampons were gradually removed, the cavity cleansed regularly, applications made, as well as copious hot and disinfectant injections used, yet there was no improvement; neither the operation carried to its utmost extent, nor the close and unswerving attention with which the after treatment was conducted, in any way affected the progress of this fearful malady; quinine and tonics were given; beef-tea, milk and whisky; injections and local applications were used, acids and astringents, until the patient refused to be annoyed any longer by any attempts at treatment, whatever they be, as Dr. Staudinger writes me under date of August 13th, 1881.

November 5th, he writes that, after not seeing her for a month or more, he was called to ease her, and began the use of morphine injections, which he is now obliged to give three times a day, and over a grain each time; she suffers no pains, but demands morphine for the sake of rest and peace of mind; for the past fourteen days she has taken almost no nourishment at all, gags constantly if not under the influence of the anesthetics, and will hardly linger many more days.\*

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\* Died November 15th.

I have so carefully detailed this case—

1. On account of its rarity.
2. The discrepancy of the symptoms observed with those usually accepted.
3. As showing some of the difficulties of a correct diagnosis of cases suitable for Freund's operation.
4. As cautioning us not to rely too firmly upon the supposed palliative operation by the scoop.

This is the first distinct case of primary cancer of the body of the uterus which I have seen, so that I am not in a position to make any statement as to the relative frequency of the affection in relation to the cancer of the neck, which is variously mentioned as about 1 in 420, 1 in 50, and even 1 in every 16. The most thorough and modern of German pathologists look upon this as a most rare disease, whilst equally able men of clinical experience think that it occurs more frequently. Are they not confounding cancer of the body *secondary* with the *primary* affection?

Waldeyer, in Virchow's *Archives*, Vol. LV., p. 111, says that he has never seen a primary cancer of the body of the womb, while Barnes and Thomas do not consider the disease by any means a very rare one.

The symptoms usually accepted as indicative of primary cancer of the body I have already enumerated, and it will be seen that in the case before us the intense periodical pains were wanting; in the earlier stage, and for a short time only, was some slight pain complained of, but this passed away entirely; the hydrorrhœa was wanting, cachexia appeared late; the discharge did not have that intensely putrid odor which is common, and the hemorrhage, though severe at first, ceased after having been once checked. Patient was also younger than common, as this malady usually appears after the climacteric, between the fiftieth and sixtieth year.

As far as the most careful examination could reveal, the disease was confined to the uterus, which was movable and

free from adhesions, the condition accordingly being one justifying Freund's operation; we have seen how unfortunate a state of affairs was revealed as soon as the abdominal cavity had been opened, adhesions to movable parts not to be diagnosed beforehand, yet sufficient to prevent a completion of the operation.

Remarkable, also, was the complete failure of that supposedly palliative operation by the scoop. Curetting is one of those few operations which I have found, I may say, universally successful; it had never before failed me, and always gave relief from pain, from hemorrhage and putrid discharge, and usually a season of apparently good health to the unfortunate sufferer. In one other case only has it failed me, and that was one operated on about the time of Mrs. Q.'s first operation—cancer of neck and body. In this case a bold use of the curette, the removal of a cupful of diseased tissue, gave no relief whatsoever; there was not even a momentary improvement, no amelioration of the discharge. As may be supposed, it was excessively mortifying to me that this brave woman, who had so firmly determined to risk everything, to undergo every danger, bear all suffering for the sake first of health, and then of only a few months' respite, that this woman should have dared all in vain: a usually successful operation failed completely.

Cancer of the fundus uteri appears, according to investigations of Ruge and Veit, either as a diffuse infiltration or in a circumscribed, nodular form, and it is this latter which we see distinctly characterized in the case in hand, polypoid growths of the mucous membrane protruding into the enlarged cavity, and nodular tumors throughout the muscular tissues, seen and felt after the abdominal cavity had been opened. The diagnosis is positively established by the microscope only, but with considerable certainty by the hemorrhage and fetid discharge; less so by pains and cachexia.

The treatment, not to speak of the self-evident attention to hemorrhage, discharge, etc., is palliative and curative:

palliative, by the sharp curette of Simon or Sims ; curative, by Freund's operation, which I deem feasible, but only to be attempted in the earliest stage of the disease, at a time when the affection is strictly confined to the body of the womb, but when the condition of the patient, unfortunately, is still such that she will hardly consent to so dangerous an operation.