A clinical report on cancer of the female sexual organs / by Thomas Hawkes Tanner.

A CLINICAL REPORT

ON

CANCER

OF THE

FEMALE SEXUAL ORGANS.

BY

THOMAS HAWKES TANNER, M.D., F.L.S.,

LATE ASSISTANT PHYSICIAN FOR THE DISEASES OF WOMEN AND CHILDREN TO KING'S COLLEGE HOSPITAL.

VICE-PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON.

ETC., ETC.

LONDON:

HENRY RENSHAW, 356, STRAND.

MDCCCLXIII.

CONTENTS.

REPRINTED, WITH ADDITIONS, FROM THE "LONDON MEDICAL REVIEW."

A CLINICAL REPORT ON CANCER OF THE FEMALE SEXUAL ORGANS.

I.—Introduction.

In this essay it is proposed to give a brief account of the principal cases of cancer of the female sexual organs, which have fallen under my notice during the last few years. The notes from which the abstracts are made, were taken in each instance at the time the patient first applied for advice; and, although no idea was then entertained of publishing them, yet, on recently studying their details, it seemed possible that these clinical observations, however trifling they may be, might tend towards a more perfect knowledge of the origin and dissemination of this fearful malady.

The greater frequency of cancer in the female than in the male sex, appears to be due to the liability of the breast and uterus to be affected by it. Putting these organs aside, it would seem to be most common in men; since the skin, bones, and digestive organs are found to be more prone to it in them than in women. Yet, if we believe, as it is by no means certain that we ought to, that cancer is never a local disease, and that it is independent of external causes, then it must be allowed that it matters but little what organ is affected; for if a malignant diathesis exists before there is any local manifestation of disease, it is clearly unimportant where the latter first becomes apparent. Under these circumstances the breast and uterus may be merely selected because they afford more favourable sites for the development of the disease than the skin or bones. In other words, if women could be deprived of their sexual organs, would they still be much greater sufferers from cancer than men, the disease being developed in other tissues?

This question as to whether cancer is really a constitutional affection, or whether at first it may not be only a local disease, is a most important one. Müller evidently believed that the question was a doubtful one, for he remarks:—"Those growths may be termed cancerous which destroy the natural structure of all tissues, which are constitutional from their very commencement, or become so in the natural process of development, and which, when once they have infected the constitution, if extirpated, invariably return, and conduct the persons

who are affected by them to inevitable destruction." (*On the Nature and Structural Characteristics of Cancer, and of Morbid Growths which may be confounded with it.* Translated by Charles West, M.D., p. 28. London: 1840).

But one of the strongest arguments in favour of this disease being constitutional, is found in the unfavourable result which so constantly follows the removal of a malignant tumour. Most surgeons appear to think that a successful operation does not prolong life beyond a few months, since, in almost all instances, the disease returns in the cicatrix or in some other tissue. Consequently the ultimate destiny of a cancerous patient is pretty certain if this view be correct. In favour of it, the following points are deserving of notice:—The elder Munro had sixty operations for cancer, and sixty relapses; for he says, that only four out of the sixty were free from the disease for two years, but three of these eventually had cancer of the mamma, and the fourth an ulcerated cancer of the lip. Macfarlane operated in thirty-two cases, and collected notes of eighty-six other instances operated upon by his colleagues; but of these one hundred and eighteen cases there was not one in which the malady did not recur. In a work on cancer by M. Broca, it is said that of nineteen cases in which tumours were removed by Blandin, and which were proved by the microscope to be cancerous, not one remained exempt from a recurrence of the disease for two years. Lebert asserts that of thirty-four cases operated on for cancer, six died after the operation, twenty-one had a recurrence of the disease within a period varying from three months to twenty-four, while the remaining seven were lost sight of. Gluge says, "I myself have as yet never seen a lasting cure of a cancerous disorder; and celebrated surgeons have confessed to me that they have met with so many fatal relapses amongst the numerous instances of extirpated cancer, that they consider the few cases which ended happily were not cancer." (*Atlas der Pathologischen Anatomie.* Zwölfte Lieferung, p. 5, Jena, 1850.)

On the other hand, Velpeau asserts that he has operated on two hundred and fifty cases, in which the patients survived the operation, and of these twenty have been radically cured. The statistics of this surgeon will be more fully analysed in the next section. Again, Mayo states, that carcinoma of the mamma, even when removed early, and operated on under favourable circumstances, recurs in ninety-five cases out of every hundred, so that we may infer he did not think a cure impossible. So also Boyer asserts that of more than one hundred cases in which he has known excision practised for cancerous tumours of the breast, or of other parts, he has known

only four or five cases which were thereby radically cured. Scarpa, in a very extensive practice, knew of three cases in which no relapse followed the removal.

But I think it may also be fairly asked if, in the great majority of operations we are sufficiently careful to remove the whole of the disease? In an excellent paper by the late Schroeder Van der Kolk, this observer shows that around a carcinomatous tumour, in tissues which appear perfectly sound to the naked eye, the disease becomes developed under the form of small cells, nuclei, and granular matter. The nearer the growth the larger are the cells, and the more numerous the groups of them, as is seen by a microscopic examination of the tissues. Hence in any operation for the removal of the cancer, it is not only most important to take away as much of the apparently sound parts surrounding the tumour as can be done without too great injury; but it is essentially necessary, after the operation is over, to examine, microscopically, the edges of the portion removed, in order to ascertain whether granular matter, nuclei, or cells exist in any part of the tissue. Should this be found to be the case, we must conclude that the disease has not been wholly and completely removed; and the wound being still open, a further portion should be cut off in the situation where the cancer cells and nuclei were seen. From his investigations, the eminent Professor of Utrecht drew the following conclusions:—1. That through an interchange of material taking place between cancer-cells and intercellular fluid, the latter acquires the property of forming new nuclei, and cells of a similar nature. 2. This intercellular fluid passes, a ong with the parenchymatous fluid pervading the sound parts, into the textures adjoining the tumour. The parenchymatous fluid thus acquires the same constituents and tendency to form similar cells, which now become developed among the healthy surrounding tissues in the course of the areolar membrane. 3. On account of the minuteness and small number of the last-mentioned cells, their presence cannot be detected with the naked eye; so that the surrounding parts may appear to be perfectly sound, notwithstanding that they contain the germs of the advancing formation of cancer. 4. In operating for cancer a large quantity of the adjacent sound tissue must be taken away, while the edges of the part should be minutely examined. 5. The existence of burning shooting pains in carcinoma may be taken as evidence that the cancer-cells have reached the neighbouring nerves; in which case the disease can hardly be regarded as a local one, and it cannot be hoped that an operation will be permanently successful. 6. By the absorption of the infected parenchymatous fluid through the

lymphatics and veins, the whole body seems to become more or less tainted; so that secondary cancer ensues in distant situations. 7. This altered parenchymatous fluid penetrates the organic tissues which are washed by it, the sarcolemma of the muscular fibres, the tubes of the nerves, &c. These membranes, too, both the sarcolemma and the walls of the nervous tubes, appear to take up the altered nutritive fluid; the consequence of which is, that both within the sarcolemma and the nervous tubes, similar nuclei and cells arise, accompanied with an absorption of the muscular fibre, and of the contents of the nerve, and attended with the deposition of fat, by which these parts waste and are destroyed, while the surrounding membranes (sarcolemma and walls of the nervous tubes) remain. (On the Formation and Extension of Cancer-cells in the neighbourhood of Cancer, and their Importance in the Performance of an Operation. *British and Foreign Medico-Chirurgical Review*, vol. 15, p. 290. London: 1855.)

It has been said that veterinary pathology presents many good cases illustrating the cure of cancer; and that there are several instances in which a radical cure has been obtained by operating early on animals, while the disease was as yet local and not fully developed. It is much to be desired that eminent veterinary surgeons would give us some reliable information on this subject; which it would not be difficult for them to do, seeing that mares, horses, asses, mules, oxen, pigs, dogs, &c., are not unfrequently affected by this disease.

The proportionate frequency of cancer in the two sexes can be well seen by a reference to the *Twenty-third Annual Report of the Registrar-General.* From this volume the following facts may be gleaned :—

The population of England in the middle of the year 1860 was estimated at 19,902,918. The total deaths in England, from all causes, for the year 1860, were 422,721: the number for the males being 215,238; that for the females, 207,483. The deaths from cancer were 6,827, or 2,100 males and 4,727 females. This gives a proportion of 348 deaths from cancer to every 1,000,000 persons living. If we estimate the importance of cancer from the mortality which it produces, we shall find that it stands eighteenth on a list of some 112 diseases and accidents. The deaths from cancer are not to be compared with those from phthisis, an affection which proved fatal to 51,024 persons in England in 1860. So, again, in the same year, bronchitis was the cause of nearly five times as many deaths as cancer; pneumonia and convulsions, each nearly four times as many; heart disease, not quite three times as many; while scarlatina, measles, and apoplexy destroyed half as many again.

To show the age at which cancer is most fatal, the following table has been compiled from the Registrar-General's Reports :--

A Table of 74,794 Deaths from Cancer in England.

	Under 5 Years.	5—	10—	15—	25—	35—	45—	55—	65—	75—	85—	95 and upwds.
Males 22,153.												
1848	33	10	16	27	67	152	239	359	339	112	21	1 ?
1849	37	15	8	36	52	130	240	357	292	132	18	3 ?
1850	36	13	6	28	82	132	251	367	312	151	21	1 ?
1851	31	8	9	32	71	150	255	396	368	154	27	1
1852	46	10	7	38	73	173	332	402	362	145	15	2 ?
1853	27	12	8	38	96	171	319	459	393	183	23	2
1854	39	10	8	37	76	188	333	475	381	183	22	1
1855	26	10	6	30	113	224	294	505	440	160	15	2
1856	10	9	14	32	78	172	352	499	400	196	27	1
1857	15	11	10	41	93	190	324	480	472	158	24	2
1858	25	12	5	43	77	198	329	581	495	171	31	2
1859	26	11	9	37	89	194	384	525	456	203	29	
1860	23	14	7	43	83	214	421	550	521	205	19	
Total	374	145	113	462	1050	2288	4073	5955	5231	2153	292	17
Females 52,641.												
1848	41	8	11	43	168	536	857	835	640	268	35	7 ?
1849	41	8	8	50	187	519	866	866	629	269	43	2 ?
1850	30	11	17	38	195	537	883	901	664	257	33	1
1851	45	11	12	45	198	574	939	889	699	264	39	1
1852	33	14	5	46	185	604	985	978	682	302	35	3 ?
1853	52	17	9	49	217	644	994	899	734	295	39	3 ?
1854	46	13	14	50	220	666	1011	991	730	280	49	2
1855	16	9	12	37	220	711	1049	1067	724	305	39	2
1856	13	5	9	37	215	650	1010	1007	784	290	46	3
1857	20	8	7	44	234	698	1058	1126	831	302	53	
1858	27	8	11	44	184	717	1110	1119	876	321	46	1
1859	16	6	4	40	223	711	1992	1175	876	320	38	5
1860	23	11	6	49	205	757	1158	1225	885	351	54	3
Total	403	129	125	572	2651	8304	14319	13078	9754	3824	549	33
Total Males and Females in Thirteen Years, 74,794.												
	777	274	238	1034	3701	10592	17292	19033	14985	5977	841	50

Now, if the foregoing table be carefully examined, one point will appear somewhat prominently. It is this :—That up to the age of fifteen the deaths from cancer are pretty equal in both sexes. But when the female sexual organs get into full activity, and this activity has had time to tell, then the mortality from cancer in women begins to rise, until it becomes greatly in excess of that in men. Thus, taking the totals for the thirteen years, we find that between the ages of 15 and 25 there were 462 male deaths, and 572 female ; between 25 and 35 the numbers are 1,050 and

2,651 ; between 35 and 45 the male deaths are 2,288 to 8,304 female ; from 45 to 55 there are 4,073 male to 13,219 female ; from 55 to 65 the numbers are 5,955 to 13,078, and then they continue nearly in the proportion of two female victims to one male. Now, what is there in the female constitution, or in their sexual organs, that predisposes women to this disease? Why should they suffer more from it about the climacteric period than at any other time? What is the explanation of cancer of the uterus being so much more frequent than cancer of the penis, or of the prostate gland ; or why should malignant disease of the female mammary gland be so common, and that of the male breast so rare? It cannot be the result of accident. If the disease were constitutional from the beginning, we might naturally expect to find the female breast more frequently affected than the male rudimentary organ ; but then men ought to suffer much more than women from cancer of some other tissue, so as to make the balance equal in the end. An explanation seems more readily given, supposing it can be allowed, that the disease is at first local, and that irritation acts in any way as a cause. And the fact that cancer of the breast is as common in the single woman as in the married, in no way tells against this hypothesis ; because the mammæ are really in an irritable condition at every catamenial period, while they are sympathetically affected in most ovarian and uterine diseases.

But it is just as easy to ask questions as it is difficult to answer them. For my own part, I feel quite in doubt as to whether cancer is ever a local disease. For, if some specious arguments can be brought forward to settle this question in the affirmative, there are quite as many good reasons for deciding it in the negative. Thus, amongst other points, it seems impossible to doubt but that a tendency to cancerous disease may be inherited. This fact is not, perhaps, very clearly shown in the following tables ; but then very many of my patients have belonged to the lower classes of society, and these people are generally so ignorant of their family history, and often give such random answers to questions, that no reliance can be placed upon their statements. I have in at least three or four instances been able to prove that a patient's mother perished from cancer of the uterus, when she was said to have died from "the change of life." It is only by remembering that the statements of private are more reliable than those of hospital patients that we can explain the discrepancies which exist between different reports as to the hereditary nature of cancer. Thus, Mr. Sibley, in statistics of cancer, obtained from the Middlesex Hospital, found that, of the total number of 305 cases in which the point was inquired into,

cancer was only traced in the families of thirty-four, or $8\frac{3}{4}$ per cent. Of these, 30 were females, and 4 males. (*Medico-Chirurgical Transactions*, vol. 42, p. 130. London. 1859.) Mr. Baker, on the other hand, in analysing the public and private cases of Mr. Paget, found the presence or absence of cancer in other members of the patient's family recorded in 322 instances. Of these, 78 or 24·2 per cent. had one or more cancerous relatives. (*Medico-Chirurgical Transactions*, vol. 45, p. 397. London. 1862.)

There are many striking proofs on record of the tendency to cancerous disease being inherited. Thus, Velpeau relates the history of three sisters, who each suffered from cancer of the breast, of which disease the mother died.—Warren records the following instance:—The grandfather died of cancer of the lip. The son had cancer of the breast, as well as two of his sisters. A daughter of one of the ladies had cancer of the breast, which Warren removed at an early period, but death took place some years afterwards of cancer of the uterus. A daughter of the gentleman had cancer of the breast at the time of the report.—In a case related by Mr. Sibley, the mother of a family of seven children died of cancer of the left breast. Of her six daughters, five suffered from scirrhus of the left breast, while the only son died of phthisis.—In a case of cancer of the rectum, which was under my care, the grandmother and mother of the patient, both died of cancer of the breast; while the only sister's death occurred after "the removal of a tumour in the glands of the neck."

It is much to be regretted that this question as to the general or local nature of cancer cannot be decided one way or the other. But though I feel very undecided upon the point, I have no hesitation in saying that if this terrible disease is at first local, it very soon becomes general; and that when it has become so, then no lasting benefit can be hoped for from any operation. The cancerous cachexia is indicated by a pale yellowish complexion, emaciation, and great debility: appetite there is none, the mental depression is great, the days and nights are passed in increasing pain, and there is the most marked anæmia. When matters have reached this stage, a few short weeks, or at the best, months, and dropsy with fatal exhaustion will ensue.

If therefore any good is to be looked for from the excision of a cancerous growth, it can only be expected when the disease is in an early stage, when it is merely of a few months duration. The importance of removing every trace of the morbid tissue, as well as the difficulty of doing so, are points which have already been dwelt upon.

With regard to the removal of malignant growths by caustics, my experience has not been very limited. But I am

obliged to confess, that this plan of treatment, which in some respects appears so promising fails to cure the disease. In one case of scirrhus of the breast, hopes were raised that permanent good had been effected; but the patient and myself were deceived and disappointed. In cancer of the uterus, I believe that the application of caustics really hastens the fatal event; this opinion having been forced upon me by the failure of repeated trials.

How is it then that we hear of cures by this method of treatment? The following, as a solitary case, is not worth much, perhaps; but it serves to show this fact, that a lady was treated for cancer, who, in my opinion, had no malignant disease at all. If the treatment had not proved fatal, what a wonderful cure might have been paraded before the non-professional public. The chief facts of the case are these :—

On January 6, 1857, I was consulted by Mrs. B., aged 38, on account of a tumour in each mammary gland. The patient was married, and had been pregnant three times. On the first occasion she aborted; on the second craniotomy was had recourse to at the full term; and on the third, premature labour was induced at the seventh month, but the child only lived a few days. The last labour was five years ago. On examination a tumour was found in the right mamma, the size of a hen's egg; it was freely movable, rather hard, but not at all painful, and was accidentally discovered four months ago; since which time it has not increased in size. In the left gland there was also a small tumour, the size of a filbert, which was painful; it had existed four years. The diagnosis was *chronic mammary tumours*. It was advised that they should be left alone, and it was strongly insisted upon that they were not cancerous. Ordered alteratives and cod-liver oil. On March 10, 1857, the patient again saw me, when I noticed that the tumours were in the same state as in January; though she said the one in the right breast was much larger. As Mrs. B. was anxious to get rid of them, she was told that they might with safety be removed by the knife, if they were painful or troublesome. Without seeing me again, she put herself under the care of Dr. Fell, who stated that the tumour in the right breast was a cancer. On May 16, 1857, this gentleman commenced its removal by applying caustic. In six weeks the mass came away, but three or four more weeks elapsed before the part healed. "During the process of burning it was very great agony," according to the statement of Mrs. B. About the middle of August the patient had severe pains in her right side, which soon affected the shoulder, arm, and head. Dr. Fell prescribed an ointment for neuralgia, and warm sea-water baths. About the end of September "she could take nothing but arrowroot, brandy and water, and such like." Her sufferings continued to increase, and were at times dreadful, the neuralgic pains extending from her neck to her knees, while sometimes they would attack the head. They continued till within a few days of her death, which took place January 15, 1858."

Most pathologists assert that a cancerous growth may sometimes degenerate into an inert substance without any aid from art, and the patient get well. No doubt cancer cells go through the various stages of growth, maturity, and decay, like the

elements of healthy tissues; but then they leave germs which perpetuate the morbid growth. It is not very rare to find one portion of a scirrhous growth undergoing fatty degeneration, each cell becoming disintegrated into countless oil molecules and granules. At the same time, however, development is usually seen to be progressing rapidly in another part of the tumour. So also where there is an accumulation of earthy salts, a calcareous concretion may be formed in one part of the tumour, but the disease is generally seen to be spreading at the circumference of the mass. If we could only render the cancer-cells non-productive, a cure would necessarily result in these cases; but unfortunately we know of no means by which this desirable end can be attained. Some authorities have maintained that as the growth of all cells is favoured by an elevated temperature, a proper supply of moisture, and room for expansion; so their development and increase must be prevented by cold, dryness, and pressure. As a theory this view appears specious, and perhaps undeniable; but on carrying its teaching into practice we are merely disappointed. The disease foils us; and as the patient is drawn nearer to his end, we see how vain have been our efforts.

II.—Cancer of the Breast.

This disease is said to be by far the most common of all the organic affections to which the female breast is liable. Whether it assumes the form of scirrhus or of medullary cancer, it is most frequent between the ages of 40 and 50, and next between 50 and 60. Both mammary glands appear to be equally liable; and the disease occurs alike in the single and married, in those of robust and those of feeble constitution, as well as in the rich and poor. Blows, improper food, abuse of alcoholic drinks, the poison of syphilis, and climate have no influence in causing cancer. The same must in all probability be said of mental anxiety; though, in a very large proportion of the cases which I have met with, the patients have urged that they have had severe troubles to contend against some few months before the disease manifested itself.

The essential elements of a malignant tumour are the fibres, cells, and cancer fluid. When the fibrous element is in excess the disease is known as scirrhus, and this is by far the most frequent species of mammary cancer. When the cells are most numerous, we have medullary, encephaloid, or soft cancer, which occurs only in rare cases; while colloid cancer, or that in which there is an excess of fluid collected in small cysts, is exceedingly uncommon in the breast. The following table exhi-

bits the most note-worthy cases of cancer of the breast which have fallen under my notice; in which it will be seen that there is not one example of the colloid form of the disease:—

First Series.—Cancer of the Breast.

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
1	29 July, 1850.	Mrs. S. N., Dorset Sq., Fleet Street.	52. Married. Had one child 24 years ago. Catamenia have not appeared during the last three years.	For the last three or four months has had a scirrhous tumour in the right breast, about the size of a hen's egg. It is very hard, and is the seat of lancinating pains. The nipple is retracted, and the tumour is adherent to the skin: the axillary glands are healthy. There is no hereditary taint. On the 2nd November the patient was placed under the influence of chloroform, and I removed the breast; being assisted by Mr. Hillman, of the Westminster Hospital, and by Mr. Buckoll and my brother. The tumour was microscopically examined, and the diagnosis of cancer confirmed, owing to the presence of numerous round, and oval, and spindle-shaped cancer cells. Many of the nuclei contained a double nucleolus. On the 18th November she had an attack of erysipelas, and there was slight sloughing of the wound. At the end of December 1850 she was well. As I did not see this patient for nearly twelve years, it was concluded that the disease had long ago broken out again, and proved fatal. Instead of this being the case, however, she has remained quite well: I saw her at Washington-street, Bow-common-lane, on the 29th June, 1862, when there was not the slightest appearance of any return of the cancer. She has now (November, 1862) a slight attack of chronic rheumatism.
2	9 Feb., 1854.	Miss M.	45. A Governess. Catamenia have been irregular for the last three years.	Her mother died suddenly from apoplexy three years ago. This caused a great shock, and she has never been well since. In April, 1852, it was first noticed that her right breast was enlarged, and that a discharge of thin sanious fluid escaped from the nipple.

FIRST SERIES.—CANCER OF THE BREAST.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				At present the whole gland seems infiltrated with hard cancer. The nipple is quite retracted; and at times the suffering is great. She determined not to undergo any operation. Quinine, steel, cod-liver oil, and sedatives, appeared to give great relief to all the symptoms. In July, 1855, she had an attack of pleurisy; for which (during my absence from town) she lost blood and was otherwise lowered. She sank from exhaustion, 25th July, 1855.
3	4 May, 1854.	Mrs. C., Dorsetshire.	49. Married 11 yrs.; never been pregnant. Catamenia ceased 2 years ago.	Has come to town for advice about a hardness of the right breast. Is in good health. No hereditary tendency to disease. Four months ago noticed that her breast was hard; and as it was rather painful, leeches were applied, and inunction with brandy and oil resorted to. The pain was increased by these measures. I found the gland rather small; but the whole of it seemed infiltrated with scirrhus. The nipple was completely retracted. 20th May. I removed the breast, and the skin covering it. Mr. Hulme administered chloroform. The patient made a good recovery; but the wound, as was desirable, did not heal by the first intention. There was no appearance of any return of the disease at the commencement of the year 1856.
4	5 Feb., 1855.	Miss J. S., Kennington.	51. Single. Catamenia ceased 5 years ago; up to which time they had always been regular and natural.	Has ulcerated scirrhus of the right breast, with enlargement of the axillary glands. A minute examination confirmed the diagnosis. The disease was first noticed in January, 1853. Has suffered much pain, and is emaciated. Her mother's sister died of cancer of the womb. Opiates by the mouth and rectum, as well as locally, gave great relief. Flatulence and irritability of stomach were most effectually relieved by liquor potassæ in milk. Latterly lived chiefly on milk and

FIRST SERIES.—CANCER OF THE BREAST.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				cream. She died on the 12th March, 1856.
5	4 April, 1855.	Mary W., Fore Street, City.	65. Widow. Has had ten children: the last was born 28 years ago.	Has had a scirrhous tumour in her left breast for quite eighteen months; lately it has become very painful, and the axillary glands have enlarged. Her general health is bad; her face betokens malignant disease. Recommended her to trust to tonics, good diet, and sedatives. Died 14th June, 1856.
6	26 April, 1857.	Mrs. M. B., City Road.	36. Has been married 12 years. Has had 3 children the last being 4 years old. Catamenia regular.	First noticed a swelling in the right breast three years ago. Lately, she has had much anxiety, and the tumour has increased in size and become very painful. There is now a scirrhous growth, the size of a small orange. It is not adherent to the skin, and the axillary glands are healthy. She was advised to have it removed, but declined.
7	1 August, 1857.	Miss Mc'K., Kennington.	52. Catamenia ceased 2½ years ago. Has frequently consulted me for dysmenorrhœa, as well as for irritation produced by wartygrowths about the vulva. No hereditary taint.	Never very strong. Since childhood has been troubled with dyspepsia. Three months ago noticed a tumour the size of a walnut in the left breast. Now, the whole gland, which is small, seems infiltrated with scirrhus. On the 8th August, assisted by Mr. Ward, of Clapham, and Mr. Hulme, I removed the breast, the patient being under the influence of chloroform. She was put upon arsenic and steel in a few days, and in six weeks was sent to Brighton, the wound being healed. The medicines were continued until the end of November. On the 30th July, 1858, some enlarged glands were discovered in the left axilla. Arsenic, conium, & bark were administered; afterwards, some iodide of potassium was added to the mixture, and persevered with for six months. Cod liver oil was also given, with the most nourishing food and pepsine. In spite of these remedies, the axillary glands amalgamated into a large tumour, and the left arm became much swollen from

FIRST SERIES.—CANCER OF THE BREAST.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				obstruction of the veins. Ulceration set in, and although she suffered much at times, yet great relief was derived from the extract of Indian hemp, chloroform, &c. Death occurred after severe hæmorrhage on the 19th July, 1859.
8	12 Aug., 1857.	Mrs. L., Camden Town.	43. Married 16years. Had one child 15 years ago. Catamenia regular. Her father is living, but the mother died of phthisis many years since; she was the only child.	Has an ulcerated scirrhous cancer in the right breast, about the size of half a small orange. The edges are everted, and very sore. Axillary glands not affected. She first noticed a small tumour in the breast in February, 1856; was unable to account for it. The tumour "broke" nine weeks ago. Cannot believe that her disease is incurable, and will try anything rather than give up hope. At the patient's earnest request I put in practice the treatment known as Dr. Fell's. On the 25th August she began taking a pill twice daily, of half a grain of the root of the Sanguinaria Canadensis, one twenty-fourth of a grain of iodide of arsenic, and one grain of extract of conium. On the same day I applied a paste made with decoction of Sanguinaria root, chloride of zinc, and flour to the whole of the ulcerated surface; keeping the patient under the influence of chloroform for an hour. While she was insensible, half a grain of acetate of morphia in solution was injected under the skin of the shoulder. Every day afterwards the dull white eschar was gently incised; and then cotton wool, loaded with the paste, was pressed into the fissures. By the 12th September the diseased mass seemed to be entirely penetrated, and a yeast poultice was applied. In a few days the eschar was thrown off, and a healthy-looking, granulating sore left. This gradually contracted, and was healed by the middle of October; when the patient's health was better than it had been since the beginning

FIRST SERIES.—CANCER OF THE BREAST.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				of the year. She was sent to Brighton, with directions to continue the pill, and to take cod liver oil. At no time during the treatment was the pain greater then she had experienced previously from the disease itself. On the 5th January, 1858, I saw this lady again, as she was suffering from troublesome diarrhœa, and there was a small lump at the site of the old wound. On carefully examining the abdomen, the liver was found enlarged, while several distinct nodules could be detected in it. The general health was rapidly failing. As it was clear that the liver was affected with cancer, no means were used for staying the growth of the tumour. This gradually enlarged and ulcerated, and she sank from exhaustion on the 2nd August, 1858. The *post-mortem* examination revealed extensive cancer of the liver.
9	25 June, 1858.	Mrs. B., Caledonian Road.	47. Married. Has had ten children: the last labour 10 years ago. Catamenia regular.	Two years ago, had her left breast entirely removed by a surgeon, as there was a cancerous tumour in it of some months' growth. Has remained well until a few weeks since, when she noticed a small nodule in the cicatrix. This is now the size of a marble, and very hard. I destroyed it with potassa fusa; and put her upon bark and cod liver oil, as the general health was bad. To take two pints of milk daily. In July, 1862, she was doing well, though far from strong. There is no return of the disease.
10	21 Oct., 1858.	Mrs. A.	65. Widow. Has had a family.	Has firm medullary cancer of the left breast, and of the axillary glands. The disease was first noticed five months ago. Advised Mr. Bannister, who brought the case to me, to trust to tonics and narcotics. I heard that conium and opium, as ordered, gave great relief. Died, December, 1859.

FIRST SERIES.—CANCER OF THE BREAST.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
11	27 May, 1859.	Mrs. R., Pimlico.	40. Married 15 years. Has been pregnant eight times, and has had seven children The last labour twenty-one months since. Catamenia regular.	Weaned her child six months ago, and then for the first time detected "a lump in her right breast." On examination I find that there is a scirrhous mass almost the size of a fowl's egg. The nipple is not retracted. Complains of severe lancinating pains at night. Owing to the unfavourable opinion which I gave, she put herself under the care of an individual who cures cancer. About six weeks afterwards I was told that she was getting perfectly well. Subsequently "the cancer was quite removed;" but the general health gave way, and she died, from "another disease," in January, 1860.
12	12 Oct., 1860.	Mrs. C., Walworth.	83. Widow.	Scirrhus of the lower part of the right mamma. There is a large ulcerated wound. She thinks the disease has only existed since last Christmas, but I believe it has been longer. Advised its being left alone, as the axillary glands were enlarged, and she would not bear any operation. I heard that death occurred at the end of December, 1860.
13	9 Nov., 1860.	Mrs. H., Kensall Green.	60. Has been married many years: never been pregnant. There is no hereditary taint.	First observed a small tumour in the left breast eighteen months ago. Took but little notice of it, until it began to enlarge and be painful some eight months since. There is now a mass of scirrhus, about the size of an orange, in the lower and outer part of the left mammary gland. The skin over it is involved, and partly ulcerated. The axillary glands are not enlarged. I saw this lady in consultation with Mr. George Brown, and we advised the administration of steel and arsenic, with a good diet. She is very stout, and does not appear in a favourable condition for any local treatment. On 11th December, the ulceration was found to have much extended, and the tumour appeared to be sloughing out. Narcotics were given to relieve pain, and

First Series.—Cancer of the Breast.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				she was put upon the iodide of arsenic. 9th January, 1861. The tumour has sloughed out as completely as if caustics had been used. The walls of the wound are evidently infiltrated with malignant disease. There is a small nodule in the axilla. 13th April. The wound is smaller, pain less, and general health rather better, so that she has been able to go out for some drives. Still takes the iodide of arsenic. I did not see the patient after the last date. It ought to be mentioned that, with regard to the local treatment intense cold was tried without any good effect. The vapour of chlorine gas was also used twice or thrice, but it caused so much pain that it had to be discontinued. She died 21st November, 1861.
14	25 Jan., 1861.	Mrs. J.	62. Been married 30 years. Has had three children: all died at birth. Suckled a friend's child for twelve months.	Has always been very strong. Eighteen months ago she accidentally discovered a lump, the size of a marble, in the left breast; but it gave her no trouble until one year since. The tumour (scirrhous) is now the size of a large orange, with a hard fixed base. The skin over it is red and adherent, and on the point of ulcerating. General health very bad: is sick, there is no appetite, and has "dreadful nights." Ammonia, ether, morphia, and bark, gave great relief. The pain and sickness ceased, the appetite returned, and sleep was obtained. The diseased mass, however, soon ulcerated; and she sank from exhaustion on the 22nd July, 1861.
15	31 Oct., 1861.	Mrs. S.	43. Has had two children.	On the 1st July, 1861, she consulted Mr. Bannister about the state of the right breast, which was hard but not very painful. The nipple was retracted. The enlargement had only existed two or three months. In a few days she entered the Surgical Home for the Diseases of Women, and the breast was removed. After

FIRST SERIES.—CANCER OF THE BREAST.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				leaving this institution remained well until the beginning of September, when she again put herself under Mr. Bannister's care. There was then considerable thickening and hardness about the cicatrix: the right arm was much swollen and very painful. I saw her with Mr. Bannister on 31st October; when I found malignant disease of the cicatrix extending across to the left breast, and ascites. She was evidently rapidly sinking: and death took place on 3rd November, 1861.
16	1 March, 1862.	Mrs. J. M., Camden Town.	40. Widow. Had one child 19 years ago. Catamenia regular.	Never very strong. The whole of last summer nursed a sick friend, and suffered much fatigue and anxiety. About the middle of October awoke one night and found a small lump in the middle of her neck: this disappeared at the end of a week. One month afterwards found a swelling on the right side of the neck, which her medical man "attempted to disperse." Frictions, frequent leechings, and poultices, were used, and a few weeks back it was lanced. She has now an immense mass of medullary cancer on the right side of the neck. The disease has extended downwards until it has slightly involved the right breast and axillary glands. Right arm swollen and painful. About the middle of the growth in the neck there are two large fungous sores. Is extremely weak, very thin, and suffers severely. The rapid progress of the disease in this case was remarkable. Nothing could be done for her but to use narcotics and regulate the diet. She died 7th April, 1862.
17	4 April, 1862.	Mrs. W., Gloucester-shire.	52. Married. Has had nine children: the last 30 years ago.	Her health has been rapidly failing during the last half year. First noticed a tumour in her breast three months ago. Now the nipple is retracted, and there is a scirrhous mass in the left breast. Her general health is so bad, that it would be very unwise for her to undergo any operation. Is to return home.

If the foregoing table be roughly analysed we shall obtain the following particulars :—

Age 52..	Married..	Scirrhus..	Total duration about	7 months..	Cured.
45..	Single ..	Scirrhus	„ „	$3\frac{1}{4}$ years ..	Died.
49..	Married..	Scirrhus..	Remained well 19 months after operation.		
51..	Single ..	Scirrhus..	Total duration about	$3\frac{1}{4}$ years ..	Died.
65..	Widow ..	Scirrhus	„ „	$2\frac{3}{4}$ years ..	Died.
36..	Married..	Scirrhus	„ „	3 years ..	Unknown.
52..	Single ..	Scirrhus	„ „	$2\frac{1}{4}$ years ..	Died.
43..	Married..	Scirrhus	„ „	$2\frac{1}{2}$ years ..	Died.
47..	Married..	Scirrhus	„ „	6 years ..	Cured?
65..	Widow ..	Medullary	„ „	$1\frac{3}{4}$ years ..	Died.
40..	Married..	Scirrhus	„ „	14 months ..	Died.
83..	Widow ..	Scirrhus	„ „	doubtful ..	Died.
60..	Married..	Scirrhus	„ „	$2\frac{1}{2}$ years ..	Died.
62..	Married..	Scirrhus	„ „	2 years ..	Died.
43..	Married..	Scirrhus	„ „	doubtful ..	Died.
40..	Widow ..	Medullary	„ „	7 months ..	Died.
52..	Married..	Scirrhus	„ „	Is still living.	

It is scarcely necessary to allow that the first case seems to me a very interesting one. In seeking for the cause of the cure I cannot but think it due to a combination of circumstances. Thus, the disease was removed in an early stage ; the whole of the breast and the skin over the tumour were taken away ; while if any cancer cells were left in the sites of the wounds they were destroyed by the erysipelas and slight sloughing which followed the operation. It is not unreasonable to suppose that this erysipelas really did good, though at the time it endangered the patient's life. Dr. Walshe refers to the case of a man who had a large scirrhous tumour removed from the back by Boyer. After the operation the disease returned in its previous site, and the case was considered unfit for the further employment of the knife. But subsequently violent inflammation seized upon the part, an abscess formed, and profuse suppuration became established. The patient recovered. (*On the Nature and Treatment of Cancer*, p. 135. London, 1846.) M. Velpeau, in his work on Diseases of the Breast, says that erysipelas occurred 54 times in 235 of his cases, though how he deduces this fact does not appear, *i.e.*, the observation is not borne out by the table of cases, which is given in the Sydenham Society's edition of his book. On examining the table it will be seen that 93 cases of scirrhus were operated upon by the knife, of which number 32 had erysipelas. Of these 32 as many as 14 are returned as cured ;

while we find 1 as incompletely cured, 1 as not finished, 1 as cicatrizing, and 2 as "cure progressing." Moreover, one patient seems to have had erysipelas without any treatment at all, and she is reported as cured. Of the examples of encephaloid cancer treated by excision there are 39; and of these 9 had erysipelas, of which 4 were cured, and 1 was reported as cicatrizing. These statistics are of comparatively little use, however, because it does not clearly appear in what sense the word "cure" is used. But if we turn to another source of information (the discussion on the curability of cancer, which took place at the French Academy of Medicine in 1854) we find it asserted that M. Velpeau has operated on 250 cases in which the patients survived the operation. Of these, 100 were lost sight of after one year, another 50 after two years, and 50 more after five years. Of the 50 remaining 20 have remained free from the disease for five, ten, fifteen, twenty, and even twenty-five years; and these are regarded by M. Velpeau as radical cures. This proportion of cures is so astonishing when compared with the results obtained by other surgeons, that it is much to be regretted no attempt has been made to deduce the cause of success. As far as I can see the only difference between M. Velpeau's cases and those of other surgeons is this, that a much larger number of them suffered from erysipelas after the operation of excision, than commonly happens. Now it must not be thought from this observation that I am in favour of patients with malignant disease being affected with erysipelas. I should as soon suggest their undergoing syphilisation, as has indeed been advised, or recommend destruction of the tumour by inoculation with the matter of hospital gangrene, as was actually practised in at least one instance by M. Rigal, surgeon to the Hotel Dieu at Gaillac, as propose the introduction into the system of the erysipelatous poison. But it seems to me that the following question may be very fairly deduced from the foregoing. Is it as advisable to procure union by the first intention, after the excision of a cancerous breast, as is generally believed? In short, it may be disputed whether it is not a much greater advantage to have suppuration of the wound for many days after the operation, rather than that simple union which the surgeon is generally so anxious to obtain.

III.—Cancer of the Labia, Vagina, and Ovaries.

If the cases under this heading are not numerous, they will, I trust, be found sufficiently interesting to repay the trouble of perusal. Especially, perhaps, are the three examples of cancer of the ovaries (Nos. 3, 4, and 10) deserving of attention; since, I believe, that malignant disease of these organs is not often met with. Kiwisch, indeed, asserts that his observations lead him to assume that of every five cases of primitive uterine cancer, there occurs one instance of primary ovarian cancer. But, judging from the results of my own practice, it seems to me that this proportion is considerably too high; and that instead of ovarian and uterine cancer occurring in the ratio of one to five, the numbers should rather stand as one to twenty-five. Boivin and Dugès regarded cancer of the ovary as more common than that of the breast, and as frequent as that of the uterus, an opinion which seems still to be entertained by Dr. Churchill; but this view can only be accounted for by supposing that these observers have confounded innocent ovarian tumours with malignant growths. That Boivin and Dugès, at all events, are wrong in their views is highly probable from the fact that in the tables of M. Tanchou, taken from the Paris Registers of 8,289 deaths from cancer, only 64 were from this disease affecting the ovary, while there were 2,996 from cancer uteri. It is certain, however, that the latter number is larger than it should be; maladies of the womb, not malignant, being probably included in it.

Ovarian cancer in young girls is very uncommon; and I do not know of any recorded instance in which the patient was under ten years of age, as in my Case (No. 10) in the ensuing table. Otto relates an example of medullary cancer of the left ovary in a girl twelve years old. According to her account the disease was caused by a strain while drawing water, thirteen weeks before she applied at the Surgical Clinique; but Otto says it was more probably the result of a scrofulous temperament, and of too early enjoyment of sexual intercourse, report asserting that she had several times had connection with a boy. In less than eight months from the first symptom, the tumour reached the epigastrium, and ascites then arising, the patient soon died. (*Neue Seltene Beobachtungen zur Anatomie, Physiologie, und Pathologie Gehörig*, p. 143. Berlin, 1824).

M. Barthez has met with a large medullary tumour of the right ovary in a child eleven years old. The chief points in this history are that she was of a weakly constitution, that she looked four or five years older than she was, and that she frequently practised masturbation. At the age of nine there was a discharge of blood from the vagina for the first time; and

then was discovered a small tumour in the right iliac fossa, which was not treated medically, and that gave rise to no inconvenience for eighteen months. Shortly after this interval —three times during which there had been a scanty menstrual discharge—she had a fall, and then the tumour was rendered painful, it rapidly increased to an enormous size, and the girl became frightfully weak and emaciated. In about four months —or some twenty-two months from the commencement—death took place from an attack of erysipelas. (*Annuaire de Médecine et de Chirurgie Pratiques, pour* 1861. Par Messrs. Jamain et Wahu, p. 119. Paris, 1861).

The notes of perhaps a more extraordinary example of fungus hæmatodes, involving the ovaries and uterus, were read before the College of Physicians of Philadelphia, by Dr. Corse. The girl, twelve years old, and small for her age, was first attacked with vague abdominal pains, which did not yield to simple treatment. On instituting a careful examination, an abdominal tumour was detected, which descended low down into the pelvis. Tonics and alteratives were given, but the patient rapidly grew worse; while the abdomen became enormously distended, and fluctuation indicated the presence of a fluid. At length the diaphragm was so much pressed upon as to threaten immediate death by asphyxia. It was then thought proper to perform paracentesis abdominis, not as a cure, but as offering the only means of prolonging her life. A puncture was made with a trocar, in the median line, about two inches below the umbilicus; when a ropy, sanguineous fluid slowly poured out, to the amount of about three pints. This fluid, subjected to microscopic examination, presented the peculiar cells said to indicate cancer. A marked amelioration of suffering followed the operation. The improvement, however, was of short duration; the abdomen quickly filled again, and the emaciation became extreme. Now vomiting came on, the matter ejected being black and resembling coffee-grounds. Soon after she became moribund, and expired after an interval of not more than five or six weeks from the first discovery of the disease.—(*American Journal of the Medical Sciences.* New Series, vol. xli., p. 110. Philadelphia, 1861.)

Amongst other less striking cases may be mentioned one of scirrhus of both ovaries, which destroyed life before the eighteenth year (Ashwell on the "Diseases Peculiar to Women," Third Edition, p. 699. London, 1848). Kiwisch says that he has observed very extensive ovarian cancer in a girl of seventeen ("Chapters on Diseases of the Ovaries," translated by John Clay. p. 243. London, 1860). And Dr. Carswell found on dissection an ovarian tumour of a malignant nature, as large as

the gravid uterus at the full term, in a young woman under twenty years of age ("Diseases of the Ovaries" in the Cyclopædia of Practical Medicine, vol. iii., p. 231. London, 1834).

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
1	15 Feb., 1850	Elizabeth D., Dolphin Place, Holborn.	25. Married. Had one child five years ago, born dead after a bad labour.	Has epithelial cancer of the labia minora or nymphæ. The labia majora are healthy; but the lesser labia are enlarged into three warty-looking masses, each being rather larger than a hen's egg. Two of these masses are on the left side of the vulva, and one on the right. She states that the disease began soon after the birth of the child. On the 25th of February I removed the growths, excising every trace of the disease. The copious hæmorrhage which followed the use of the knife was checked by the application of seven or eight ligatures and pressure. By the 9th March she had recovered, without a single unfavourable symptom. On the 24th March, 1853, this woman again came under my care, the disease having returned in the labia majora. These parts then formed two large œdematous warty-looking masses; each labium being about the size of the open hand but much thicker. In consequence of her aversion to any operation, trial was made of the effects of intense cold, by the systematic use of a mixture of ice and salt in a bladder. As no benefit was derived from this treatment, she left the hospital, and I did not see her after the 30th May.
2	20 March 1851	Mrs. S.	32. Married. Never been pregnant.	Has scirrhus of the rectum, especially involving the septum between the bowel and vagina. Has suffered from pain and difficulty in defæcation, with increasing emaciation and exhaustion for the last twelve months. At the end of some weeks, finding that I could not cure her, she applied and was admitted into one of our metropolitan hospitals, which she left in an apparently dying state in April, 1852. On the

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				28th of the same month I was sent for; and found her very low, and as if she could not live many hours. The eminent surgeon under whose treatment she had been in the hospital, wrote to say that he had heard M. S. was under my care, that she was dying, and that he would like to be present at the *post-mortem* examination. By attendance to general hygienic rules, by the occasional exhibition of steel and other tonics, by the employment of wine and nourishing food, and especially by the daily use of large quantities of opium, this patient slowly improved; she was able to get about, and to keep her rooms clean, &c.; and although her sufferings at times were acute, yet she generally was tolerably free from pain until the last few weeks of her life. Died on the 18th June, 1856. At the *post-mortem* examination, the rectum, uterus, and ovaries were all found matted together, forming a mass of malignant disease.
3	10 March 1862	Mrs. M., Fleet Lane, Farringdon Street.	45. Married 25 years; twice pregnant, the last time 21 years ago. Catamenia ceased nearly two years ago.	There is a malignant tumour of the right ovary. The stomach first began to enlarge just prior to the cessation of the catamenia, but it has rapidly increased of late. She is now larger than a woman at the full term of pregnancy; measuring 46 inches in circumference at the umbilicus, and 24 inches in length from the ensiform cartilage to the pubes. Over a large part of the tumour there is distinct fluctuation. To relieve the urgent symptoms she was tapped on the 16th December, when I removed 35 pints of a dark-coloured albuminous fluid. A large solid substance was then felt on the right side, adherent to the peritoneum. On the 14th February, 1853, it was necessary to repeat the tapping, when upwards of 20 pints of a pale albuminous fluid came away. Exhaustion set in, followed by death on the 6th March. At the

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				post-mortem examination, a large tumour of the right ovary was found everywhere adherent to the peritoneum, and weighing 19½ lbs. The solid mass was minutely examined by Dr. Brinton and myself, and found to consist of medullary cancer.
4	3 Oct., 1855	Elizabeth G., Vinegar Yard Drury Lane.	33. Has been a widow for the last twenty months. Has had five children. Catamenia regular.	Has a small solid tumour of the left ovary. This growth did not appear to increase in size for many months. Without advice, she married again about the end of 1856, and was lost sight of for a time. In October, 1857, the tumour had increased to nearly the size of an adult's head, and had given rise to ascites. To relieve the urgent dyspnœa, it was necessary to tap her; when a pailful of ascitic fluid was removed. Sixteen days afterwards (20th October) I repeated the operation, assisted by Dr. Armitage and Mr. Berry. On the 3rd November, tapping was again performed, a pailful of fluid being removed as before. Three weeks afterwards she died from exhaustion. The tumour on being subsequently examined was found to consist of scirrhous or hard cancer. It was intimately adherent to the peritoneum at every part.
5	10 Dec., 1854	Mrs. C. B., Grafton Street, Fitzroy Square.	45. Has had nineteen pregnancies, but only went the full time with ten. The last labour was in 1850. Catamenia very irregular and scanty.	Has a large ulcer, with scirrhous edges, in the recto-vaginal septum, through which the fæces pass. The disease first gave indications of its presence twelve months ago. As the affection seemed limited to a few lines beyond the edges of the opening, it appeared a fit case for the destruction of the morbid tissue by the actual cautery. This was used once in every eight or ten days until the 19th April, 1855, when the opening was much reduced in size, and the edges were soft and almost healthy. She left town; and I did not see her until the 16th August, when the opening remained the same. She was scarcely conscious of its presence,

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—(*Continued*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				however, because a fold of the vaginal wall fell upon it like a valve, and thus prevented the fæces passing through from the rectum unless the bowels were much relaxed. Nitrate of silver was used occasionally; and my notes say that the ulcer had become much smaller on the 16th December. I again lost sight of her until May, 1856, when she applied in a deplorable state with the rectum and vagina almost forming one canal. Constitutional remedies were advised, with opiates to relieve the pain: but in a few months she put herself under the care of another physician. I heard that she died about June, 1858.
6	27 June, 1855	Miss E. G., St. Martin's Lane.	50. Single. Is a dressmaker. Catamenia ceased four years back. There is no hereditary taint.	Has a large malignant ulcer extending through the recto-vaginal septum. Was quite well until ten months ago, when she began to suffer from tenesmus and pain in the rectum. Disease aggravated by anxiety and hard work. Was relieved considerably by various sedatives, but emaciation and debility rapidly progressed. Died 30th January, 1856.
7	27 Feb., 1856	Eliz. D., Wakefield Street, Brunswick Square.	62. Married. Has had 10 children, the last was born 22 years ago.	Has cancer of the vagina, which has eaten its way into the rectum. It is of the epithelial form. The history seems to show that the disease commenced twelve months ago. Died December, 1856.
8	14 May, 1856	Frances G., Greek Street, Soho.	76. Widow for last 32 years. Has had five pregnancies.	Has cancer (scirrhus) of the recto-vaginal septum. Was tolerably well until last Christmas, when she had hooping-cough, for the first time in her life. Thinks the violence of the cough caused piles, and has suffered since from pain in the rectum, which at times becomes unbearable. Cod liver oil and opiates relieved her temporarily. Death occurred, after severe hæmorrhage, 30th July, 1857.

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
9	12 April, 1860	Mrs. B., Sloane Street.	38. Married many years. Had one child when she was much younger. Catamenia irregular. No history of any hereditary taint.	Has a cancerous ulcer, about the size of a shilling, just below the urethra. The general aspect is unhealthy. Does not think the disease has existed more than six months: for three months has been losing flesh, and suffering pain. The disease appeared to extend rather deeply, and the lower wall of the urethra was thickened. Attempts were made to destroy the morbid tissue by the frequent use of caustics, chiefly the dried sulphate of zinc. She was put upon steel and arsenic and cod-liver oil. For some weeks there appeared to be a gradual amendment; and on the 28th July she went to Brighton, still continuing the medicines. The disease then appeared to remain stationary for some time; until June, 1861, when it started into activity again. The urethra became involved in almost its whole extent, so that there were attacks of retention of urine. The catheter was only passed with great difficulty. Full doses of opium were required to relieve the suffering which increased with the steady progress of the disease. Death occurred from exhaustion 23rd January, 1862.
10	January, 1861	Jane B., Dudley Street	Was 9 years old in February, 1860. Has twice had a discharge of blood from the vagina; the first time four months ago, when she appeared in good health.	The abdomen was partially filled with a semi-solid tumour, which seemed to spring from the right ovary. A sense of indistinct fluctuation could be communicated to the touch. The child was fearfully emaciated; but this was partly owing to her having had insufficient food, and to her pains having been unrelieved by medicine. Her mother accounted for her weakness by saying that she was much given to masturbation. Under the influence of sedatives and nourishing food her general health seemed to improve, but the tumour increased in size. At length it filled the abdomen, and pressed up the diaphragm to such an extent, that death from

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—(*Continued*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				suffocation was feared; when suddenly relief was obtained by the discharge of some two pints of a dirty grumous fluid from the rectum. Two days subsequently (16th April, 1861) death occurred from exhaustion after long continued sickness. At the autopsy the abdomen was found filled by a tumour of soft medullary cancer, which was adherent to every tissue in the pelvic cavity. At different parts the growth was hollowed out into cysts, one of which had opened into the descending colon.
11	29 July, 1862	Mrs. L., Drury Lane.	39. Has been married ten years, and is now five months advanced in her third pregnancy.	This was an example of multiple cancer. Masses of malignant disease could be detected in the liver and in the omentum; there were also one nodule in the abdominal parietes to the right of the umbilicus, a mass in the parietes growing from the ensiform cartilage of the sternum, a large tumour in the left groin, and a substance of considerable size in the recto-vaginal septum which almost blocked up the vagina. My opinion was sought by Dr. Thane as to the advisability of inducing abortion. After much hesitation it was thought the patient's comfort would be increased by emptying the uterus, and therefore on the 30th July the membranes were punctured. Labour set in on the 2nd August; but so narrowed was the vaginal canal that I had to break up the fœtus and remove it piecemeal. She did well for some days; but on the 10th there was an exhausting attack of diarrhœa, and she gradually became weaker until her death on the 26th of the same month. At the *post-mortem* examination made by Dr. Thane and myself, we found various-sized masses of firm medullary cancer in the situations already noticed, and likewise in the walls of the colon and in the spleen. At the apex of the left lung there was a small

SECOND SERIES.—CANCER OF THE VAGINA, OVARIES, &c.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				deposit of tubercle which had undergone calcareous degeneration: while there were also patches of tubercular matter in the same part of the right lung. This patient had always enjoyed remarkably good health. The first symptom of disease was noticed at the beginning of this year, when she discovered the nodule in the abdominal parietes. Has not been strong, however, since the summer of 1861, when she grieved very much at the death of her child. None of her relations ever suffered from cancer. Her half-brother's (same father) children have all died from consumption.

IV. CANCER OF THE UTERUS.

This fearful disease is most commonly met with under the form of medullary ulceration of the lips or vaginal portion of the uterus. In the small proportion of about 2 or 3 per cent. it appears to commence in the mucous or muscular coat of the body or fundus of the womb; occasionally running its entire course while confined to this part, and sometimes spreading downward until the whole organ is involved. Probably in nearly one-third of all the cases of cancer which occur in women the uterus is the organ affected.

Medullary cancer is very much more frequent than any other variety of malignant disease of the uterus. According to Kiwisch about three out of every ten examples of cancer uteri are cases of scirrhus; but this estimate is certainly much greater than that furnished by my tables, and is deemed excessive by most authorities. Cauliflower excrescence or epithelioma is also a rare affection, and when met with the excrescence is usually found growing from the posterior lip of the uterus. Just as seldom, I believe, an inveterate form of ulcerated epithelial cancer of the lips or interior of the cervix falls under observation.

In whatever way malignant disease of the uterus sets in, it gives rise to certain prominent *symptoms*. Briefly, these may be described as consisting of an abundant watery discharge, which is of a dirty pale green colour, is always offensive, but sometimes so fœtid as to render the patient loathsome to herself and almost

so to those around her; sudden attacks of hæmorrhage which (contrary to what might be expected) diminish in frequency and severity as the disease approaches a fatal termination; pain of the most distressing kind, which at first may only come on at night, but ultimately gives the sufferer no respite, unless relief be afforded by medicine; disturbance of the digestive organs, as is chiefly indicated by frequent attacks of nausea with vomiting, distressing flatulence, and a loathing of food; and, lastly, there is most painful mental depression, debility which increases daily, and rapid wasting of the tissues. It must not be supposed that instances are not sometimes met with where one or more of these symptoms are absent, but they are exceptional cases. Thus, hæmorrhage is often the first indication of the presence of cancer of the uterus, though in a few instances the disease has run its whole course without an attack. When these symptoms, or most of them, have been present for a short time, the patient's countenance assumes that dingy sallow hue and pinched anxious expression so well known as the cancerous facies. This cachectic appearance follows the symptoms just mentioned and never precedes them, and it occurs the more quickly in proportion to the extent to which the patient has been weakened by the discharges and pain. The only symptom which I have observed as a forerunner of the outbreak of uterine cancer is great mental depression; this, of course, being attended with its almost necessary accompaniments of loss of appetite, and restlessness at night.

In the great majority of cases the practitioner has no opportunity of making a vaginal examination in the early period of the disease, when the lips of the cervix are merely infiltrated with encephaloid matter, and present a hard, uneven, nodulated character. It is but seldom that he is consulted until the disease has advanced to the stage of ulceration. Then the finger detects readily a more or less deeply excavated ulcer, of a loose spongy character, seated on a tumid hardened base, and surrounded by indurated tissue; while the whole womb is felt to be immovably fixed in the cavity of the pelvis. The vagina is either involved or it soon becomes so by the gradual infiltration of its tissues; and then the cancerous degeneration extends through the walls of this canal into the bladder, or more rarely into the rectum, or still more rarely into both these parts, so that one large ulcerous cloaca results. As the process of disintegration rapidly proceeds the lips and cervix become completely destroyed; and the body of the uterus gets converted into a funnel-shaped cavity, with its walls irregularly eaten away, or covered with a fungous vascular growth.

When epithelial cancer assumes the form of the cauliflower excrescence its diagnosis is easy. The peculiar feel of the out-

growth, its fringed or papillary structure, the ease with which its tissues are broken down, the exhausting hæmorrhages of frequent occurrence, and the profuse serous discharges which it gives rise to, clearly point out its nature. In the four cases which occur in the following table (Nos. 1, 18, 54, and 70) persevering endeavours to effect a cure were unavailing.

In the *treatment* of uterine cancer we can do little more than attempt to relieve the prominent symptoms as they arise. And in the first place the general health is, if possible, to be improved. Hence the patient ought to be allowed a wholesome nutritious diet; of which milk and cream, raw eggs, and properly cooked animal food, must form the chief constituents. Stimulants will be needed in almost all cases; and none will be found more useful than either of the light sparkling wines, good sherry, or pale brandy. Malt liquors almost invariably disagree, by aggravating the dyspeptic troubles generally, and especially by increasing the flatulence. Such tonics as ammonia and bark, phosphoric acid in some bitter infusion, zinc, quinine, chloric ether and glycerine, or cod liver oil are very valuable in strengthening the system, as well as in alleviating that terrible sinking and feeling of depression which is so generally complained of. When the stomach is very irritable the use of pepsine (Morson's Pepsine Wine promises to be of great utility), of nitro-muriatic acid with the dilute hydrocyanic acid, or of ammonia with peppermint and ether, gives relief. Two or three drachms of chlorate of potash in a pint of barley-water, taken for some days together, will always cure the soreness of the mouth which is often present. Sucking lumps of Wenham Lake ice is frequently grateful; while good often arises from the free application of extract of belladonna, with the wet compress over the stomach. Small doses of castor oil, or of confection of senna with extract of taraxacum, or the use of simple enemata will regulate the bowels better than any other aperients. It need scarcely be added that the purer and more bracing the atmosphere in which the patient lives the better: while as all ovarian or uterine excitement must prove very injurious, sexual intercourse is to be strictly forbidden, even though the disease be in an early stage. It is for this last reason that I very rarely resort to the administration of any preparation of steel in cases of cancer uteri, since these remedies cause congestion of the sexual organs and increase the pain and tendency to hæmorrhage. I am sure that much mischief is done in many other diseases of the uterus by the indiscriminate way in which ferruginous tonics and chalybeate waters are given.

Then, secondly, the practitioner must endeavour to keep the sufferer as free from pain as possible; for while persistent un-

easiness causes anxiety and irritability, long sustained physical suffering will alone suffice to kill. In the early stages a good night's rest may often be afforded by the administration of a couple of pills of henbane and camphor (five and three grains), washing them down with a peppermint draught containing fifteen or twenty minims of chloric ether. But sooner or later the time arrives when full doses of opium or morphia are needed to allay the anguish. As far as my experience goes, no preparation is so generally useful as the extract of opium; since, when given in a dose proportionate to the necessities of the case, it seldom induces that subsequent nausea and headache which is so commonly caused by the tincture or the powder. Battley's solution is also valuable for the same reason. Chloroform, sulphuric ether, henbane, Indian hemp, and conium are also useful; and especially so are mixtures containing combinations of these drugs. Very frequently, and more particularly when the bladder is irritable, I employ belladonna locally, mixing four or five grains into a pessary with cocoa-butter, and directing it to be introduced into the vagina every night. When this canal is free from disease the application to the cervix of a frigorific mixture, by means of a gutta percha speculum, often affords considerable relief. Although the employment of intense cold as a means of cure is quite futile, yet, as an adjunct to other remedies for the relief of suffering, it is of much value. I have tried the local application of carbonic acid gas, as well as the injection into the vagina of chloroform vapour, but neither proceeding has appeared to be of any service. Sympathetic pains in distant parts are best relieved by the use of strong belladonna liniments or plasters, or what is often more effectual, the subcutaneous injection of morphia.

In the third place it has always seemed important to me to check the attacks of hæmorrhage as speedily as possible. Independently of the alarm and depression which every flooding gives rise to, I am sure that the loss of blood rapidly hastens the case to a fatal termination, although immediate death from bleeding is of rare occurrence. The general remedies in which I have most faith are gallic acid, the mineral acids, and cinnamon; the acetate of lead, turpentine, and digitalis having only disappointed me. A very useful draught, which may be given every four hours during an attack of bleeding, may be made of ten grains of gallic acid, fifteen or twenty minims of dilute sulphuric acid, a drachm and a half of compound tincture of cinnamon, a drachm of syrup of poppies, and water. It must be confessed, however, that local applications are often more valuable, since they more speedily effect our object than medicines given internally. If a small speculum can be used the bleeding will generally be immediately controlled by inserting into the ulcerated

surface a plug of cotton wool, moistened with a strong solution of the perchloride of iron in glycerine ; or a plug of simple cotton wool may be gently resorted to, when it is deemed improper to introduce any instrument for fear of rupturing the vascular mass. So also the actual cautery, cautiously applied, will commonly at once serve to close the orifices of the bleeding vessels. But the great disadvantage of these applications is generally that they cannot be employed when they are most wanted, for the floodings come on suddenly and violently to the patient's great alarm. I usually, therefore, instruct the nurse how she may use an injection of alum and gallic acid, or of infusion of matico, under these circumstances ; explaining that it is only necessary to have the hips well raised by pillows, and then to inject with a common syringe, or even to pour into the vagina a small quantity of either of these astringents, in order to moderate the discharge of blood, if not to control it entirely. Sometimes a pessary made with as much tannin as can be held together by half a drachm of cocoa-butter, forms an effectual styptic. The use of ice to the vulva may also be recommended.

And, fourthly, it is necessary to mitigate the horribly offensive odours of the discharges; in attempting which we may generally also succeed in lessening the quantity of the serous flow. This duty will not be thought unimportant by any practitioner who has had the misfortune to see a few neglected or badly managed cases. And to begin with, it is necessary—at least as far as the women seen in the hospital out-patient rooms are concerned—to recommend free ablution twice or thrice daily with tepid water. Then, when we can depend upon injections being gently but effectually used, we may order a pint of water containing a scruple of chloride of zinc to be employed twice a day ; or half an ounce of the liquor sodæ chlorinatæ, or two drachms of the chloride of lime to the pint of water may be tried ; or one drachm of creasote to a pint of barley water or thin gruel may be injected ; or from two to three drachms to the pint of Condy's Antiseptic Fluid, of which the permanganate of potash is the basis, can be ordered. In several instances comfort has been derived from the use every night of a pessary containing extract of logwood (℈j. to ʒss.) and cocoa-butter ; an application, the power of which is not deteriorated by having combined with it belladonna or morphia. And, lastly, I have known ladies attempt to prevent the fœtid smell from being perceptible to others by padding the vulva with small muslin bags of vegetable charcoal ; a practice which is only of any value in exceptional cases and under peculiar circumstances.

Now the measures which have just been described may be

said to be those which are to be practised in almost every instance of uterine cancer; and it is certain that by their skilful adaptation to the exigencies of each particular case much good may be done. But it sometimes happens that we see the patient when the affection is in an early stage, or when it assumes the form of a polypoid excrescence, or when it appears limited to the cervix uteri. Under these circumstances it becomes an anxious question whether some more decided plan of treatment may not be useful, whether something cannot be done to eradicate the disease completely, or at least materially to check its progress. The truth must unfortunately be confessed that here the art of the physician, for the most part, fails him. With regard to specific remedies I can only say that I have never seen anything approaching to permanent benefit from their employment. Arsenic, bromine, the iodide of arsenic, the Sanguinaria Canadensis, the iodide of lead, iodide of potassium, conium, the bichloride of mercury, and many other drugs are really useless. It has sometimes been hoped by myself and the patient that the bromide of potassium was acting beneficially in retarding the disease; but more frequently it has not effected even a modicum of good. And the same disappointment follows excision of the neck of the womb; whether this operation be performed with the écraseur, the knife, or the ligature. If there are any exceptions to this statement it is in the case of epithelial growths (cauliflower excrescence), but even here I fear that in almost all instances the good which can be done is merely temporary. In only one instance can I persuade myself that I effected a cure by amputating the cervix, and in this instance the patient was lost sight of twelve months after the operation. Yet I do not consider that this proceeding is altogether to be condemned. It may possibly in a few instances prove beneficial; and it may certainly be said that neither in my own practice nor in that of a few other physicians which I have had the opportunity of seeing, has it done any mischief. It gives the patient the inestimable comfort of hope revived; and for a few months, by controlling the symptoms, it greatly lessens anxiety if it does not afford complete peace of mind. The misfortune is that the cases are so rarely met with in which there is a fair chance of this operation succeeding; since, for obvious reasons, patients rarely apply for advice in the early stages of uterine cancer.

With regard to the employment of powerful escharotics my opinion has already been expressed. I have tried the actual cautery, the concentrated mineral acids, strong sulphuric acid saturated with sulphate of zinc, arsenic, choride of bromine, chloride of zinc, the pernitrate of mercury, potassa fusa, and

the sulphate of zinc dried and powdered. Unhappily, in no case has the treatment been of sufficient benefit to lead me to recommend it now. In one instance (No. 69) extensive ulceration of the lips of the uterus was almost healed by the use of the chloride of bromium; though, while there was this improvement in the local symptom, it was clear that the constitutional deterioration was increasing. A charlatan might almost have said that the poor woman died cured.

Extirpation of the entire uterus has been practised on some twenty-six occasions for the cure of cancer; but I am only acquainted with one well authenticated report of its having been really successful, though in four instances the patient recovered from the operation. In the successful one the woman remained well for twenty-five years. But it must be remembered that there was a previous procidentia of the organ, so that the operator, Conrad J. M. Langenbeck, had a comparatively easy task; while, without being hypercritical, a doubt may be suggested as to the correctness of the diagnosis. The details of the case are given by Professor Max. Langenbeck in his thesis, *De totius Uteri Extirpatione*, Göttingen, 1842. One successful result, however, from a very dangerous proceeding cannot outweigh a number of failures; failure, be it remembered, implying death within forty-eight hours in fifteen out of twenty-two fatal cases. Hence it is almost unnecessary to say that no practitioner in the present day would be justified in following the example of the elder Professor Langenbeck, Récamier, and Blundell with regard to this operation.

It occasionally happens that cases of cancer of the uterus complicated with pregnancy are met with; and when the gestation has not advanced beyond a few months, it becomes a question of some moment as to whether abortion should be induced. There is but little doubt that, as a general rule, it is best to take the proper steps for emptying the uterus at as early a period as possible. The process of parturition, at or near the full term, is one of considerable suffering and danger when the cervix is infiltrated with cancer; two great sources of danger existing, viz., the liability to hæmorrhage and rupture of the uterus. Sometimes even delivery by the natural passages after the seventh month is quite impossible; and two physicians in this country have had to resort to the Cæsarean section under these circumstances. For further remarks upon this subject the reader is referred to the description of a case of multiple cancer complicated with pregnancy, in the 4th volume of the *Obstetrical Transactions*. In this instance I induced abortion, for reasons fully stated in my paper.

Having given this outline of the principles which have

guided me in the treatment of the disease under consideration, my reader's attention may now be directed to the following tabular statement of the chief features presented in each of the cases which have fallen under my observation :—

THIRD SERIES.—CANCER OF THE UTERUS.

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
1	16 June, 1847.	M. A. P., Duke Street, Lincoln's Inn Fields.	47. Widow. Never had any children.	Has a rough soft mass of epithelial cancer (cauliflower excrescence) growing from the lips of the uterus; the whole organ being also enlarged and fixed in the pelvis. Says she had no symptom of any disease till four months ago, when she suffered much grief at the death of her husband from phthisis. The disease steadily progressed, and she died in May, 1848.
2	31 Mar., 1848.	Mrs. K., Holborn Buildings.	41. Married twenty-one years: never been pregnant.	The cervix uteri is much enlarged and hard. The posterior lip is the seat of ulcerated medullary cancer. The most remarkable feature was the severity and frequency of the floodings. She often appeared blanched and dying from hæmorrhage. Plugging the vagina with cotton wool was more efficacious than the employment of astringents. The administration of the iodide of arsenic was unattended with any benefit. As in most similar cases, sickness and flatulence caused great distress. Death occurred on the 15th December, 1849.
3	4 April, 1851.	S. B., Hospital for Women.	28. Married. Has had six pregnancies; five children. Miscarried two years ago.	Uterus much enlarged; cervix indurated and tender, evidently affected with medullary cancer. Is very thin. Arsenic, steel, cod liver oil, and sedatives. By the 7th January, 1852, the disease had ulcerated, and the vagina become involved. The arsenic was omitted. She died 29th November, 1852. After death the body of the uterus, the cervix, and a great part of the vagina were found in a state of malignant ulceration. The uterus was adherent to the rectum.
4	21 April, 1851.	M. R., Hospital for Women.	38. Married. Had one child 20 years ago.	The uterus is enlarged, especially anteriorly. The cervix is swollen, and as hard as a piece

THIRD SERIES.—CANCER OF THE UTERUS.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
			Never pregnant since. Catamenia ceased six weeks back.	of stone. It is tender, and is the seat of severe darting pains. There is also a malignant stricture of the rectum, commencing about an inch from the anus. There are no symptoms of any cancerous deposit elsewhere. The result is unknown, as the patient was lost sight of.
5	21 May, 1851.	M. M., Hospital for Women.	44. Married. Eleven children, and five abortions. Last child 14 months old.	The labia uteri are being rapidly destroyed by medullary cancer. The ulcerations are deep, and the discharge most offensive. The catamenia have not appeared since last labour: only weaned her child four months ago.
6	1 Oct., 1851.	J. R., Leeds.	34. Married. Had one child 11 years ago.	Lips and cervix much enlarged and ulcerated from medullary cancer. The most prominent symptom is great debility. Catamenia regular, but for the last three months very abundant.
7	1 Oct., 1851.	M. W., Sheerness.	29. Married nine years; never pregnant.	Uterus much enlarged; the whole organ appears infiltrated with medullary cancer. The interior of the cervix is ulcerated. The catamenia were regular until three months ago. The prominent symptoms are pain, an abundant and offensive watery discharge, and great depression.
8	4 Feb., 1852.	R. R., Smith's Court, Great Windmill Street.	54. Married. Had one child many years ago.	Cancer of the lips of the uterus, the vagina being involved. The disease is in the last stage; and the poor woman is worn out with the constant watery discharge from the extensive ulceration, and the pain. Has had several attacks of flooding; the first of which happened two years ago, when she was not conscious of having any disease about her. Died 1st March, 1852.
9	28 April, 1852.	Mrs. R., Jewin's Crescent, Aldersgate Street.	67. Married many years, and has had 8 children. Catamenia only ceased twelve years ago.	Both lips of the uterus are destroyed by malignant ulceration. Has watery discharge, severe pain, and occasional floodings. The first attack of hæmorrhage occurred one year ago, and constituted the earliest symptom. Her father's mother died of can-

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				cer of the breast. A frigorific mixture of ice and salt was systematically used with a gutta percha speculum. No benefit was derived from it. Death took place 25th April, 1853.
10	5 May, 1852.	M. M., Blue Anchor Alley, Saint Luke's.	45. Married. Has had five children, having weaned the last in June, 1851.	Both lips of the uterus are destroyed by a deep fungous sore, with warty-looking edges. Has a profuse sero-sanguinolent discharge, which is most offensive. She compares the pains to those of labour. Is very emaciated and feeble. Died 21st February, 1853.
11	5 May, 1852.	A. T., Tring, Herts.	55. Widow seven years. Has had eight pregnancies.	Lips of uterus destroyed by a kind of warty ulceration. Has great pain, bearing-down, irritability of bladder, and watery discharge. Says she was well until three months ago. Catamenia ceased six months ago, and were quite regular until one year since.
12	2 June, 1852.	C. J., Barking, Essex.	58. Married, and has had 8 children.	Epithelial cancer of the uterus, involving the vagina. The organ was fixed, and the ulceration rapidly extended while the patient remained under observation. The catamenia ceased ten years ago.
13	2 June, 1852.	A. G., Cromer Str., Brunswick Square.	50. Married; had one child 28 years ago. Catamenia ceased 6 years ago.	Has cancer of the uterus and vagina, in the stage of ulceration. Complaint is chiefly made of cutting pains, watery discharge, and floodings. None of her relations ever suffered from cancer. The symptoms first showed themselves one year ago. Was kept in some degree of comfort by one drachm of laudanum daily. Died 28th February, 1853.
14	23 June, 1852.	Mrs. B., CamdenTown	48. Married. Has had 12 children; the last 9 years ago.	Cervix uteri enlarged, the labia being of a scirrhus hardness. There is great pain, a watery discharge, and extreme debility. Says that she has had a constant discharge of blood from the uterus for the last seven years. There is also tenderness over the liver, which is enlarged. It has an indistinctly nodular feeling.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
15	7 July, 1852.	E. C., Ely Place, Whitechapel.	35. Married eight years. Been pregnant twice; last time six years ago.	Carcinoma of the uterus far advanced. Uterus fixed; ulceration has destroyed the lips and cervix. Whether the disease is medullary or epithelial cancer I cannot say. Had no symptoms of disease until four months ago. Pain, offensive discharge, and debility are the prominent symptoms.
16	11 Aug., 1852.	A. W., York Buildings, Somers Town.	54. Married. Has had four children, the youngest being 17 years old.	Anterior lip and wall of cervix enlarged and indurated, as if affected with scirrhus. Has recently suffered from a green slimy discharge, with sudden attacks of hæmorrhage. Is very weak. Catamenia ceased nearly ten years ago.
17	15 Dec., 1852.	G. G., Whiskin Street, Clerkenwell.	46. Married twenty-six years. Has had 4 children and four abortions.	Uterus enlarged and immobile. The cervix is swollen, tender, and gives a baggy feel to the touch. For the last two years has had constant flooding. Great pain, bearing-down, leucorrhœa, and general debility. Has also large hæmorrhoids.
18	16 Dec., 1852.	A. R., Orchard Street, Kingsland Road.	41. Married twenty-two years. Seven children, the last being 3 years old.	There is a cauliflower excrescence, about the size of a pigeon's egg, growing from the posterior lip of the uterus. The cervix is much elongated, so that it extends to the orifice of the vagina. The chief symptoms have been floodings, abundant watery discharge, and throbbing pain. There is no hereditary taint. At the beginning of January, 1853, I amputated the cervix at nearly an inch above the seat of the growth. After the operation the general health very much improved; but the wound was not completely cicatrized for ten weeks. The patient remained well at the end of the year, when she was lost sight of.
19	22 Dec., 1852.	E. M., Parson's Green, Fulham.	40. Widow seven months. Five children, the last four years ago.	Uterus enlarged as if from medullary cancer. The lips and cervix are being gradually eaten away. Has had a discharge of blood, with pain, &c., for nearly two years. It began suddenly, when

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				she was much frightened at her furniture being seized for rent. Had previously had great anxiety and difficulties. The disease progressed steadily while she remained under observation.
20	16 Mar., 1853.	A. R., Hospital for Women.	47. Married. Two children, the last being 27 years old.	Ulcerated carcinoma of the uterus, involving the vagina. Dates the length of time she has suffered as seven months. She says the catamenia were regular until Christmas, and since then they have not appeared. She attended only a few times at the hospital, but I heard that the disease ended fatally in July, 1853.
21	6 April, 1853.	A. C., Feather's Court, Holborn.	60. Married, and has had 8 children. The last was born 18 years ago.	Cavity of cervix and body of uterus in a state of malignant degeneration. The ulceration has extended to the vagina. Has had a continual discharge of blood for nine months. The catamenia ceased ten years ago.
22	18 May, 1853.	E. D., Luton Street, Portman Market.	34. Married. Six children, the youngest being thirteen months old.	Lips and cervix almost wholly destroyed by medullary cancer. The uterus is immovable. Has not been well or free from a watery sanguineous discharge since the birth of last child. She only weaned it three weeks ago.
23	18 May, 1853.	S. H., New Turnstile, Holborn.	36. Married eighteen yrs.; 11 children, the youngest four years old.	The whole of the uterus seems to be involved, and the disease is spreading down the vagina and through the septum into the bladder. The symptoms first came on two years ago. The disease is very far advanced. Died 30th June, 1853.
24	18 June, 1853.	Esther C., Theobald's Road.	43. Widow. Had one child 24 years ago. Catamenia regular until April, 1852, when she had a flooding.	The whole of the cervix is destroyed by firm medullary cancer, now in the stage of ulceration. Symptoms of uterine disease were first manifested in August, 1851. Has been under medical treatment for simple ulceration. The uterus is fixed; and there are all the symptoms of severe constitutional taint. Death occurred 16th March, 1854.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
25	9 August, 1853.	L. S., Upper Albany Street, Regents Park.	54. Married. Has had one child and nine or ten abortions. "Change of life" occurred at 48.	The vagina and labia uteri involved in medullary ulceration. For the last nineteen months has had a constant discharge of blood from the vagina. Was quite well until two years ago. A mixture of ice and salt was applied to the seat of disease by means of a very small bladder. It seemed to lessen the discharge and to relieve the pain; but at the end of a month it was impossible to use it, as the vagina became narrowed from the increase of cancerous deposit. Died in June, 1854.
26	5 Oct., 1853.	H. R., St Albans.	32. Single. Has been pregnant once, her child being 7 years old.	Uterus enlarged and fixed; the cavity is destroyed by a large ulcer, probably medullary cancer, though the warty look of the edges is suggestive of epithelioma. Was quite well until last Christmas, when the catamenia became excessive. For a short time there was always flooding or a copious watery discharge. While under my care she nearly died from severe hæmorrhage on three occasions; the discharge, however, being checked by plugging with cotton wool soaked in a solution of alum. On the 9th December she was seized with an attack of peritonitis, which proved fatal on the 17th. At the autopsy, the cavity of the uterus was found destroyed by a large malignant ulcer, which had eaten its way completely through the posterior wall of the uterus, and thus induced peritonitis. The disease would seem to have run its course in about twelve months.
27	12 Oct., 1853.	S. R., Bagnigge Wells Road.	53. Married, and has had 15 children.	The whole uterus appears infiltrated with medullary cancer. Ulceration has commenced on posterior lip. She went into the cancer ward of a metropolitan hospital. I saw her on 10th May, 1854, when the case was rapidly approaching a fatal termination.
28	12 Oct., 1853.	C. B., Belgrave Street, New Road.	46. Married twice. Has had five children, all by her	Labia uteri partly destroyed by medullary cancer; the ulceration extends a short way up the cervix. The first symptom

THIRD SERIES.—CANCER OF THE UTERUS—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
			first husband. Youngest child 22 years old.	of any disease was an attack of flooding, which set in four years ago. Since then has had frequent bleedings, which have weakened her very much. Her father and mother died young, but she does not know from what disease; has four sisters alive and well, but lost a brother from consumption. Attempts were made to check the disease by using caustics (the actual cautery and potassa fusa) on several occasions, and by administering the bromide of potassium. This treatment lessened the discharge, and she improved very much in appearance. The amendment continued for some months, when she caught cold, had pneumonia, and was thrown back. Again, however, she slightly improved, but only for a time. The ulceration spread, and the watery discharge became copious and very offensive. She died exhausted, 5th January, 1855.
29	16 Nov., 1853.	E. R., Hospital for Women.	43. Married. Has had five children, three abortions.	Uterus enlarged and immoveable; lips and cervix being destroyed by medullary cancer. Catamenia regular until four months ago; since then has had floodings. Six months back was in perfect health. Her mother died of consumption at the age of 21. Was subsequently admitted into the Marylebone Infirmary.
30	23 Nov., 1853.	C. P., Henrietta Street, Brunswick Square.	41. Married twenty-one years. Never pregnant.	Uterus enlarged and fixed. Lips and vaginal walls severely ulcerated. Catamenia were never regular; has seen nothing for three months.
31	1 Feb., 1854.	M. L., Cottage Road, Harrow Road.	60. Married. Nine children, the last being 19 years old.	Scirrhus of cervix uteri. Says she has suffered from disease of the womb for twelve years. Treated with iodide of arsenic; and subsequently I administered tonics, especially bark and cod-liver oil. The disease steadily advanced; ulceration set in, and involved the vagina; and by the 25th October there was a communication between this canal and the rectum. She died 15th December, 1854.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
32	5 April, 1854.	M. A., Croydon.	39. Married. Two children, the youngest 4 years old.	Uterus slightly enlarged, fixed, and of a stony hardness. Has suffered for two years from watery discharges, floodings, and great pain. Is getting very weak. I believe the disease to be scirrhus.
33	5 April, 1854.	E. S., Hospital for Women.	45. Married. Ten children, the last ten years old.	The pelvic cavity is filled with the uterus, which is enlarged by medullary cancer. For two years her health has been failing, but for the last twelve months has had offensive watery discharges and great debility. Was subsequently admitted into the Cancer Hospital.
34	12 April, 1854.	L. F., Martlett's Court, Bow St.	34. Married thirteen years. Seven children, the last nearly two years old.	Has had cancer of the womb for two years, and has been under treatment for it. Now is suffering from phlegmasia dolens in both legs, but most severely in the left. Died at the end of May.
35	31 May, 1854.	S. S., Hospital for Women.	42. Married. Nine children the last 18 months old.	Medullary cancer of uterus; vagina involved. Has had a watery discharge, abundant catamenial flow, bearing-down pains, and weakness, since the birth of last child. Says she is now rapidly getting worse.
36	21 June, 1854.	A. L., Newman Street, Oxford Street.	50. Married. Eleven children, the youngest 12 years old.	Medullary cancer of uterus; far advanced. The disease appears to have commenced 18 months ago. Catamenia were regular until last Christmas. Has had two attacks of flooding since.
37	29 July, 1854.	Mrs. W. Albany Street, Regents Park.	60. Married. Never pregnant.	Two years ago had a polypus removed from the uterus, and eight weeks afterwards the medical man told her she had cancer. Now the uterus and vagina are ulcerated (medullary cancer), and there is phlegmasia dolens of the left leg. Died 9th November, 1854. At the autopsy, the upper part of the vagina and the cavity of the uterus were found destroyed. The left femoral vein was filled with a dark red coagulum, but the coats of the vessel were healthy.
38	3 August, 1854.	M. L., Warwick Street, Pimlico.	63. Married, and has had 5 children.	Medullary cancer. Disease began six months ago with a severe flooding. Has since had a great deal of watery discharge, which is very offensive.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
39	11 Oct., 1854.	F. H., Tottenham.	32. Married three years. Two children; the last was born 22 Nov., 1853; it only lived3months.	The uterus was enlarged, so that its fundus reached to midway between the umbilicus and pubes. The labia were extensively disorganised by medullary ulceration; the disease extending up the canal of the cervix, which readily admitted the finger. It was thought she might be pregnant. There was no history of cancer in the family. Her mother died of phthisis. The patient's medical man (Mr. Hicks) informed me that the uterus was quite healthy at the time of the last labour. The most distressing symptom was the constant hæmorrhage, which was best checked by the application of cotton wool soaked in the tincture of the sesquichloride of iron. On the 12th November abortion took place, a putrid fœtus, eight inches in length, being expelled. The hæmorrhage was rather abundant, but was checked by a small plug of cotton wool. On the 14th November she insisted upon getting out of bed, in spite of the nurse's remonstrance. Directly afterwards she complained of faintness, fell back upon the bed, and died. At the autopsy the right auricle was found filled with a mass of fibrine, modelled to the cavity, and completely closing the orifice. The clot extended some little distance up the superior vena cava. The lips of the uterus and much of the cervix were destroyed by malignant ulceration. Several of the inguinal glands appeared much enlarged.
40	18 Oct., 1854.	H. W., Hospital for Women.	60. Married forty years. Never pregnant.	Has medullary cancer of the cervix; ulceration has begun. Catamenia ceased at 50. Mother died of cancer of the breast.
41	22 Nov., 1854.	H. C., Little Charles Place, Camden Town.	50. Married. Ninechildren, the last being 17 years old.	The labia and the canal of the cervix uteri were much enlarged and affected with malignant ulceration. Has only suffered much for two months, and is certain she was quite well last Christmas. Died 14th February, 1855.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
42	13 Dec., 1854.	Mrs. D., Denmark Terrace, Islington.	45. Has had four children. The last pregnancy 7 years ago.	Cancer of the cervix uteri, involving the vagina. Dates her illness from last February, and says she was quite well until then. Her grandmother died from cancer of the breast, and her mother from phthisis. The pains were severe, and could only be controlled by large doses of morphia. Died, from exhaustion, 26th February, 1855.
43	4 Jan., 1855.	A. S., Charlton Street, New Road.	44. Married twenty years. Eight children; the last two years ago.	Has cancer of the cervix uteri, which is just on the point of ulcerating. Had no symptoms of disease till twelve months ago. In this case the use of cold was very perseveringly tried, a mixture of ice and salt being applied daily by means of a gutta percha speculum. The iodide of arsenic was also given. At the end of five weeks the ulceration had increased, and the patient finding no benefit applied (I believe) to the Cancer Hospital.
44	10 Jan., 1855.	D. H., Harrow Road.	49. Married thirty years. Ten pregnancies; 7 years since the last.	Cancer of the labia uteri—ulcerated. As the disease did not seem far advanced the use of a frigorific mixture was tried, as in the previous case. No good resulted. Chlorate of potash was administered, and subsequently the bromide of potassium; but the disease steadily progressed as long as she remained under treatment. Her mother died of cancer of the breast at the age of 73.
45	7 March, 1855.	S. B., Tottenham Street, Tottenham Court Road.	39. Married twenty years. Seventeen pregnancies: only fifteen children, the last born 8 years ago.	The whole of the uterus appears infiltrated with cancer. Is much emaciated and prostrated. Did not feel at all ill or suffer from any symptoms of disease until eight months ago. Before death, which happened on 12th June, 1855, there was phlegmasia dolens of right thigh.
46	4 April, 1855.	S. M., Greek Street, Soho.	56. Married thirty-six years. Has had seven children: the last sixteen years ago.	Uterus enlarged: cervix and labia very hard, as if infiltrated with scirrhus. Has the cancerous cachexia well marked. Her pains were relieved in a decided way by the bromide of potassium. No history of cancer in the family:

THIRD SERIES.—CANCER OF THE UTERUS.—*(Continued.)*

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				mother still living. The disease progressed and proved fatal on 26th October, 1855.
47	4 April, 1855.	M. R., Queen Street, St. Giles.	58. Married. 7 children, the youngest 18 years old.	Medullary cancer of lips and cervix. Has had a constant discharge of blood for twelve months. Catamenia ceased 8 years ago. Cancerous cachexia well marked.
48	16 May, 1855.	A. D., Notting Hill.	34. Married twice. Has had five children, the last being six months old. Weaned this infant 1 week ago.	The neck and lower part of body of uterus affected with malignant ulceration. Has not been well since her last labour. Tonics, cod liver oil, and opiates were the chief remedies. Died from exhaustion July, 1856.
49	4 June, 1855.	Mrs. F., Denmark Street, St. Giles.	42. Married many years: had one child 14 years ago.	Lips and part of body of uterus destroyed by cancer. Suffers from severe attacks of flooding. States that she has only been ill for three months, a statement confirmed by her medical man (Mr. Weekes) who brought her to me. There is no history of cancer in the family: her brother died of phthisis. She derived relief from tonics and opium in considerable doses. Died from exhaustion October, 1856.
50	13 June, 1855.	C. C., GeorgeStreet, Grosvenor Square.	54. Married 33 years. Has had 5 children and one abortion.	The entire uterus appears to be infiltrated with medullary cancer. Symptoms of malignant disease have existed for four months.
51	29 June, 1855.	H. S., Hospital for Women.	53. Been separated from husband 16 years. Three children, the youngest being 23 years old.	Uterus much enlarged. Its cavity, into which the finger can be passed, is filled with hard ulcerated nodules, communicating the feel of scirrhus. Has had attacks of hæmorrhage and a watery discharge for the last seven months. Catamenia ceased some years ago. No hereditary taint. As she did not get well, she applied to the Cancer Hospital at the end of two months.
52	18 July, 1855.	E. J., Somers' Town.	60. Married thirty-eight years. Eight children and five abortions. Last pregnancy 17 years ago.	Cancer uteri very far advanced. It will probably prove fatal in a few weeks. Has been under medical treatment for cancer for twelve months. Catamenia ceased nine or ten years ago. Has had several attacks of flooding during the last three years.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
53	18 July, 1855.	F. W., Woolwich.	30. Married seven years: never pregnant.	The posterior lip of the uterus is very much elongated, is adherent to the posterior wall of the vagina, and is the seat of a deep fungous ulcer. Attempts to stop the ulceration failed, while she remained under my care some few weeks. She thought the disease was of six months' duration.
54	14 Aug., 1855.	M. A. W., Plummer Street, City Road.	31. Married 9 years. Four children, the last labour having been on 23rd July, 1854. Weaned this child two months since.	Cauliflower excrescence of the os uteri. The chief symptom has been an abundant, inodorous, watery discharge. The catamenia have appeared naturally since weaning the baby. On making an examination the finger came in contact with a lobulated fungous mass, encircling the os uteri and involving both lips. It resembled the head of a mushroom, and appeared about three inches in circumference. Four maternal aunts have died of cancer; viz., two of cancer uteri, one of cancer in the groin, and one of this disease in the breast. Her mother is living and well. She could assign no cause for the disease except grief at losing two children two years ago. On the 20th August the diseased mass was thoroughly removed by the knife, the vagina being afterwards plugged with cotton wool soaked in a strong infusion of matico. Subsequently potassa fusa was applied on several occasions to the parts from which the epithelial mass had sprung. She was discharged apparently cured on the 1st October. On the 12th March, 1856, she again applied, and I found the disorder returning on the old cicatrix. The body of the uterus was enlarged and felt unhealthy. Attempts were made with potassa fusa to stop the progress of the disease, and subsequently with the external and internal use of the chloride of bromium according to the plan recommended by Landolfi. The disease, however, progressed, and ended fatally on the 27th September, 1856.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
55	19 Sept., 1855.	S. L., Hoxton.	64. Been a widow seven years. Eleven pregnancies, the last eighteen years ago.	Cancer of the uterus, far advanced. The whole of the organ and the upper part of the vagina involved. Has suffered from a vaginal discharge, occasional floodings, and great pain for two years. Died 16th June, 1856.
56	24 Oct., 1855.	M. A. B., Howland Street, Fitzroy Square.	39. Married twenty-two years: Seven pregnancies: aborted in May last.	Cancer of the uterus, far advanced. Health has been failing for two years; and now her strength is greatly reduced by numerous floodings and some pain. No history of cancer in the family; lost one sister by "chest disease." Died 3rd Feb., 1856.
57	7 Nov., 1855.	C. G., Frith Street, Soho.	34. Married. Has had one child.	Ulcerated cancer of the uterus, very far advanced. Almost the whole of the vagina is involved. Has suffered from floodings with great pain for three years. Died 27th December, 1855.
58	30 Jan., 1856.	H. B., Hospital for Women.	28. Married 9 years. One child and four abortions. Last pregnancy 4 years ago.	Medullary cancer of the uterus. The organ is fixed. Has also rupture of the perineum extending through the sphincter ani, caused by a lingering labour necessitating the use of instruments. Illness commenced in April, 1855, with pain and hæmorrhage. Catamenia were regular until then.
59	13 Feb., 1856.	J. F., Hospital for Women.	66. Widow for 27 years. Five children: the last was born 27 years ago.	Medullary cancer of uterus, the ulceration involving the upper part of vagina. Symptoms have existed twelve months. From her weakness and emaciation it is probable that a few weeks will terminate the sufferings.
60	27 Feb., 1856.	E. D., Wakefield Street, Brunswick Square.	62. Married. Ten children: the last 22 years ago.	The lips of the uterus were being destroyed by epithelial cancer. The uterus was fixed. The disease had extended through the vaginal septum into the rectum. Had suffered for twelve months. She died September, 1856.
61	12 March 1856.	M. B., New Compton Street.	58. Married. Six children: the last was born 26 years ago.	Ulcerated cancer of the cervix uteri: vagina involved. Had excellent health until three years ago, when she first began to suffer from floodings. Has been under a physician for two years, who said it was "the change of life." Died 27th September, 1856.

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
62	12 Mar., 1856.	S. W., Bethnal Green.	44. Widow 14 years. One child 23 years ago.	The uterus and vagina form one mass of ulcerated cancer. Has had hæmorrhage and pain for a year. The disease is near its close.
63	9 April, 1856.	E. S., Hospital for Women.	57. Married 36 years. Nine children, and one abortion: last pregnancy twelve years ago.	Medullary cancer of uterus. Catamenia ceased twelve years ago. In September, 1855, she began to suffer from uterine hæmorrhage, pain, and a discharge of dirty water.
64	2 July, 1856.	A. D., Crawley, Sussex.	48. Married. Eight children: aborted 3 years ago.	Ulcerated cancer of the uterus far advanced; vagina involved. The disease seems to have commenced one year ago with a copious discharge of "the whites," which continued seven months. Then bleeding took place; and she has lost blood from the uterus every day for the last five months. Died, 17th January, 1857.
65	30 July, 1856.	E. M., New Compton Street, Soho.	42. Married 19 years. Four children: the last 7 years old.	Medullary cancer. Uterus enlarged and fixed; cavity of cervix ulcerated. Suffers especially from great irritability of stomach, so that she rejects most of her food. Was only relieved by opiate enemata.
66	6 August, 1856.	M. A. S., Hospital for Women.	38. Married. Five children and 1 abortion: last pregnancy 10 years ago.	Ulcerated cancer uteri; far advanced. Dates the commencement of her sufferings at three months back. Derived great relief from Indian hemp and henbane. Opium in any shape caused severe headache and sickness.
67	3 Sept., 1856.	C. O., Richmond Place, Lamb's Conduit Street.	40. Married 22 years. Two children, the youngest 15 years old.	Medullary cancer of uterus; vagina involved in the ulceration. Catamenia were regular until four months ago. Since then has had a constant watery discharge with frequent attacks of bleeding. Was much relieved by opium.
68	12 Nov., 1856.	J. S., Brown Street, Bryanston Square.	53. Married, and has had two children. The youngest is 25 years old.	Medullary cancer of uterus. Cavity of cervix ulcerated. Catamenia ceased six years ago. One year since began to suffer from flooding. Two brothers have died of consumption. A

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				the end of six weeks the ulcerated surface felt more healthy, and the discharge was lessened owing to the use of pills of chloride of bromium, morphia at night, and an injection thrice daily of liquoris sodæ chlorinatæ ℥iiss., sodii chloridi ℥j., aquæ ℥xx. After a further interval of a few weeks, as the amendment did not increase, she put herself under the care of another practitioner.
69	4 Dec., 1856.	Mrs. H., Tottenham Court Road.	40. Married ten years: never pregnant.	Cervix uteri affected with ulcerated medullary cancer. Was particularly strong and well until April last. There is no history of cancer or consumption in her family. In this case Landolfi's plan of treatment was fairly tried. The tenth part of a drop of chloride of bromium was given in a pill twice daily; and the ulceration was dressed carefully with cotton wool soaked in a solution of chloride of bromium (m xxx. to water ℥iv.) After a time the strength of the pills and lotion was increased. Morphia was needed at night to obtain sleep. The result of the treatment was considerable improvement in the appearance of the ulcerated surface so that it almost healed; this amendment taking place at the same time that it was quite clear the constitutional symptoms were increasing in severity. Death took place from exhaustion, 15th May, 1857.
70	8 Oct., 1858.	Mrs. G., Wellington Barracks, St. James's Park.	38. Married 10 years. Has had six pregnancies. The last child is five months old, and she is suckling it.	There is an epithelial growth (cauliflower excrescence) the size of a hen's egg, growing from the posterior lip of the uterus. Has not been well since the birth of her child in May; having suffered much pain, together with a constant watery discharge tinged with blood. 19th October I removed the tumour with the knife. On the 21st of January, 1859, my report says:—"I have been trying to prevent the return of the growth by the frequent application of potassa

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				fusa, acid nitrate of mercury &c. Arsenic has been given internally. All is of no avail, however, the tumour now being as large as before." On the 12th February, assisted by Messrs. Lane, Ede, and Hulme, I removed the tumour and the lip of the uterus from which it sprung, checking the hæmorrhage by plugging with cotton wool soaked in tincture of sesquichloride of iron. On the 1st March a small excrescence again made its appearance, but was destroyed by injecting the tincture of the sesquichloride of iron into its substance. So the case went on, the growth coming forward and being destroyed. Other physicians were consulted, but the strength gradually became exhausted, and she died 7th January, 1860.
71	4 March, 1859.	Mrs. P., Hampstead.	60. Married. Four children and one abortion: last pregnancy 21 years ago.	The cavity of the cervix and body destroyed by medullary cancer. The lips of the uterus are almost healthy. Catamenia ceased at 48. It is doubtful whether there is any hereditary taint: the father died of "a tumour on the shoulder." The first symptom of disease was an attack of flooding in October, 1857. Since then has had numerous similar losses, and an abundant serous discharge.
72	9 Sept., 1859.	Mrs. H., Euston Road.	28. Married eight years. Two children, the last being 8 years old.	Epithelial cancer of the lips and cervix. There is no distinct tumour, but the ulcerated surface has just the feel and appearance presented in the advanced stage of chimney-sweepers' cancer. The symptoms first began two years ago, and now the disease is so advanced that death seems inevitable in the course of a few weeks. Her mother died of carcinoma uteri at the age of 40.
73	11 Nov., 1859.	S. B., Dillington, Huntingdonshire.	52. Married thirty-two years. Three children and 4 abortions:	Medulary cancer of the lips of the uterus. The first symptom was an attack of flooding 18 months ago. Now the organ is fixed, is exceedingly tender, and

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
			last pregnancy twenty four years ago.	she is very weak. Tonics and sedatives relieved the sufferings for a time.
74	July, 1860.	A. P., King's College Hospital.	62. Widow. Has had ten pregnancies: the last child was born in Nov. 1840.	The uterus was low down in the cavity of the pelvis, and completely fixed. The labia were destroyed by a large malignant ulcer, the edges of which were hard and fungoid. There was a copious, offensive, watery discharge, with occasional floodings. The face showed the effects of pain and poverty. Her illness began about fifteen months ago. There was no history of any hereditary taint. By helping her to procure good nourishing food, by checking the hæmorrhage with astringents (chiefly the gallic and sulphuric acids and cinnamon), and by keeping her free from pain with morphia this poor woman very much improved. The uterine disease appeared to remain stationary. At the end of two years she began to get weaker again, and slowly the disease advanced. Death occurred in October, 1862.
75	23 Nov., 1860.	S. H., Hunter Street Brunswick Square.	54. Married. Ten children: the last aged 13.	Medullary cancer of the uterus. The earliest symptom was an attack of flooding eighteen months ago. In addition to the usual symptoms there is severe coccydynia.
76	26 April, 1861.	Mrs. G.	50. Married. Two children, and two abortions.	Medullary cancer of the uterus. The first symptom was an attack of flooding nine months ago. Is now very prostrated with pain and hæmorrhage.
77	10 May, 1861.	Mrs. T., Maiden Lane, Covent Garden.	25. Married eight years. Four pregnancies: the last ended in abortion three years and half ago.	The lips and cavity of the uterus were the seat of a fungoid medullary ulceration. Her mother died of phthisis. Great relief was derived for a time from tonics and opiates. At the beginning of October she said she had never expected to have been so well as she had lately felt. Still the disease was slowly progressing. Early in December she had an attack of acute dropsy

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				with albuminuria. Her symptoms were relieved; but in a day or two the ulceration had extended down the vagina and had eaten a hole through the septum into the bladder. Soon afterwards there was almost complete suppression of urine; and she died in a fit of renal epilepsy on 27th December, 1862. At the autopsy the uterus and vagina were affected, as has been described; the opening into the bladder being the size of a shilling. The kidneys were in a state of fatty degeneration.
78	29 June, 1861.	S. M., Regent's Park.	39. Married 14 years. Three pregnancies: the last eight and a half years ago.	Medullary cancer of the uterus: lips and cavity of cervix deeply ulcerated, and the whole organ fixed. Sent to me by Dr. Battershell Gill, who mentioned that that there had been symptoms of uterine disease for about sixteen months. The first attack of flooding was in May, 1860. Mother and grandmother died of phthisis: one brother died "from short breath and cough," and one from scrofula. The most troublesome symptom in this case was flatulence, and towards the last sickness. Opiate enemata, night and morning, gave most relief. About the 10th October, 1862, there was a severe attack of flooding, which caused great prostration. She died on 1st November, 1862.
79	5 July, 1861.	Mrs. F., Bow.	30. Married 4 years. One abortion: then went full time, and was delivered of a dead child in April, 1859.	Ulcerated epithelial cancer of labia uteri and cervix. Although the ulceration is not very deep, yet the uterus is fixed, and hence local treatment can do no good in eradicating the disease. On the 13th September I was told that this patient was about to undergo an operation in a London hospital. At the end of the year she was reported to me as being on her death-bed.
80	30 July, 1861.	Miss T., London.	37. Has been married unknown to her friends. Never pregnant.	There is a tumour at the lower part of the abdomen, the size of the fœtal head at the full term of pregnancy. Examined per vaginam, the tumour is found grow-

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				ing from the anterior wall of the uterus. It resembles a common fibrous tumour, but there are signs of the cancerous cachexia: it was first discovered three months ago. Catamenia very abundant. Has great pain in the growth, and suffers much from sickness. No remedy gave relief but opium. For some few weeks she was under the care of Mr. E. U. Berry. Death occurred from exhaustion, 30th September, 1861.
81	17 Aug., 1861.	Mrs. L., Hampstead Road.	65. Married many years, and has had several children.	There was a tumour of the uterus, very much like a fibrous growth, and clearly distinguishable the size of a large fist at the bottom of the abdomen. The constitutional condition was that of cancer. The most marked symptoms were pain and exhaustion. Death took place 8th October, 1861. In this and the preceding case the physical examination would have led to the diagnosis of simple fibrous tumour of the uterus, but the general symptoms pointed to malignant disease. There is no reason to believe that the disease, in either case, at first consisted of a fibrous tumour, in which cancer was subsequently deposited.
82	20 Sept., 1861.	Mrs. H. D., Worcestershire.	43. Married when young. Has had four live children, and 3 stillborn: last pregnancy 17 years ago.	There was medullary ulceration of the cavity of the cervix. As the ulcer was not deep, and the uterus did not appear fixed, it seemed a fair case for treatment. Symptoms of disease were first manifested six months ago. She was ordered tonics with the pharmacopœial solution of chloride of arsenic; and frequent attempts were made to destroy the ulcerated surface with the dried sulphate of zinc, the acid sulphate of zinc, and the actual cautery. For a time benefit seemed to accrue, as the pain was lessened and the offensive watery discharge diminished. At the end of the year, however, the general health began to fail, and then all local treatment was discontinued; country air,

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				simple tonics, and opiates being trusted to. She died 7th August, 1862.
83	8 Jan., 1862.	Mrs. K. F. S., Hampshire.	60. Married many years, and has had five children. The last pregnancy was 20 years ago.	There was a fungoid growth (medullary cancer), the size of a chesnut growing from the anterior wall of the cervix towards the cavity. The earliest symptom of disease was an attack of hæmorrhage in November, 1860. Mr. William Bannister, of Havant, whose patient she was, agreed with me in the propriety of removing the growth. On the 24th January, 1862, the patient was placed under the influence of chloroform, and, assisted by Mr. W. Bannister and his brother, I excised the tumour, cutting away as much of the healthy tissue as could be safely done. The seat of the growth was afterwards dressed daily with the tincture of the sesquichloride of iron; and she took five minims of liquor potassæ arsenitis with half a drachm of liquor potassæ in half a pint of milk three times a day. On the 19th March she returned home apparently well, except that there was a considerable serous discharge and some debility. On the 20th July I saw this lady again, and found the uterus one mass of medullary cancer, the organ being so enlarged that its fundus could be felt two inches above the pubes. She died on the 12th November.
84	21 March 1862.	Mrs. G., Upper Seymour Street, St. Pancras.	51. Widow for 12 years. Has had four children, and two abortions. Last pregnancy ten years ago.	Medullary cancer of cervix: the uterus is immovable. There were no symptoms till three months back, when she had an attack of flooding attributed to "the change of life." Catamenia had previously been regular. Has lost a brother and a sister from phthisis. Under the influence of a grain of extract of opium every night this patient's general health has much improved. Locally, matters seem stationary at the present time, (2nd December, 1862.)

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
85	10 April, 1862.	Mrs. C., Walton Street, Chelsea.	55. Married thirty years. Been pregnant five or six times.	The entire cavity of the pelvis appeared the seat of medullary deposit. The skin on the inner part of the right thigh also was affected. Mr. Robert Ellis sought my opinion in confirmation of his view that the case was hopeless, The symptoms of cancer first manifested themselves two years ago. One sister died of cancer. A severe attack of diarrhœa set in a few days after my visit, and death occurred from exhaustion on the 28th April, 1862.
86	16 April, 1862.	Miss K., King Street, Westminster.	45. Single. Catamenia regular.	The liver was immensely enlarged and full of nodules of cancer. Had been ill for nine months, and was evidently sinking; though a homœopath told her a few days since that she would soon be well. Her terrible sufferings were mitigated by opium till her death on the 10th May. At the autopsy the abdominal cavity was found almost filled by the liver, which was crowded with deposits of medullary cancer. Parts of the peritoneum in contact with this gland were dotted with little cancerous masses; while there was also a secondary deposit in the anterior lip of the uterus.
87	31 May, 1862.	E. S, Camden Town.	43. Was married at 16. Six children; two abortions. Last pregnancy seven years ago.	The uterus appears infiltrated with medullary disease. It is enlarged and fixed: there is no ulceration. Was under my care for uterine disease in 1851, when a cure was effected by constitutional treatment only. The first symptom of present affection was an attack of flooding four months ago. No hereditary taint. Ascribes her suffering to mental anxiety. Advised tonics, good diet, astringents, &c.
88	26 July, 1862.	A. M.	53. Married twenty-seven years. Five children: the last 16 years ago.	Medullary cancer. Caustics have been freely applied by a surgeon, with slight relief to the local symptoms. The general health is rapidly failing. No hereditary taint. "Change of life" took place twelve months

THIRD SERIES.—CANCER OF THE UTERUS.—(*Continued.*)

No.	Date.	Name.	Age and Social State.	History, Symptoms, Treatment, &c.
				ago, and she has never been well since. On the 5th January, 1863, I examined her again, and found the whole of the pelvic cavity filled with malignant disease. Since August she has been a patient at the Cancer Hospital.
89	22 Aug., 1862.	Mrs. R., Vinegar Yard Drury Lane.	62. Has had fourteen children born alive, and two or three abortions.	Ulcerated cancer (medullary) of the uterus, far advanced. The organ is fixed. Her symptoms have existed for about two years; and she is now very feeble and emaciated, being worn out with suffering. Nothing can be done but to relieve her pain with morphia, chloric ether, &c. There was no hereditary taint. Died 14th October, 1862.
90	13 Nov., 1862.	M. A., King's College Hospital.	47. Married nineteen yrs.; never pregnant.	Uterus fixed, and the lips and cervix destroyed by malignant ulceration. Upper part of vagina involved. Catamenia were regular until four months ago. The first symptom was an offensive watery discharge, which began in December, 1861. In February last had the first flooding. Father died of dropsy; mother perished in the puerperal state. Tonics and morphia have been given, and the case will be watched.
91	15 Nov., 1862.	J. E. M., King's College Hospital.	33. Married sixteen years; never pregnant.	Medullary cancer of the lips and cervix, advanced to ulceration. The catamenia were regular until last April, when she had an attack of flooding. Since then has had a discharge of blood almost daily. There is no hereditary taint. Ordered bark, chloric ether, morphia, &c.
92	22 Nov., 1862.	A. H., King's College Hospital.	42. Married eleven years: three children and two abortions. Last pregnancy 7 years ago.	The uterus is fixed, and the labia and cervical cavity destroyed by medullary ulceration. The catamenia were regular until last August, when she had an attack of flooding. Since then has constantly had "an offensive discharge of blood and water" with great pain. There is no hereditary taint; no cancerous cachexia.

If the foregoing table be examined in detail it will be found that of the 92 cases, 80 were married, and 10 were widows or were separated from their husbands. Then 1 woman was single (No. 26), but she had been delivered of a child at the full term, seven years prior to the occurrence of any symptom of malignant disease; while in the only example of secondary uterine cancer (No. 86) the patient was unmarried and a virgin.

When the disease is far advanced it is frequently very difficult to decide as to the variety of cancer to which it belongs. This difficulty seems to have been present in 30 of the cases: while in 47 the affection was noted as being medullary; in 7, scirrhus; and in 8, epithelial. In 4 of the latter the disease assumed the form of the cauliflower excrescence. With only 7 instances, not including 1 doubtful case, was there the history of any hereditary cancerous taint: and 10 patients, not including 1 doubtful, had lost relatives by phthisis. On looking to the ages of the women when they applied for advice, it appears that:—

5	were between	25	and	30	years of age.
12	„	30	„	35	„
10	„	35	„	40	„
17	„	40	„	45	„
12	„	45	„	50	„
15	„	50	„	55	„
6	„	55	„	60	„
12	„	60	„	65	„
3	„	65	„	70	„
92					

Again, of the whole number, 12 had never been pregnant, 1 had had "several" children, and 23 had aborted once or oftener. Then there were 79 women who had had 497 pregnancies amongst them, or an average of about 6½ to each. This is at least 2½ above the proportion in England. Thus:—

9	had had	1	pregnancy.		
8	„	2	pregnancies.		
2	„	3	„		
6	„	4	„		
11	„	5	„		
8	„	6	„		
7	„	7	„		
8	„	8	„		
4	„	9	„		
6	had had	10	pregnancies.		
4	„	11	„		
1	„	12	„		
1	„	13	„		
1	„	15	„		
1	„	16	„		
2	„	17	„		
79					

These results, which can scarcely depend upon accidental causes, seem to show that child-bearing predisposes in some measure to cancer of the uterus.

In only 24 of the cases could the total duration of the disease be surmised. The longest interval from the earliest symptom until death was 4¼ years, the shortest 6 months. In one case it was 6 months, in one 8, in one 10, in one 11, in two 12, in one 13, in one 15, in one 17, in two 19, in one 22, in three 24, in three 25, in one 26, in four 32, and in one 51 months. In 24 other instances the time which elapsed from the commencement of appropriate treatment until death ranged from 5 weeks to 21 months.

No example of the coincident deposition of cancer in the uterus and in the breast has fallen under my observation.

It has been thought that "disproportionate and intemperate coition" will produce carcinoma of the uterus, when other circumstances combine to impair the health and weaken the powers of a system not naturally robust. But, as far as my experience goes, nothing has been seen which enables me to confirm this statement; and I cannot but imagine that there is no foundation for the opinion. Prostitutes are neither more nor less liable to this disease than other women. The fact of frequent child-bearing is no indication, but rather the reverse, of excessive copulation. And, inquiringin to this point of the husbands of some of my patients, it has often appeared that there has been an aversion to sexual intercourse for several months prior to the existence of any symptoms of uterine cancer.

And, finally, it is to be remarked that no inferences as to the regularity or otherwise of the catamenia can be drawn from the foregoing cases. Every sanguineous discharge from the sexual organs is regarded by women as a menstrual flow; and when these discharges recur rather frequently, they are merely thought to be due to "the change of life." It is only when there is an attack of flooding that much attention is paid to the matter.

WORKS BY THE SAME AUTHOR.

The Signs and Diseases of Pregnancy.

Post 8vo. Price 12s. 6d.

A Practical Treatise on the Diseases of Infancy and Childhood.

Post 8vo. Price 9s.

A Manual of the Practice of Medicine.

Fourth Edition. Royal 32mo. Price 7s.

A Manual of Clinical Medicine and Physical Diagnosis.

Royal 32mo. Price 3s. 6d.

Memoranda on Poisons.

Second Edition. Royal 32mo. Price 2s.