CASES OF LABOUR, COMPLICATED WITH ULCERATING CANCER OF THE WOMB: WITH REMARKS.

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CASE I. ULCERATING CARCINOMA OF CERVIX UTERI DURING PREGNANCY—BREECH PRESENTATION—RUPTURE OF UTERUS. On the 17th of June 1847, Mrs. H., a poor woman, with a pale and anxious face, called at my house for advice. She was 33 years of age; had been married eight years, and was the mother of four children, whom she had carried well, and given birth to without difficulty or accident. She had suckled the last child for fourteen months; and, before weaning it, had again become pregnant, and was now seven months advanced in gestation.

The principal symptom of which she complained, was a frequent coloured discharge, which first came on a month after she was pregnant, and had continued, with but short intermissions, to the present time. It was now brought on by any exertion, or by straining to relieve the bowels. Four days since she had had an attack of bleeding, which came on like a menstrual period, the discharge being of a vivid red colour. It lasted in this way for two days, and was succeeded by a profuse watery discharge of a faint, but not very offensive smell. She was restless at night, feeble and low-spirited in doing the work of her family in the day, and she occasionally had a burning pain at the lower part of the abdomen and back; but the degree of pain which she suffered was far less than is usual with the same disease in the unimpregnated state. The child moved freely.

On making an examination, I found the cervix the seat of malignant disease, which had already destroyed a considerable portion of both lips of the os uteri, leaving a circular hole large enough to admit the tips of two fingers, with which the presenting part of the child could be felt through the membranes. The tissue of the cervix, around the os uteri, was thick, hard, and uneven; and a hardened, well-defined bar of solid matter could be felt on the anterior segment of the womb. The appreciable limit of the disease in this direction seemed to correspond to the os uteri internum. The finger could not reach sufficiently far posteriorly to ascertain the extent of tissue which had there become implicated; but, as far as could be felt, it was unusually hard and rigid. The examination caused some bleeding.

Mr. Wells, a gentleman in practice in the neighbourhood, from motives of humanity, and from interest in the case, undertook to attend her in her confinement. In consultation with him, it was agreed that she should be allowed to go on her full time, and that the manner of delivery should be determined by existing circumstances. She was to live as well as she was able, and to take some tonic medicine, and an opiate occasionally at night.

On the 31st July, I was requested to see Mrs. H——, who was reported to have been in labour for some hours: but, on visiting her, I found her to be suffering from an aggravated degree of false pains, mixed with much pain that was connected with her disease. On ex-

amination, I found that the disease had made progress in the cervix, which was lower in the pelvis, and more open. The extent of surface which was affected seemed considerable, including the whole interior of the canal of the cervix, which felt of a stony hardness, and broken up into a rough, deeply rutted, bleeding tissue. Having stretched my finger through this seemingly lengthened passage, I could feel the presenting part of the foetus, which appeared to me to be the breech. An opiate was given, which produced some hours' rest, and much refreshed the patient.

On the night of the 3rd of August, Mr. Wells sent me word that Mrs. H. was in labour, and that the breech presented. On seeing her, I found that, under the influence of regular pains, the cervix had yielded somewhat, the os uteri being more open, and more dilatable; and the breech of the child was easily felt. The front wall of the cervix, however, was indurated, thick, and unyielding, like a mass of hardened mortar. The bladder was distended with urine, which was drawn off, to the amount of a pint and a half, with the catheter. She had vomited occasionally since labour had set in: her pulse was rapid and feeble; and her countenance had the sharp, pallid, anxious look so characteristic of an advanced cancer. The dilatation of the os uteri was not sufficiently advanced to allow of any interference, and I agreed to meet Mr. Wells again in a few hours; during which time he watched for any opportunity which might offer to help delivery.

At 7 A.M., on August 4th, I received a note from Mr. Wells, telling me that the poor woman had suddenly become collapsed, and was dying. Before I could reach her house, she had been dead about twenty minutes. Since I saw her, labour had gone on, with some effect on the dilatation of the os; but she had been vomiting, and had then become deathly faint, and moribund.

POST-MORTEM EXAMINATION. This was made on the same night, the weather being extremely hot. We found that already some marks of decomposition were visible on the body. On opening the abdomen, some bloody fluid, composed of liquor amnii and blood, ran out. The uterus was distended with gas; and on drawing it forward, the foetus (a full-grown male) was found projecting half through a longitudinal rent, about five inches in length, in its back wall, beginning at the cervix and extending upwards on the body. The foetus, uterus, and adjacent abdominal viscera, were all in a state of incipient putrefaction. The uterus and its appendages were removed, and taken to Guy's Hospital. The placenta, from the rapid progress of decomposition, separated from the uterus. The abdominal viscera were very cursorily examined, as the room was dimly lighted, and we were mainly intent on getting away the uterus; but, as far as we ascertained, they were free from disease.

The size of the uterus, and thickness of its walls, were natural. The whole inner surface of the cervix was thinned by malignant disease; and the structure was deeply furrowed and hard. The upper boundary of the disease, marking the inner opening of the cervix, was very clearly defined by an edge of healthy tissue belonging to the internal part of the body of the uterus, which was altogether free from malignant disease. The vagina also was healthy. On the posterior surface of the uterus, on the left side, was a small superficial

patch of malignant deposit; and, spreading from it to the ovary and tube of the same side, were numerous bands of false membranes. The right ovary, too, had been enveloped in a web of false membranes. There was a corpus luteum in the left ovary.

CASE II. CARCINOMA OF CERVIX UTERI—PREGNANCY—DELIVERY BY CRANIOTOMY. In 1848, a poor woman, nearly 40 years of age, became an out-patient, under my care, at Guy's Hospital, for hard cancer of the cervix uteri, with occasional hæmorrhage, and a constant foetid watery discharge. She had had syphilis some years before, and had lived a hard and destitute life. Her general health improved under the influence of tonic medicines, with some astringent and sedative wash to the uterus. I then lost sight of her.

About a year from this time, on May 7, 1849, Mr. Leadam, of Tooley Street, sent me word that this patient was in labour; and finding a great obstacle to delivery, and thinking that I should be interested in the case, he asked me to see her. I found that she had been in strong labour for some hours, and was getting weak and exhausted, but that the os uteri was prevented from dilatation by a mass of ulcerating cancer in the cervix, from whence a foetid discharge was oozing away, which had inflamed and excoriated the external organs. At the time, I thought that the malignant disease had not gone on so rapidly during her pregnancy as I should have expected; but the extent of the cervix-tissue which had become infiltrated was considerable, and offered a formidable obstacle to delivery. The head was presenting, and could be felt through the disc of the os uteri, which, during labour, had become dilated to the size of a crown-piece.

To deliver her as soon as possible was imperative. I perforated the head, and freely emptied its contents; and, under the influence of uterine action, the bones collapsed well. I fixed the crotchet firmly on the inside of the presenting parietal bone, rather posteriorly; and being able to make powerful traction in this direction (which was the best for the head to pass in small compass) I had the satisfaction of finding it clear the hard narrow passage of the cervix with but little laceration of its structure. The remainder of the child was removed without difficulty. The placenta was strongly adherent, and was obliged to be peeled off with the hand.

I have since been informed by Mr. Leadam, that the woman lived about a month. On inspection after death, the cervix was found to be the seat of malignant ulceration; and on the posterior wall of the vagina, close to the cervix, were some ulcerated patches which had perforated the walls of the vagina, and communicated with the pelvic peritoneum. Peritonitis, of a low form, had supervened, and there was some purulent effusion in the peritoneum. There was a small cyst, of the size of a chestnut, in the right ovary.

CASE III. CANCER OF THE UTERUS AND VAGINA—DEATH OF FÆTUS IN UTERO—EASY BIRTH—PERFORATION OF VAGINA. I saw Mrs. P——, a poor woman, 42 years of age, on the 26th July 1850. She had been married twenty-three years, and had had twelve children. She had been confined six weeks. When one month gone in her last pregnancy, she began to have watery discharges with bleeding, and suffered severe pain in the loins, hips, and legs, so that

sometimes she could neither sit down nor move about. Sexual coitus brought on bleeding, and was forbidden. She suffered much from constipation. When these symptoms first appeared, she sought advice from an experienced medical man, who told her that she had cancer of the womb; but, at different times during her pregnancy, assured her she was not pregnant, although her own confidence in the fact of her pregnancy remained unshaken. She was suddenly seized with labour pains on June 9th, 1850, after she had gone her full time, according to her reckoning, and was easily delivered of a dead male child. The placenta was expelled without difficulty; but both the child and the secundines were putrid. Since this time, she had been getting worse; the discharges of blood and foetid watery discharge had been mixed with fæculent matter. She was cachectic, and greatly exhausted, and a constant sufferer from cancer pains.

On examination, the cervix uteri, and the posterior wall of the vagina, were found extensively destroyed by ulcerating carcinoma; and there was an opening into the rectum, through which the fæces passed. The disease was in an advanced stage; and her feeble constitutional power seemed unlikely to hold out long against the exhaustion produced by it.

REMARKS. The preceding cases are instances of an extremely rare complication of pregnancy and labour, and one which, when viewed in relation to delivery, is of practical importance. They were all three cases of carcinoma of the cervix in a state of ulceration, and not of the fungoid or softer form of malignant disease. Neither are they to be associated with what has been termed the scirrhus os uteri in an early stage, by which is meant, either entirely or partially, a hard, somewhat large, and nodulated cervix, but without ulceration. This morbid condition, so common in the unimpregnated state as the result of chronic inflammation, may also exist in pregnancy, although it usually becomes softened as gestation advances, by the accumulation of the mucous secretion of the glands of the cervix, and the large supply of blood, and offers but little impediment to labour. Cases of this kind have been classed as cases of cancer with pregnancy, but without any conclusive proof of their being really cancerous. Here and there, as very rare exceptions, such cases may retain their induration and indisposition to dilate during labour. There is a preparation in the Museum at Guy's Hospital, where a large flap of the lower segment of the uterus was separated after a long first stage of labour; but there is nothing in the swollen and indurated cervix to indicate malignant deposit. I doubt very much whether any one, who has so thoroughly investigated the subject as to know when he has failed as well as when he has been right, would have any confidence, from a physical examination of the cervix, in pronouncing a disease to be carcinoma before it had begun to break down. Directly this process begins, it may be detected by a kind of brittleness of the edge of the os, or inner surface of the cervix, on a hard base, which is very characteristic of the commencing work of destruction. But there is nothing in the touch of the antecedent "scirrhus" to distinguish a benign and curable from a cancerous and incurable induration.

In Case III, the posterior wall of the vagina was implicated in the

disease; but in the other two it was confined to the cervix, converting this part of the uterus, towards the end of pregnancy, into a rugged indurated channel, involving a large amount of structure, and offering a solid unyielding obstacle to the progress of uterine dilatation.

The possibility of impregnation occurring in cases of incipient, or even open cancer of the cervix, notwithstanding the bleeding and watery discharge, is authenticated by several recorded cases,¹ and confirmed by the present instances. And however improbable such a concurrence may be, yet it is an important point in practice to give due weight to any signs or suspicion of pregnancy, to note them, and to carefully investigate them, with the view of deciding this question. In the third case, in spite of the woman's own assurance of being pregnant, this precaution was omitted. In the number of cases of cancer of the neck of the womb which come before me, especially in hospital practice, I have been struck with the comparative frequency of sexual intercourse between husband and wife, when it would be thought that the foetid discharge and bleeding would have secured its voluntary suspension. The effect of the discharges on the glans penis in these cases, with but rare exceptions, is not irritating; and the possibility of pregnancy, during the child-bearing age, independently of the injury to the woman when the cancer is ulcerating, ought to warn the practitioner to take care that sexual connexion be forbidden.

When pregnancy is known to be present, and the fact of a pre-existing cancer has not been ascertained, it is possible that the signs of the development of the disease may be confounded with some of the morbid states of pregnancy; and palliative measures may be alone prescribed. In the first case, no vaginal examination had been made before the woman applied to me at the seventh month, although she had been previously under medical care, and no suspicion of so serious a disease had been entertained. It is always desirable to examine the uterus *per vaginam*, and to ascertain the condition of the cervix, if bleeding comes on frequently during pregnancy, although it may not amount to a profuse flow at any time; especially if it be brought on after walking, or straining, or during the sexual act, and if it be followed by a watery, or thin purulent discharge, with a more or less foetid odour. Symptoms like these would warrant a strong suspicion of malignant disease; but, until the parts are examined, no certainty can be arrived at. It has happened to me to entertain this suspicion, when the case has turned out to be one of a few warts within the labia, whose foetid secretion has, from neglect of cleanliness, collected about the parts; and the occasional small bleedings have come from a neglected ulceration of the cervix, whose vascularity has increased with pregnancy. A more common case is met with, especially in hospital practice, which, in its symptoms in connexion with early pregnancy, more closely resembles cancer. I mean induration of the cervix, with a granular suppurating surface within its channel, the result of chronic syphilis. This may, or may not be associated with thickening of the cellular tissue of the labia and oedematous effusion, with fissures and excoriations about the external organs. When pregnancy occurs under these circumstances, there is occasional bleed-

¹ See Dr. Robert Lee's Clinical Midwifery. Second Edition, p. 90.

ing from the surface of the cervix, a thin, ichorous, acrimonious, and offensive discharge, and the aspect of the patient is akin to the malignant cachexy. I have felt the cervix in a case of this kind, and have doubted at first whether the disease were malignant. This is one of the cases in which the induration may sometimes last to the end of pregnancy, and oppose the dilatation of the os. The diagnosis of syphilis is to be formed from the previous history, and other existing indications of it in the integument, periosteum, etc. The progress of the disorders, during pregnancy, is different. The morbid conditions of the cervix, in the venereal state, do not become materially aggravated; but, on the contrary, the induration may become partially, or, I believe, even altogether effaced under the physiological softening of the cervix. Such a case is more like cancer at the beginning than at the end of gestation. True carcinoma of the cervix, although in some cases it appears to have been rather tardily developed, generally, as in the first case here recorded, rapidly progresses, destroying the inner surface of the cervix, and infiltrating and hardening the deeper and adjacent parts. When examined by the finger in an advanced state, there cannot well be any mistake about it. The circle of the os is more open than in normal pregnancy, from the positive loss of substance; while its edge, and the whole inner surface of the cervix, is rutted and indurated, with a surface which bleeds and breaks down under the touch of the finger; which, on being removed from the vagina, brings with it some of the foetid discharge. If the finger be not introduced *within* the cervix, and the outer or vaginal surface of the cervix be not yet destroyed, this part of the lower segment of the uterus feels like a solid uneven tumour, which is interposed between the finger and the presenting part of the child. If there have been much bleeding, or a sudden hæmorrhage towards the end of pregnancy, and a clot have formed within the cervix, the malignant disease not having previously been known, the physical conditions may, when first felt, resemble placenta prævia; especially if the disease be of a fungoid character. If the finger, however, be passed *within* the cervix, so as to displace or go beyond the clot, the solid uneven surface of the cancerous mass will be perceptible.

The prognosis in cases of carcinomatous degeneration with pregnancy is most unfavourable to both mother and child. The mother may die from the exhausting effects of cancer,—viz., hæmorrhage, copious watery discharge, vomiting, etc., before labour sets in. She may die undelivered, from ruptured uterus, or of exhaustion from protracted labour. Or, if she survive the immediate perils of delivery, she may sink exhausted a few hours or a day or two afterwards. If this does not happen, the disease generally goes on more rapidly, perhaps rendered less tolerable from some injury to the soft parts by the delivery, and ends in a few weeks, or possibly a few months, in death.

The death of the child is very common. It frequently happens (in about a third of the cases) that premature labour, between the sixth and seventh month, spontaneously ensues, the child sometimes having lain dead and putrid in the uterus, and then easily escaping during labour, as in Case III; this is certainly the most favourable termination for the mother. In other cases it is necessary to destroy it to effect delivery; or it may die in the course of delivery, as in Case I.

I know of no facts to shew whether the few who are born alive, and live, inherit the taint of cancer; but assuredly such a child would need the breast-milk of a healthy wet-nurse, and the same hygienic care and solicitude in its rearing which are given to scrofulous children.

TREATMENT. Some cases are recorded in which parturition at term has been accomplished by the natural powers, the mother surviving the act,¹ and the child being born alive. But so favourable a termination of labour, however it may be hoped for, is hardly to be expected. Death of the fœtus at the sixth or seventh month, its retention and putrefaction in the uterus, and its comparatively easy birth, have already been alluded to, and may be reckoned upon as probable events.

Our principal resources in the management of such cases are the artificial induction of premature labour, lessening the child's head, dividing the diseased structures, and the Cæsarean section.

Dr. Robert Lee's opinion, with reference to the first of these operations, is very decided. "If abortion", says he,² "does not take place where pregnancy exists with cancer of the os uteri in an advanced stage, the membranes of the ovum should be perforated if possible, and at the seventh and half month if the disease is less extensive." When I saw the subject of the first case which has been related, at the seventh month of her pregnancy, I considered the propriety of puncturing the membranes; but I determined against it. There would not have been the difficulty and even danger in doing so, which in some cases must be encountered in order to perform it, and which, I apprehend, might be sufficient to deter the practitioner from undertaking it. If the cervix were blocked up by cancerous disease, which must be passed through or broken down in order to reach the membranes, causing thereby serious hæmorrhage, then this operation ought to be avoided. But the membranes in my case could be touched, and might have been easily perforated. It appeared to me, however, that pregnancy, instead of aggravating the suffering of the patient, had rather lessened it, and I thought it something to gain two more months of life and comparative relief in a disease which could not but end fatally in a short time. The extent of disease at this time would, in my judgment, have been a most serious obstacle to the passage of a seven months' child, which would have probably needed instrumental assistance for its delivery, and the exposure of the diseased structures to the chance of laceration, and of the mother to the utmost peril. I could see nothing in the delivery of a seven months' child, which could so exempt the woman from danger as to counterbalance the positive benefit of a prospective life of two months to her. I therefore preferred to meet whatever increased difficulty might arise from a large child when labour came on, to bringing on by my own act, a crisis which was full of peril. I doubt the prudence of inducing premature labour in these cases as a rule. On the contrary, the rule with me would be, to leave the whole care of pregnancy and the time of labour to nature, and to do all that I could to alleviate suffering and urgent symptoms, and to preserve to the parent as much as possible of the nine months of gestation, which forms no inconsiderable part of the duration of a case of cancer.

When labour sets in, we must be guided in our choice of the method

¹ LEVER (Dr. J. C. W.) Case in Guy's Hospital Reports, April 1842.

² LEE (Dr. Robert). Clinical Midwifery. Second Edition, p. 94.

of delivery by circumstances. It is desirable not to interfere, as long as the patient's powers and the strength of uterine action are well sustained in the efforts to dilate the os. It may happen, that suddenly the diseased mass will give way, and the lower portion of the uterus be either rent or detached, and carried before the head in its sudden escape into the vagina. But if the vital powers, already enfeebled by the drain from the diseased part, begin to fail, and the os uteri be still insuperably rigid and undilated, it has been recommended to make incisions through the obstructing portion, with the hope of giving room for the passage of the foetus. In the two cases above related, this procedure appeared to be quite impracticable. The whole circle of the cervix was so implicated in the disease, and the indurated matter was so deep and massive, that there was no edge to cut, and an incision would have merely inflicted a wound upon the diseased structures and have caused them to bleed, without opening a way for the escape of the child. Any surgical operation of this kind, to be effectual at all, would require the cutting out of a mass of the cancer, which would be hazardous in the extreme, and indeed impracticable. Incisions through the cervix are only available for the purposes of delivery in those extremely rare cases when the cervix-tissue is hard and unyielding, but not from cancer (unless in a very early stage), and does not open under the forces of labour, which may have been spent upon it until the cervix is inflamed, and the female well nigh exhausted. The os may then be dilated by the knife, and the operation is well-defined, easy of accomplishment, and, as far as it has been performed, effectual in its purpose.

Abandoning therefore the idea of incision in these cases, there is the alternative between craniotomy and the Cæsarean section. The second case terminated as favourably by the first operation as could have been expected, but still it ended with the birth of a mutilated child, and the death of the mother one month afterwards. Had the disease made a little more progress, had it been as great as in the first case, the woman, in all probability, would have died undelivered, so difficult would it have been to remove the child by the crotchet, with the feeble endurance of the patient. I cannot but think, that the immediate risk of death to the mother, when the disease is much advanced, setting aside all consideration of the child, is as great in delivering by craniotomy as the Cæsarean section; and on the score of suffering, the latter is certainly the most favourable. When, however, after a careful study of the case, there is a prospect of delivering through the natural passages (as in Case II), although it be discouraging, and, at the best, must be attended with great risk, yet it is desirable to give the preference to it. But if the patient's powers seem quite unequal to sustain the shock and suffering of a protracted delivery through structures which will bleed and lacerate, and if the *foetal heart is heard to beat*, I think that the Cæsarean section offers a speedy and a certain delivery, with no greater hazard, imminent though it be, and at the same time may rescue the child. The preservation of a child's life, under circumstances of hopeless disease of the mother, ought to turn the balance in the consideration of the means employed in its favour. In such cases, auscultation of the abdomen, to hear the foetal heart, on which alone we can safely rely for the foetus being alive,

ought to be attended to. This ought to be ascertained in any case so complicated, during that part of labour which is entrusted to the natural powers, because the sudden death of the mother from rupture of the uterus, as in Case 1, or from sudden and rapid exhaustion, may require the abdomen and uterus to be opened to save the child. A want of preparation, and an uncertainty as to the life of the child, may just let the moment slip by in which the child might be preserved.

The moderate inhalation of chloroform, in cases of this kind, would be most desirable; but the friends of the patient ought to be clearly apprised of the chance of sudden death from the disease itself, so that, should it happen, it may not be ascribed to the chloroform.

13, Devonshire Square, Bishopsgate Street, February 1851.

CASE OF LABOUR COMPLICATED WITH CAULIFLOWER EXCRESCENCE OF THE UTERUS: WITH REMARKS ON THAT DISEASE.

By JOHN ROSE CORMACK, M.D., F.R.S.E., etc.

(Read before the Medical Society of London, Nov. 30, 1850.)

THE case which I am about to bring under the notice of the Society is instructive, when viewed in connexion with other recorded cases of the same disease. It calls attention to the use of certain *palliative medicines*; and it likewise brings under our notice *excision* as a means of cure, or of prolonging life when the malady cannot be extirpated. It is also a remarkable case, from the circumstance of both the patient and her husband having been ignorant of the existence of disease, till I discovered it when called in at the end of the natural term of gestation.

During September 1847, I was requested by Mrs. G., aged 30, married for five years, and the mother of one child, to attend her in her approaching confinement, which she said she expected about the end of November. She had had two miscarriages. She said that her general health was good, and that since the third month of her pregnancy she had enjoyed better health than since the birth of her child. Some months before she became in the family way, she had suffered greatly from menorrhagia; and being then in Edinburgh, she went to consult Dr. Simpson. He was not at home, but she saw his assistant, who prescribed, and requested her to return on a future day to see the Professor. Finding great benefit from the medicine ordered (which, I believe, was gallic acid), she did not go back; and had never since asked, nor, as she supposed, required medical advice. She said, that about once a month she had had, during her pregnancy, a slight coloured discharge for a day or two, and also some colourless discharge; but that as this had been the case during her first pregnancy, and as it did not seem to weaken her, she was not uneasy about it.

From the day in September when she asked me to attend her in her confinement, till I was actually called to her in labour on the 28th of November, she never made the slightest complaint to me,