

Wilson (H.P.C.)

With Compliments of the Author.

EPITHELIOMA OF THE CERVIX UTERI.

Amputation with Paquelin's Thermo-Cautery.

—BY—

H. P. C. WILSON, M. D.,

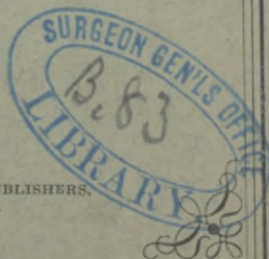
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EPITHELIOMA OF THE CERVIX UTERI. AMPUTATION
WITH PAQUELIN'S THERMO-CAUTERY.

(Read before the Baltimore Academy of Medicine, October 15th, 1878.)

BY H. P. C. WILSON, M. D., VICE PRESIDENT OF THE AMERICAN GYNE-
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Since cancer occurs three times as often in women as in men, and three times as often in the uterus, as in any other organ of the body, nothing can be of more interest to the gynecologist, than any suggestion which throws light on the therapeutics of this disease. It is so forbidding to all physicians; such a terror to all patients; so disgusting to all attendants!

We feel how hopeless our efforts are in behalf of the poor sufferer, on whom this malady has fixed its relentless grasp; and, despairing of cure, we only grope in darkness for something to palliate the disease, and soothe the patient in her painful progress to the grave; something to make life more bearable; something to make its victim less loathsome.

It is for these reasons that I bring before the Academy of Medicine, this evening, a cancerous cervix uteri, amputated with Paquelin's Thermo-Cautery; hoping that in this instrument we may have a valuable addition to the very few agents, now in our

possession, for eradicating cancer of the neck of the uterus in its incipiency, or modifying it in its advanced stage.

It will be seen that this cervix was amputated for epithelioma involving only the neck; and, although the disease evidently began eight months before, the body of the uterus, and all periterine tissues were free, and the general health unimpaired. We therefore hope for permanent eradication of the disease.

But from its facility of manipulation as a cautery, we hope from this instrument beneficial results in arresting hemorrhage; in safely removing sloughing and decomposing tissue; in diminishing offensive odors; and in prolonging life, even in those cases which must terminate in death.

On the 19th of September 1878, I was asked by Dr. Miltenberger to see Mrs. K. in consultation with him. I found her looking in good health, 46 years of age, rather corpulent, presenting little, if any, of the cancerous cachexy, and emitting nothing of the cancerous odor. She gave the following history.

She was 17 years old before she first menstruated, and it was then established with some difficulty. From that time to January last, (twenty nine years) she was regular, and without pain with her menses. Fifteen years ago she was treated by another physician for what he called "ulcerated womb," and had some menorrhagia for a few months. Since then menstruation has been perfectly regular and comfortable. In January last she missed her menses for the first time since established. They returned in February, and to the day of my seeing her, she has never been free from hemorrhage. At times there would escape clear blood—sometimes large clots of blood—occasionally profuse gushings of water discolored with blood, and now and then, a dirty meat-washing discharge; but all discharges were remarkably exempt from offensiveness. She had some pain from time to time, through her loins and lower abdomen, but not enough to keep her from sleeping under bromide of potash. She had been married twenty-six years, and never been pregnant.

Dr. Miltenberger had diagnosed cancer of the uterus. By a careful digital and speculum examination, I confirmed his diagnosis.

The body of the uterus was of normal size and feel—presenting no undue hardness, nor fixation in its position. The neck was much enlarged, and presented different features in different sections. The right side of the cervix, from a few lines distant from the os, was in a state of well marked ulcerative epithelioma; while the portion just around the os, and extending over about two thirds of the left side of the cervix, was hard and nodulated, and in the stage of commencing vegetating epithelioma. Deep down in the cervical parenchyma, beneath the vegetating epithelioma, extended a condition of induration, which may have been this or some other variety of cancer; for it must be remembered that one form of cancer differs from another, only in the amount of fibrous, cellular, or gelatinous tissue, which predominates in each particular instance, and these differences are of more interest to the pathologists, than to the general practitioner, since the termination of each variety must be the same if left unarrested. About one third of the left and posterior half of the cervix, near the vaginal junction, had a healthy mucous membrane, and no subjacent hardness. The peri-uterine cellular tissue was perfectly healthy.

In passing, let me remark, that the gentlest manipulation of the cervix, produced profuse hemorrhage, and my examination was not satisfactory, till frequent and liberal spongings with vinegar, arrested the bleeding. This use of vinegar was suggested to me by my friend Dr. J. P. White, of Buffalo, and I can confidently recommend it in place of water, for cleansing a cancerous surface preparatory to inspection.

With the body of the uterus healthy in size, density, fixation and position, with the peri-uterine locality free from disease, with a portion of the cervical mucous membrane, and subjacent tissue not yet involved,—I did not hesitate to recommend amputation of the cervix, as the only means likely to save the woman's life, and in this opinion my distinguished colleague was in full accord.

On the 7th of October, 1878, after taking a liberal drink of brandy, the patient was chloroformed by Dr. Miltenberger, and on a table, in Sims' position, with Sims' speculum, held by my

nurse, and with Dr. Griffith as my right hand assistant, I proceeded to remove the whole cervix up to the vaginal junction. All the ragged edges were neatly trimmed with the cautery knife, and much of the substance of the cervix, above the vaginal junction, was peeled out with the same, till at the end of the operation, the cervix presented the appearance of a hollow cone, with the little end extending up to, or within the internal os. In this way I am sure, all malignant ramifications were removed.

A pledget of cotton, soaked in Monsell's solution of sub-sulphate of iron and glycerine (one part to three), was applied to the stump. The vagina was accurately tamponed, and the patient lifted into bed, and given an eighth of a grain of morphia, and twenty grains of bromide of potash, after nausea from chloroform had ceased. The iron was used as an antiseptic: the glycerine to lubricate the parts, and prevent the iron from collecting into indurated, insoluble masses; and the tampon to guard against any possibility of primary or secondary hemorrhage.

The patient is now in her tenth* day, and it is remarkable how exempt she has been from all constitutional disturbance. Her pulse has at no time been above eighty-six, nor her temperature above ninety-eight. She has had little or no pain, but complained for a day or two of much soreness about the pelvis, lower abdomen and thighs. The tampon and iron dressings were removed on the third day, and the vagina washed out daily thereafter, with warm water containing carbolic acid. The seat of amputation presents a healthy granulating surface.

To mention some of the difficulties which occurred to me in the use of Paquelin's thermo-cautery for amputating the cervix, may not be uninteresting to the gentlemen present, who have never used the instrument for this purpose. I shall counteract most of these difficulties in a second operation of the kind, and may help others to do the same.

The greatest difficulty to be overcome, was to prevent the steel shaft of the knife from burning the walls of the vagina, while its hot, curved, platinum point, was swept around the cervix, in the act of amputating close up to the vaginal junction.

*At the end of four weeks she is up and well.

This difficulty was overcome, first, by surrounding the shaft with wood, and securing it against splitting and dropping off, by twisting a piece of wire around it near either extremity, and causing the wire to bury in the wood. It was secondly, to a great extent overcome, by fixing a strong pair of bull-dog forceps in the cervix, and pulling it away from the vaginal wall, in the opposite direction from each successive point of incision.

A second difficulty which I encountered, was in the amount of hemorrhage, which continued up to the point of severing the cervix. I supposed that by passing my cauterizing knife over the bleeding surface, I should effectually control all loss of blood, but with each plunge of the knife into the cervix, blood for a moment came freely, and sponging was necessary, before making each incision.

True the loss of blood was small, but I had supposed I should lose none; and the amount was important, only as it obscured vision, as to the point of proper application of my knife, or generated steam by coming in contact with the heated cautery. Blood or steam in the vagina equally obscured vision. No doubt this bleeding was due to heating my knife too hot, and amputating too rapidly. From the first cut to the last, occupied ten or twelve minutes, and was done so rapidly to insure the vagina against the long continuation of such intense heat.

A third difficulty which I experienced was in not having enough assistants. I had three, but wanted a fourth to keep the vagina free from blood, while I applied my knife with one hand, and manipulated the forceps with the other. Four assistants are always needed for this operation with this instrument. One to give the anæsthetic; one to hold the speculum; a third to manage the thermo-cautery; and a fourth to sponge and render general assistance.

I never blessed the name of Sims more, or thought more of how much gynecology owed to his genius, than in this operation. If he had done nothing in his life, but given us "Sims' position," and "Sims' speculum," his name should go down to posterity among the immortal; for in no other position, and with no other speculum, could I have swung about the cervix, and manipulated

my knife and made a thorough clean operation, without injury to the vagina.

This was my first operation for malignant disease of the uterus, with Paquelin's thermo-cautery, and I was greatly impressed with the beauty and thoroughness of its work. It not only does all that any *écraseur* can do, but it does it under the guidance of an intelligent hand and eye, and thereby avoids the accidents, which may follow the *écraseur*, with the most skilful management. It does more. After removing the whole cervix up to the vaginal junction, it can accurately peel out any suspicious malignant remains, which may extend up the cervix, above the vaginal junction, as was done in the present instance.

By the history of this case it will be seen, that there was almost entire absence of constitutional symptoms, and that the disease was confined to a limited locality. It had not advanced so far, that it could not be accurately identified as epithelioma, that form of malignant disease which is most slow to involve the general system, and least apt to recur in its present, or some other locality, if thoroughly removed; and hence I was led to give a favorable prognosis for an operation in its immediate and remote results.

Appropriate here are the words of our distinguished countryman, Dr. T. Gaillard Thomas, when he says: "in the commencement of each variety of malignant disease the pathological differences would be easily recognized; but as epithelioma advances, and the subjacent tissues become involved, a differentiation would often become, not only difficult, but impossible."

In this single case, we find epithelioma, in the stage of ulceration, on one portion of the cervix; epithelioma, in the stage of commencing vegetation, on another portion of the cervix; and epithelioma, (or some other variety of cancer) involving a limited portion of the parenchyma of the cervix. With a little further progress, we might have been puzzled in our diagnosis of the particular form of cancer to which this belonged. Hence the importance of an *early examination* of the uterus, in all cases of unusual hemorrhage, or any other abnormal symptoms; that malignant disease if present, may be promptly recognized, for an accurate diagnosis, as well as prognosis. By a little delay we

may be mystified in both, and lose the only opportunity for life, by removing the disease in its inception.

If the general practitioner, was as prompt to examine a woman's uterus, as he is to examine any other portion of her body, under the slightest suspicion of disease; the maladies of that organ would be universally discovered in their acute form; life would be saved in many cases where it is now lost; drugs would be kept from stomachs into which they are so uselessly poured, and the struggles of the gynecologist with chronic disease, would not be so long, and often so fruitless.

No portion of the female organism is subjected to as many shocks and strains, as the uterus and its appendages; no organs in her body are entitled to as much and frequent disease. The ovaries are congested, and graaffian vesicles are ruptured once every month; the womb is monthly pouring out blood, and frequently subjected to the racks of labor, or the shocks of abortion; the vagina and its adjuncts endure the excesses of the marital relation; all the pelvic organs are in a monthly state of over excitement, and thereby ready to take on disease under the slightest provocation; and yet, even in these days of gynecological advancement, many general practitioners ignore the uterus in their explorations, or interview it only at the eleventh hour, when numerous diagnoses have failed, and a multitude of drugs have been given for nought.

The profession at large must learn to change in this respect, or their patients will soon learn to change their physician. The mothers who bore us, have wombs, as well as stomachs, ovaries as well as livers, and vaginas as well as throats; and these organs peculiar to woman, must not be neglected, or excluded, as seats of disease.

Strange as it may seem in these days of enlightenment, I very recently heard a distinguished practitioner of medicine say, that he did not "believe in examinations of the womb and its appendages." Although his views are extreme, they are reëchoed in a less degree, by many of the profession; and yet these gentlemen would think it very inexcusable in any one to prescribe for a patient, suffering with the symptoms of throat disease, without a

careful examination of the throat ; but this is what they are doing every day for the uterus.

Because it is more disagreeable to examine a uterus than a throat, men must not shrink from their duty to *know promptly*, that they may *arrest promptly*, uterine disease. They must realize that it is as proper to examine the vagina and womb, as the mouth and throat, and thus being always watchful of these peculiarly impressible organs in the female, guard against those chronic diseases which render so many lives miserable all their days. It is rare for me to see a case of uterine disease, which has not been in existence from two to ten years.



