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Robert Lee.**

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PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL;  
AND LECTURER ON MIDWIFERY AND THE DISEASES OF CHILDREN AT  
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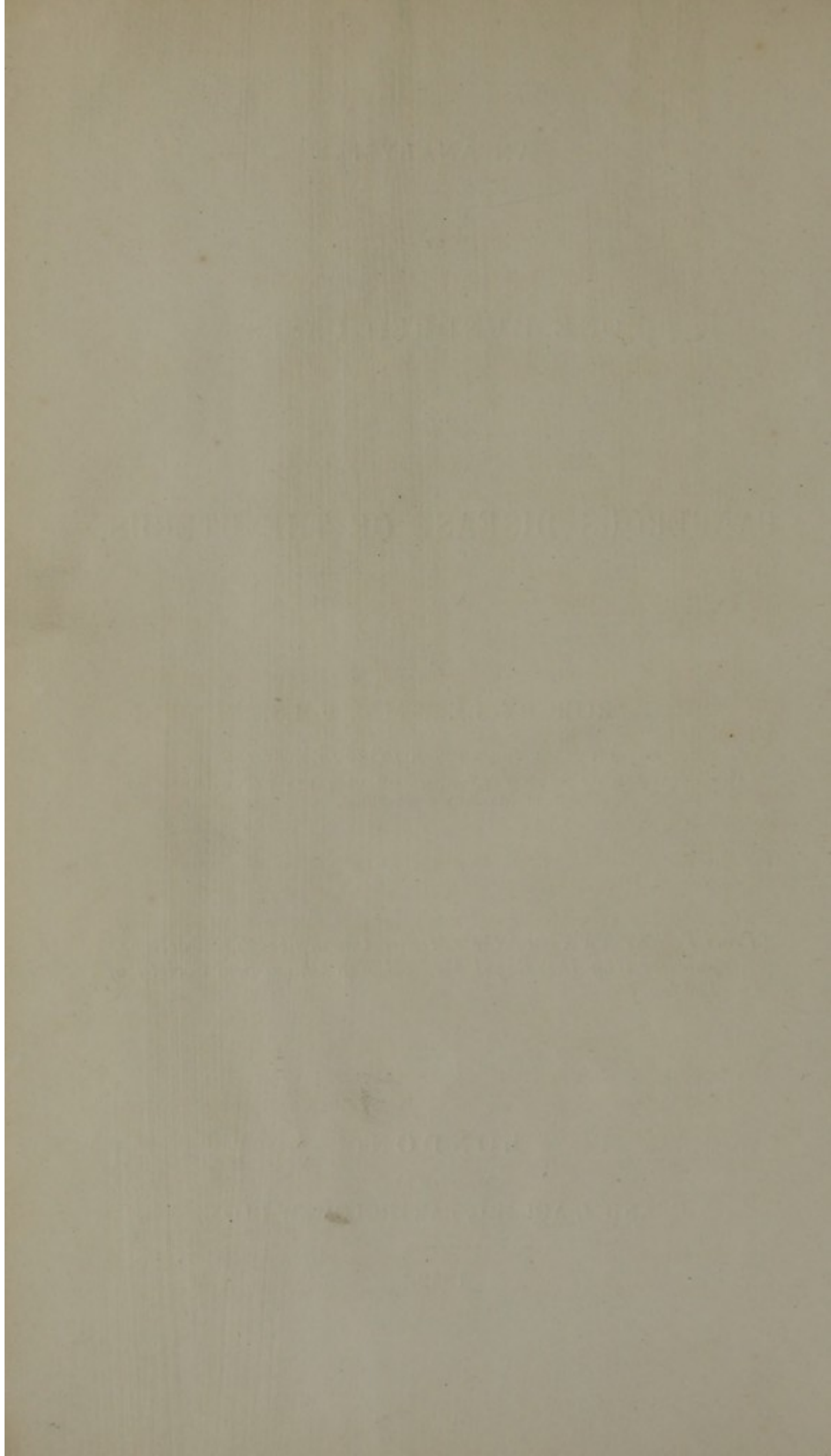
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1852.



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BY  
ROBERT LEE M.D., F.R.S.,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, AND LECTURER ON  
MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN  
AT ST. GEORGE'S HOSPITAL.

Received May 11th.—Read June 22d, 1852.

THE most important diseases of the human uterus accompanied with sensible alteration of structure may be divided into three classes :

1. Those which are produced by inflammation of one or more of the textures which enter into the composition of the uterus.

2. Those which arise from the formation of tumours in the parietes of the organ, or from enlargement of the glands situated in its orifice, which have no tendency to degenerate into a malignant form, and do not contaminate the surrounding structures.

3. Those which result from a specific and malignant action of the uterus, by which its different textures and the adjacent viscera become disorganised.

The phenomena and the treatment of the diseases comprehended in the first two of these classes, I have endeavoured to describe and delineate in vols. XV and XVI of the 'Medico-Chirurgical Transactions.'

I now beg leave to present to the Society an Analysis of One Hundred Cases of Cancerous Disease of the Uterus, to serve as a record of facts, for the purpose of illustrating,—



1st. The ages at which these diseases most frequently occur or come under observation.

2d. The symptoms which characterise the early and advanced stages of the malignant diseases of the uterus.

3d. The morbid alterations of structure observed at the commencement and at the termination of these diseases; and,—

4th. The treatment which palliates most effectually the sufferings of those afflicted with these incurable maladies.

No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
1	1828, Oct. 20.	Mrs. Hinchley, 18, Sherrard street.	45	M.	Burning and lancinating pain within the pelvis; coloured discharge and sickness of two years' duration. Anodynes. Os and cervix uteri entirely destroyed by ulceration; right ureter greatly distended; kidney converted into a sac; fundus and body of uterus apparently healthy; coats of bladder thickened and indurated.
2	1828, Nov. 29.	Mrs. Prentice, with Dr. J. Prout.	56	M.	Three years' almost constant pain within the pelvis; five months' copious fetid discharge of pus or bloody serum; bladder and rectum perforated; orifice and neck of uterus destroyed by ulceration; body and fundus little changed; vagina extensively ulcerated, and coats indurated.
3	1828, Dec. 11.	Miss Chalton.	47	S.	Sense of bearing down, in 1824; menorrhagia, in 1826; a tumour in the right iliac region; uterus enlarged, orifice open, and a tumour felt within, in October, 1828, with sallowness, sickness, dyspnoea, œdema of the feet; pulse 120; vomiting; tympanites. Died 11th December. Post-mortem appearances: Ovaria contained cysts; a fibrous tumour of uterus; cavity filled with a matter like soft cheese; mucous and muscular coats extensively disorganised.
4	1829, March 2.	Case, St. Thomas's Hospital.	28	S.	Menorrhagia for an uncertain period; no other symptom of uterine disease; acute peritonitis before death. Post-mortem appearances: Fallopian tubes enlarged, middle coat of a gristly hardness; canals filled with dark fluid; corpora fimbriata large, hard, ragged, their inner surface ulcerated, adhering to the ovaria, enlarged; coats of uterus yellow, and softened at the fundus.
5	1829, June 11.	Case with Dr. H. Davies and Mr. Jones.	45	M.	Hæmorrhage; died suddenly with symptoms of enteritis. Post-mortem appearances: Peritonitis; a large lobulated tumour, in some parts black, in others of a bright red, adhering to the omentum, caput coli, muscles, and blood-vessels at the brim of the pelvis, and filling a great part of cavity of pelvis; a great part of mucous and muscular coats destroyed, and a ragged, fungous mass growing from the remaining portion of muscular coat; a fibrous tumour in the walls.
6	1829, June 20.	Case with Dr. H. Ley.	45	M.	Pain in the uterus for months; fetid, serous, and bloody discharge. Died with the symptoms of typhus fever. Post-mortem appearances: Uterus enlarged, muscular coat of body and fundus affected with scirrhus; anterior lip of os uteri destroyed by ulceration; a soft cancerous fungus growing from the inner surface of posterior lip and cervix; a scirrhus tumour on the left side of the neck of the uterus.



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
7	1829, March 25.	Mrs. Taylor.	50	M.	A large cancerous fungus growing from the os uteri; little pain; discharges of serum and blood frequent and profuse. Duration of disease not ascertained.
8	1829, Jan. 24.	A lady.	50	M.	Sanguineous discharges, with pain and general weakness; became fetid some months before death, and bladder perforated. Post-mortem appearances: Uterus three times the natural size; os and cervix destroyed by ulceration, bladder having around the opening a cancerous fungus growing into its cavity; right ureter dilated, and its coats thickened and indurated; substance of kidney partially absorbed.
9	1829, Oct. 29.	Mrs. Sibert, with Dr. J. Prout.	46	M.	Burning pain in the uterus three months; the sufferings for a month before death of the most excruciating kind. Little relief from the largest anodynes. Anterior wall of vagina and coats of bladder destroyed by ulceration; lower portion of vagina coated with lymph; lips of uterus entirely removed; neck, body, and fundus uteri apparently healthy; no appearance of cancer around the uterus.
10	1829, Dec. 20.	Case with Mr. Lawrence, at St. Bartholomew's Hospital.	40	M.	Long suffering from pain, discharge, and other symptoms of cancer. Post-mortem appearances: Os and cervix destroyed by ulceration; body and fundus nearly in the natural state; left uterine veins and arteries imbedded in a semi-cartilaginous cancerous mass, full of cells filled with pus; hypogastric, common iliac, and external and femoral veins, obstructed and lined with false membranes.
11	1829, July 27	Case at Bayswater, with Mr. Girdwood.	40	Uncertain.	Pain and discharge for many months; phlegmasia dolens in left lower extremity, five weeks before death. Post-mortem appearances: Os and cervix destroyed by ulceration; body and fundus uteri little changed; peritonitis; a large mass of a hard consistence on the left side of uterus; iliac and femoral veins inflamed and obstructed. (See Med.-Chir. Trans., vol. xv, p. 60.)
12	1829, Sept. 12.	Mrs. Page.	46	M.	Disease of uterus ascertained to exist for several years; pain during the last six months of her life; constant fetid discharge and occasional profuse hæmorrhage; vagina filled with a fungoid tumour, the neck of which grew by a broad base from the whole os uteri. Post-mortem appearances: Extensive peritonitis; a soft, yellowish, tattered mass adhering to the os uteri neck of the uterus, like lard; body of uterus hard, like cartilage, and of a dull yellow colour.



13	1830, March 24.	Case with Dr. J. Prout.	59	M.	Severe and protracted sufferings. Extensive cancerous ulceration of uterus and vagina; bladder and rectum perforated. No relief from anodynes. Os, cervix, and nearly the entire body of the uterus destroyed; ulceration had reached peritoneum of fundus, which it had penetrated, and also the ilium, which adhered to fundus uteri; coats of vagina near the orifice were thick, hard, and contracted; scirrhous masses on both sides of uterus.
14	1830, March 25.	Case at Paddington.	50	Uncertain.	Pain in the region of the uterus, and discharges, for upwards of two years; a tense, painful swelling of left lower extremity took place a month before death. Post-mortem appearances: Os and cervix and vagina destroyed by ulceration; vena cava, iliac, and femoral veins inflamed and obstructed; fundus and body of uterus apparently healthy.
15	1830, April 30.	Case with Drs. J. Prout and Grant.	56	Ditto	Long suffering from symptoms of stricture of the rectum; left ovary cancerous; adhesions between peritoneal coat of uterus behind rectum and left ovary; mucous and muscular coats of fundus uteri converted into a soft matter like cheese; fundus uteri hard and irregular, though but little enlarged; on left side of uterus peritoneal coat at one part alone remained; adhesion between this and the ovary; os and cervix uteri healthy.
16	1830, May 30.	Mrs. C—, 44, Upper Rathbone place.	39	M.	Catamenia irregular; pain in the back, hypogastrium, and loins; sense of bearing down; emaciation; habitual mucous discharge, tinged with blood, coagula occasionally; dyspnea; death took place eleven weeks after the patient came under observation. Post-mortem appearance: Os uteri hard, irregular, and ulcerated.
17	1830, Dec. 15.	Case with Dr. H. Ley.	46	M.	Two years' great pain in uterus, sacrum, loins, and thighs; copious discharges; sickness; sallowness; an irregular fungoid mass growing from os uteri; phlegmasia dolens in both lower extremities; perforation of bladder. Post-mortem appearances: A spongy cancerous fungus within the bladder; os and cervix and body of uterus converted into a substance like lard or brain; vena cava, iliac, and femoral veins inflamed and obstructed.
18	1831.	Case with Mr. Jones.	60	M.	Leucorrhœa streaked with blood; pain; profuse serous, purulent, sanguineous fetid discharge; symptoms of acute peritonitis before death. Post-mortem appearances: Whole sac of peritoneum inflamed; perforation of peritoneum of fundus uteri; black sloughing border; peritoneum of uterus behind affected with melanosis; os and cervix uteri destroyed by ulceration, and walls of vagina converted into a soft substance like lard.



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
19	1829, May 9.	A lady, with Mr. Griffith.	50 (about)	M.	<p>Had been suffering for some time with symptoms of cancer of the uterus; was seized on the 9th of May, 1829, with frequent vomiting, diarrhoea, and unremitting severe pain in the uterus; became sallow and emaciated, and there was a constant discharge of a dark-coloured watery fluid from the vagina: on the 27th, aphthous ulceration of the mouth took place, and retention of urine; died at the end of June.</p> <p>Post-mortem appearances: Anterior lip of os uteri, and the greater part of its internal surface and of the cervix, disorganised by cancer, a small, rugged, fungoid growth hanging from them into the vagina, the mucous membrane of which was ulcerated; branches of left hypogastric vein filled with dense coagula; left spermatic coated with false membrane; veins of right side in the same condition. (See preparation.)</p>
20	1832, March.	Case, St. James's Infirmary.	40	Uncertain.	<p>Had died after long suffering with pain, discharge, and other symptoms of cancer uteri. Post-mortem appearances: The rectum adhered firmly to the uterus; on the left side of the uterus there was a large mass of a yellowish-white colour, the central part of which resembled custard.</p>
21	1832, March 4.	Case, St Mary-le-bone Infirmary.	46	Ditto	<p>Constant severe pain and fetid discharge for many months. Post-mortem appearances: The orifice and cervix uteri entirely destroyed; no enlargement or change of structure in the portion of the uterus that remained; perforation of the rectum.</p>
22	1835.	Mrs. B—, with Mr. Saunders.	55	M.	<p>Suffered during fourteen months from occasional attacks of uterine hæmorrhage; a white discharge from vagina, with pain in the sacrum and hypogastrium; retention of urine for two months, requiring the catheter. Post-mortem appearance: Extensive ulceration of uterus and vagina.</p>
23	1836, Nov. 2.	Case, St. George's Hospital.	23	S.	<p>Died after long-continued severe suffering from uterine pain and profuse discharge. Post-mortem appearances: The upper part of the vagina and os uteri destroyed by ulceration; the part of the uterus that remained had a medullary appearance.</p>
24	1836, Nov.	Case, St. George's Hospital.	28	Uncertain.	<p>The sufferings in this case were violent and protracted. Post-mortem appearances: The fundus and body of uterus in a hard scirrhus state; os and cervix completely destroyed by ulceration; about the middle of the vagina the coats formed a hard ring, where the ulceration ended; bladder perforated.</p>



25	1836, Dec. 29.	Case with Dr. Scott.	45	S.	Repeated attacks of uterine hæmorrhage in the course of three years. Post-mortem appearances: Uterus much enlarged; os and cervix in a perfectly healthy state; mucous membrane and a great portion of the muscular coat of the fundus and body had entirely disappeared; cavity of uterus presented an irregular, tattered, yellowish appearance; a fibrous tumour in the anterior wall.
26	1837.	Case with Dr. J. Prout.	40	Uncertain.	Pain in the situation of the lower part of the uterus and fetid discharge were the chief symptoms; phlegmasia dolens in left inferior extremity. Post-mortem appearances: Os and cervix uteri destroyed by ulceration; body and fundus neither enlarged nor apparently altered in structure; extensive peritonitis; a cancerous mass situated on the left side of the uterus; iliac and femoral veins obstructed.
27	1839.	A lady, with Dr. Gardiner.	52	M.	After suffering for some months from general debility and loss of appetite, suddenly seized with profuse uterine hæmorrhage; afterwards thin fetid discharge; salowness; slight occasional pain about the sacrum, groins, and posterior surface of the thighs; nausea; vomiting; fever; a great malignant fungoid tumour filling up the vagina, harder in some parts than in others; a portion of tumour covered with a membrane, other parts destroyed by ulceration. This case proceeded rapidly to a fatal termination.
28	1838.	Case with Mr. Gellatly.	27	M.	Leucorrhœa in 1836. No pain, and general health good; discharge ceased for a time after the use of cubebs and astringent injections; afterwards a thin discharge, occasionally tinged with blood. Feb. 1838, profuse hæmorrhage. May 1838, vagina filled with a large irregular fungoid tumour growing from the entire os uteri; lobulated anterior portion harder than posterior, and covered with a smooth membrane; root of tumour divided with a ligature; afterwards thin profuse discharge; œdema of lower extremities. Post-mortem appearances: Uterine peritoneum studded with cancerous tubercles; body and fundus uteri in a scirrhous state; a large cancerous tumour protruding into the cavity of the bladder; a soft, broken-down, fungoid mass adhering to the whole os uteri.
29	1838, Dec.	Case at St. George's Hospital.	40	Uncertain.	In December, 1838, a large, irregular, fungoid tumour filled the upper part of the vagina, and grew from the whole os uteri, supposed by a practitioner to be a common fibrous polypus, and a proposal made to tie its root. Died in March, 1839, exhausted with pain, discharge, and sympathetic irritation. Post-mortem appearances: Ulceration of os and cervix uteri and vagina; tumour had almost entirely disappeared; a fungoid tumour growing from the coats of the



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
30	1838, May 9.	Anne West, George's Hos- pital.	46	M.	<p>bladder; a scirrhus mass on the left side of the uterus; iliac and femoral veins obstructed.</p> <p>Sharp lancinating pains in the loins, abdomen, and thighs, with difficult micturition; urine acid; ankles swollen. May 21: bladder sounded, and no calculus detected. 9th June: ascertained that menstruation had ceased two years before, and that ever since there had been slight pale discharge, which had at times a fetid odour; the os uteri and anterior wall of the vagina hard and irregular, and at one point ulceration had commenced. Duration of disease unknown.</p>
31	1838, June 23.	Case with Mr. French.	60	Uncer- tain.	<p>Symptoms of cancer uteri had long been present, and long before death Mr. French knew that ulceration existed. Post-mortem appearances: Os and cervix uteri and upper part of vagina almost entirely destroyed by ulceration; bladder perforated; fundus and body of uterus not enlarged, but the muscular coat was harder than natural; the lining membrane of the cavity of the uterus was covered with numerous small cancerous tubercles; ulceration behind had reached the uterine peritoneum, and to this the corpora fimbriata adhered. Both ovaria contained cysts.</p>
32	1838, March 31.	Mary Peaton.	32	M.	<p>Pain over the hypogastrium, in the loins and thighs; difficulty in passing the urine; yellow discharge from the vagina; disease had commenced eight months before with profuse uterine hæmorrhage; extensive induration and ulceration of the os uteri and upper part of vagina; sickness; vomiting; constant fetid discharge: on the 7th May two quarts of blood suddenly discharged; afterwards urine flowed involuntarily. Symptoms continued till the 23d May, when a half-decomposed, ragged, flocculent mass escaped from the vagina: on the 28th uterine hæmorrhage returned, and she died suddenly.</p>
33	1838, Aug. 14.	Mrs. White, with Dr. Duffin.	46	M.	<p>Uterine hæmorrhage for nine months before the patient came under my observation; this had occurred at intervals without pain; general health good; then a brown-coloured fetid discharge, nausea, debility, soreness about the back, groins, and thighs, and sensation of bearing down; left foot and ankle swollen; a long, hard, irregular-shaped cancerous fungous tumour growing from the posterior lip of os uteri. 23d August, tied with a ligature. Died April 19th, 1839, with vomiting, fetid discharge, and great sense of oppression about the region of the heart.</p>



34	1838, Oct.	Mrs. Hill.	40	M.	Post-mortem appearances: Both sacs of the pleura contained serum, and the surface of the heart and inner surface of the pericardium coated with lymph; portions of the ileum adhered to the back part of the uterus, upper part of which traversed by white hard bands; a dark-coloured fungous mass occupied the situation of the os and cervix uteri; coats of bladder thick and hard; ureters dilated. The father of this patient had died of cancer. Uterine hæmorrhage with severe pain, afterwards discharge, thin, and having an offensive odour; emaciation and debility; upper part of vagina felt like a hard cartilaginous ring. Post-mortem appearances: Extensive peritonitis; fundus and body of uterus slightly enlarged, but the coats apparently healthy; os and part of cervix uteri and upper part of vagina destroyed by ulceration; the part of the cervix which remained had a soft, black, flocculent appearance, as if gangrenous or sloughing; rectum perforated. Two years before had begun to suffer from pain in the right iliac region and attacks of uterine hæmorrhage; extensive induration and ulceration of the uterus and vagina; bladder perforated. The date of the patient's death not ascertained.
35	1838, Nov.	Elizabeth Goodard, St. George's Hos- pital.	46	M.	This patient died from an encephaloid tumour of the lungs on the right side. Post-mortem appearances: The neck of the uterus hard, like cartilage; at the uterine orifice of the cervix, a small hard tubercle, with an irregular surface, raising and involving the mucous membrane of the part; the mucous membrane, cellular tissue, and muscular coat, to a small depth, were all changed; the muscular coat of the neck of the uterus was hard, and of a bluish-yellow colour; this change had extended only midway between the mucous membrane and peritoneum behind; parts not vascular.
36	1839, March 4.	Case, St. George's Hospital.	42	Uncer- tain.	During five months, profuse discharges of blood from the uterus; no pain; a tumour the size of a large pear growing from the anterior lip of the os uteri, by a slender peduncle; surface of tumour irregular, density not uniform, covered by a thin smooth membrane; on the left side of the vagina there was a small, hard, cancerous tubercle, which, in the course of no long period, became a fungoid tumour of considerable size; coats of vagina around affected with scirrhus.
37	1839, March 22.	Case with Mr. G. Webster.	56	M.	This patient died from disease of the brain. Post-mortem appearances: Uterus not enlarged; anterior lip hard, and of a dark-red mottled appearance; muscular coat beneath this indurated, and of a dull white colour; the mucous membrane of the posterior lip was partially destroyed by ulceration; what remained was yellow,
38	1839, April 22.	Case, St. George's Hospital.	46	Uncer- tain.	



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
39	1839, March 21.	Case with Dr. B. Brown.	35	M.	<p>hard, and irregular; the muscular coat of posterior lip hard, like cartilage, and of a dull white colour.</p> <p>Irregular menstruation in 1838, then a great discharge of blood; no pain; orifice unusually open; posterior lip ulcerated, and cervix hard and enlarged. 16th June: Occasional returns of hæmorrhage, and in the intervals a copious, fetid, yellowish or reddish discharge; sallowness; upper part of vagina filled with fungous masses, growing from the os and cervix uteri. 28th September: Pain and profuse discharge; great fetor; appetite good; strength improved. Three months the symptoms had undergone no change.</p> <p>One of the mammae had been removed some time before death for cancer. Post-mortem appearances: Brain and spinal cord affected with malignant disease; peritoneum covered with cancerous tubercles; ovaria affected with cancer; two small vascular, fungoid tumours growing from or beneath the lining membrane of the cavity of the uterus.</p>
40	1839, June.	Case, St. George's Hospital.	55	Uncertain.	<p>The right mamma of this woman had been amputated, in the Middlesex Hospital, some time before her death; the disease had returned; some months before her decease excruciating pains were experienced in the abdomen. Post-mortem appearances: Hard scirrhous tumours in the lungs and pericardium; the peritoneal sac covered with small cancerous tubercles; the uterine and ovarian peritoneum covered with tubercles; the muscular coats of the uterus healthy.</p>
41	1839, Sept. 22.	Case with Mr. Jones, Union Workhouse.	45	M.	<p>Profuse discharge of blood from the uterus several months before the patient was seen; then a large, irregular, fungoid mass, in a state of ulceration, growing from the uterus: fetid discharge; slight dull pain in the back; sickness; sallowness; gradual exhaustion.</p>
42	1839, Dec.	Case, St. George's Hospital.	40	Uncertain.	<p>Leucorrhœa during two years, without pain; Spring of 1839, pain in the region of the uterus, with red-coloured discharge; os and cervix uteri hard, irregular, and ulcerated. The disease ran its usual course, and terminated fatally not many months after.</p>
43	1839, Sept. 26.	A lady, with Mr. Hutchinson.	46	M.	<p>April, 1840, a fungoid, cancerous mass growing from the os uteri; in May it was ascertained that pregnancy existed; delivery took place spontaneously, 14th July;</p>
44	1840, April 3.	Mrs. R—.	35	M.	



45	1840, April 13.	Mrs. C—.	38	M. two chil- dren.	the symptoms of cancer for a time disappeared, but returned, and proved fatal, 1st January, 1841. Twelve months' dull pain in the region of the uterus; then a discharge of watery or bloody fluid during six months, flatulence, loss of appetite and strength; os uteri hard, irregular, ulcerated at the back part, bleeding when touched. The disease extended to the vagina and surrounding parts, and proved fatal four months after, with great suffering.
46	1840, April 13.	Mrs. B—, with Dr. Stodart.	60	M. children.	Pain in the back and loins; sickness; emaciation; sallowness; occasional profuse discharges of serous and blood and fluid; vagina hard and ulcerated; os and cervix uteri completely disorganised. The disease had commenced a year before, and it proved fatal about six months after.
47	1840, May 1.	Mrs. A—, with Dr. Cross.	41	M.	Twenty-four hours in labour, at the full period; os uteri indurated and ulcerated; symptoms of cancer had commenced two years before, and the pain and discharge increased after conception; delivery effected by craniotomy. Died 4th May. Neck of uterus lacerated; presented the appearance of a dark-coloured, dis- organised mass.
48	1840, June 15.	Mrs. S.	47	M.	Great pain in the uterus and rectum; general health impaired; fetid discharge; os uteri irregular; cervix hard. Leeches applied to the anus without any benefit. The subsequent course of the disease imperfectly known.
49	1841	Mrs. B—.	46	M., 1 child 22 years before.	Ill sixteen months; a discharge, sometimes watery, at other times thick and bloody; sickness at stomach; pain in the sacrum, extending down the thighs and legs; debility; emaciation; os uteri and upper part of vagina hard and ulcerated.
50	1841, October.	Mrs. —, sister of Dr. Colin Mac- kenzie.	60	M.	Catamenia ceased at 45; three months ago seized with pain in the uterus; irritation of bladder; debility; no emaciation, but abdomen shrunk; os uteri hard, irregular, lips everted; vagina affected; slight sanguineous and watery discharge; tepid hip- bath and injections. Anodynes.
51	1842, July 31.	Letitia Woodgate, St. George's Hos- pital.	31	Uncer- tain.	Carcinomatous ulceration of uterus, vagina, and rectum; the cervix uteri and upper part of vagina completely destroyed by malignant ulceration; peritoneum between vagina and rectum nearly perforated; layer of lymph there effused; a large open- ing between rectum and vagina; a small opening into the bladder; body of uterus apparently healthy.
52	1843, March 3.	Mrs. L—.	40	M. children.	This patient seen only once; abortion had taken place eight months before; excru- ciating pain, day and night, in the back and within the pelvis; hæmorrhage;



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
53	1843, July 31.	Mrs. P—.	56	M. children.	profuse fetid discharge; remarkable loss of muscular strength. The disease proved fatal a few months after.
54	1844, Feb.	Case with Mr. Woolmer.	45	M.	Pain in the sacrum, loins, and thighs; profuse fetid watery, and sometimes sanguineous and purulent, discharge; sickness; loss of appetite; emaciation; extensive induration and ulceration of the upper part of vagina and uterus; the sufferings great and protracted, and little relief from anodynes and all other remedies.
55	1844, Feb.	Case, London-road, with Mr. Hooper.	45	M.	Scurrhous ulceration of os uteri and vagina; fetid, serous, purulent, and occasionally icherous discharge, with pain of more or less intensity at intervals.
56	1844, April.	Mrs. B—.	54	M.	The sister of Mr. Hooper, who was dying, when seen by me, of cancerous ulceration of the uterus and vagina; the bladder and rectum were both injured by the disease before it had run its course, which was attended with dreadful sufferings.
57	1844, Sept. 7.	Mrs. J—.	47	M. ten children.	Hæmorrhage; purulent discharge from the vagina commenced eight months ago; now in a nervous condition, almost hysterical; a great fungoid, cancerous tumour growing from the os uteri; vagina hard and ulcerated. This case went on rapidly to a fatal termination.
58	1844, Oct. 3.	Mrs. S—, with Mr. N. Smith, Clifton.	33	M. four children.	Six months ago seized with uterine hæmorrhage; no pain; a copious discharge, like the lochia, almost constantly ever since; now a little pain in the back and lower part of the abdomen; a great mass of fungoid cancerous disease growing from the os and cervix uteri; swelling of the feet and ankles. Nearly every day during the last month caustic has been applied through the speculum, without benefit; losing ground and becoming weaker daily. Died soon after.
59	1844, Nov.	Mrs. L—.	34	M. eleven children.	Emaciation; pulse 120; sallowness; almost constant pain in the sacrum and left groin; irritation of the bladder; feeling of bearing down; os and cervix uteri large and hard; an irregular fungoid tumour growing from the whole orifice; fetid discharge. Disease commenced nineteen months ago; grandmother died of cancer uteri. At first supposed to have been pregnant and miscarried; of late constant draining of thin, bloody, fetid fluid. Proved fatal in a few months. Complains of pain in the right groin and right side of the hypogastrium; occasional hæmorrhage; leucorrhœa in the intervals; anterior lip of os uteri projects unusually; cervix behind thick, hard, and irregular; body of uterus enlarged; no



60	1845.	Mrs. H—.	47	M.	ulceration. Existence of malignant disease strongly suspected in this case. Result unknown.
61	1845, April 3.	Mrs. C—.	46	M. children.	A great fungoid, cancerous tumour, filling the upper part of the vagina, and growing from the whole os uteri. Caustic applied through the speculum; symptoms aggravated by the treatment. The history of the case led to the conclusion that the disease had commenced the previous June.
62	1845, May 2.	Case with Dr. Hull.	53	M. children.	Sense of bearing down about two years, followed by a pale, slimy, fetid discharge; catamenia regular two years ago; little pieces like flesh have at different times come away from the vagina, and at other times coagula of blood; pain in left side of hypogastrium; now a profuse pale, offensive discharge; right leg swollen; anterior part of uterus greatly enlarged; os and cervix uteri hard and ulcerated.
63	1845, July 1.	Mrs. H—, with Mr. Balderson.	60	M.	Catamenia had ceased three years; in October, and again at Christmas, a coloured discharge; pain, at first slight, in the hypogastrium has been gradually increasing; sickness; debility; emaciation; os and cervix uteri and a great part of vagina affected with scirrhous ulceration. Disease soon fatal.
64	1845, Oct. 20.	Mrs. S—.	34	M.	Great discharge in October last; loss of appetite and strength. Alum injection; mineral acids. Discharge ceased for a time; returned in January; in June, profuse, with pain of the loins and sacrum in paroxysms; irritation of the rectum, and burning pain on the right side of uterus; extensive scirrhous ulceration of uterus and vagina.
65	1845, Nov. 1.	Mrs. H—, with Mr. York.	37	M. children.	A profuse watery discharge since Christmas; portions of a tumour said to have been cut away soon after from the vagina. September, great hæmorrhage; operation repeated. Oxymuriate of potash and matrico-leaves prescribed, and liquor potassæ. The vagina now filled with a great fungoid cancerous tumour; profuse uterine hæmorrhage; so feeble that she cannot walk. Did not long survive.
66	1845, Dec. 8.	Mrs. M—, with Mr. Porter.	35	M. children.	Six months ago profuse leucorrhœa; aching about the thighs; pain in the bladder and uterus; sense of weariness; fetid discharge; sallowness; emaciation; appetite good; os uteri hard, irregular, gaping, ulcerated. Caustic applied through the speculum about fifty times; continued till the time of her death.
					Uterine hæmorrhage in the eighth month of pregnancy; placenta at first supposed to present; a large, soft, cancerous tumour growing from the entire circumference of os uteri; cervix in a scirrhous condition. Died on the 14th December, undelivered. Post-mortem appearance: Os and cervix uteri disorganised with cancer.



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
67	1845, Dec.	Mrs. K—.	43	M.	Uterus in an advanced stage of cancerous ulceration. A sister of this lady died from cancer of the breast; another sister, aged 33, is now reported to be dying from cancer of the uterus.
68	1846	Mrs. L—, with Mr. Pollock.	42	M.	Pain in the region of the uterus, and thin, slightly discoloured discharge; pain has become greater and almost constant, and the discharge fetid; cervix uteri hard, knobbed; orifice irregular and ulcerated. Anodynes; leeches occasionally; injections; hip-bath. Died May 26, 1846.
69	1846, March 9.	A lady, with Dr. H. Davies.	32	M. two children.	An abortion three years ago; almost constant discharge during the last six weeks; now pain in the lower part of the back, extending down the thighs; palpitation of heart; sense of sinking. Her mother died of cancer of the uterus at the age of 46. The os uteri hard and irregular, gaping, and the posterior lip ulcerated. May 6th: Coagula of blood discharged; pain much aggravated. June 10th: Profuse hemorrhage; ulceration has extended to the vagina. July: No better. Leeches, sarsaparilla, tepid baths, anodynes. The disease proceeded rapidly.
70	1846	Mrs. L—.	49	M.	Catamenia have ceased two years; great pain in the back, hips, and down the thighs during three months; sickness at stomach; debility; watery discharge; swelling of the feet and ankles; extensive hardness and ulceration of uterus and vagina. Caustic, through the symptoms, frequently applied with mischievous effects. Hemorrhage and severe pain. 12th January, 1847: Great pain at night; discharge not fetid; lived several months in a state of the greatest suffering.
71	1847, May.	A lady, with Mr. Pyne Royston.	51	M. three children.	Catamenia ceased three years; a coloured discharge appeared fourteen months ago, which has continued; coagula occasionally pass; pain in the sacrum and thighs; sickness; debility; irritation of bladder; hemorrhoids; lips of os uteri partially destroyed; orifice wide open; fetid discharge; glands of groin indurated.
72	1848, May 22.	Mrs. N—, with Mr. Tippetts, Dartford.	50	M. sterile.	A small hard knob or projection from the inner surface of the posterior lip of the os uteri; anterior lip thin, smooth, and soft; except this, hardness in the posterior lip, and shooting pains about the uterus; no symptom of cancer; seen through the speculum, both lips red; a small quantity of bloody fluid seen oozing from the os uteri; discharge and other symptoms of cancer took place more than a year



73	1848.	Mrs. B—.	45	M.	afterwards, and Mr. Tippetts informed me that the patient died of scirrhus ulceration in 1851.
74	1848, June 20.	Mrs. A—, with Dr. Ashwell and Mr. Aston Key.	60	M. one child.	Considerable discharge from the vagina, and irritation about the bladder, for six months. Mr. Aston Key then examined, and expressed a suspicion that malignant disease existed; now she describes the pain as racking and burning; there is difficulty in passing the urine; sickness; loss of strength; occasional hæmorrhage, and almost constant fetid discharge; cancerous ulceration far advanced. Catamenia have ceased ten years; three months ago, when in perfect health, a slight show took place; then leucorrhœa, without pain; then a sensation as if the catamenia were about to reappear; the pain has since been in the back and all round, with sense of bearing down; anterior lip of os uteri healthy, posterior swollen and bulging out, irregular, and slightly ulcerated; discharge has a peculiar odour. In September, os uteri harder and more irregular; pain distressing; no doubt that cancer exists; speculum and caustic proposed, but rejected; emaciation; weakness; soreness of the back; œdema of feet; bladder and rectum both perforated. Died 3d September, 1850, after remaining long in a state of insensibility and complete unconsciousness.
75	1848, Aug. 14.	Mrs. C—, with Mr. Marshall.	56	M. children.	Catamenia have long ceased; leucorrhœa during a year occasionally mixed with a thick purulent-looking matter; no suspicion till a few days ago of the existence of any organic disease when Mr. Marshall made an examination, and found the os and cervix uteri hard, thickened, and ulcerated. The disease went on very slowly to the usual termination.
76	1849, May 5.	Mrs. B—, with Mr. Smith, Richmond.	42	M. one child.	Symptoms of cancer uteri commenced in October last; but out of health eighteen months before. Now great pain in the uterus; hæmorrhage; profuse fetid watery discharge; sickness in the morning; great weakness, and some emaciation. About two inches from the ostium vaginæ the finger came in contact with a hard, lobulated, fungoid mass. The danger of exciting hæmorrhage prevented the connections of the root of the tumour being ascertained. The disease proceeded rapidly.
77	1849, May.	A lady, with Dr. Ashwell.	48	M. seven children.	Ulcerated carcinoma of uterus and vagina in an advanced stage; the discharge controlled apparently for a time by the frequent application of lunar caustic; sickness; emaciation; pallor; bladder affected. Dr. — consulted, who affirmed that he had cured similar cases in Scotland. A strong prospect held out of relief at



No.	Date.	Name.	Age.	Married Single.	Symptoms, Treatment, and Morbid Appearances.
78	1849, Aug. 9.	Lady M—.	44	M.	<p>Edinburgh. Died soon after her arrival there, from hæmorrhage and exhaustion; and in about three weeks was buried in Kensal Green Cemetery.</p> <p>In good health eighteen months ago, when uterine hæmorrhage occurred; great lassitude and sickness at stomach; profuse fetid discharge; os uteri hard, irregular, and ulcerated, and vagina bleeding when touched. The local and constitutional symptoms gradually became more severe.</p> <p>About the 29th of May first began to complain of pain, especially in the left groin; this pain has gradually increased all round the pelvis, and especially down the left thigh; three or four months before that had discharge sometimes coloured; feels certain that the disease has been coming on for twelve months; sallowness of complexion; emaciation; she was not well, but there was no distinct symptom. Her sufferings are now become excruciating. Mr. Pollock examined her four weeks ago, and found the body of the uterus larger than natural; round the meatus urinarius and within the vagina there were several hard tubercles of a very suspicious character; I found the os and cervix uteri perfectly sound; the back part of the body of the uterus was hard and bulging, as if a fibrous tumour had occupied the posterior wall of the uterus; severe suffering till death. Post-mortem appearances: An encephaloid disease occupied the posterior wall of the uterus, and the tubercles in the vagina were found to be cancerous.</p>
80	1850, Jan. 15.	Mrs. W—, with Dr. Duffin.	33	M.	<p>Profuse watery discharge from the vagina during twelve months, and a kind of gnawing pain in the back; there is an irregular lobulated mass growing from the whole posterior part of the vagina and os uteri, a large cauliflower-like excrescence. It was proposed to employ caustic through the speculum, but the practice was not had recourse to.</p>
81	1850, June 20.	Mrs. L—.	59	M. sterile.	<p>Watery discharge, and occasionally discharges of blood took place four years after the cessation of the catamenia. At the end of three years a small vascular tumour, the size of a pea was seen through the speculum, protruding through the os uteri; it increased rapidly, and no doubt was entertained by me that it was of a malignant nature; great quiet, and soothing remedies recommended. Went to Edinburgh, where it was proposed to apply potassa fusa to the parts; the tumour was afterwards</p>



82	—	Case, St. George's Hospital.	35 (about)	—	repeatedly destroyed by caustic, but grew again; the discharge became more profuse and offensive. Died in a state of stupor, June 20th, 1850. Duration of disease six years.
83	1850, Jan. 3.	Case with Mr. Ince.	46	S.	Several years ago a woman with cancer of the uterus, three months pregnant, was a patient in St. George's Hospital. Labour came on at the end of the seventh month; fetus extracted by Mr. Price, of Margate, with the vectis; symptoms of ruptured uterus soon followed. Post-mortem appearances: The whole orifice and neck of the uterus destroyed by cancerous ulceration and cervix lacerated.
84	1850, Aug. 30.	Mrs. B—, Southampton.	47	M.	This lady had enjoyed good health till twelve months before, when, without any obvious cause, a habitual profuse watery discharge, occasionally tinged with blood, took place from the vagina without the slightest pain. Mr. Ince had ascertained, a few days before, that the vagina was filled up to the orifice with a soft doughy tumour, smooth in some parts and rough and irregular in others. The root of this tumour grew from the whole of the lower part of the uterus; there could be no doubt that it was a malignant fungoid disease, and beyond checking the discharge and supporting the patient's strength, nothing was attempted. The disease proved fatal three months after. (See Preparation.)
85	1843, July 16.	Case, St. George's Hospital: Elizabeth Cousins.	56	—	Long subject to leucorrhœa; during two preceding years catamenia more frequent than usual; debility. Since April hardly ever free from coloured discharge, and has had more pain extending down the thighs; irritation of the bladder. There existed great hardness and ulceration of the os uteri; uterus firmly joined to the parts around in the pelvis. Saw through the speculum a bloody ulcerated surface. This patient was alive about a year after this. Has since died.
					The parts were removed together from the pelvis; the internal surface of the bladder presented several small medullary tubercles, situated below the mucous membrane, and projecting into the bladder. One of these was the size of a large bean. The os uteri had completely disappeared, and a ragged ulcerated surface occupied its situation. The whole of the uterus was converted into one mass of encephaloid disease, portions of which were broken down to the consistence of cream. The parts surrounding the uterus were so involved in the disease that its outline could no longer be distinguished. Within the broad ligaments were numerous small encephaloid deposits. A large deposit of encephaloid matter found underneath the



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
86	1844, Aug. 21.	Mrs. C—, with Mr. H. Gilbert, St. Leonards.	65	M. children.	peritoneum, opposite the left foramen ovale. Some parts of this were soft and mixed with blood. The glands in the left groin similar in structure. Eighteen months before this, an alarming flooding; from this time the discharge described continued. About six weeks before this date, tenesmus, and dysuria, and sense of bearing down; discharge from the vagina upwards of a year, slightly offensive at times; sudden hæmorrhage from the uterus; "os uteri very irregular, hard, unyielding, slightly nodulated, filling up too much of the cavity of the pelvis;" finger covered with sanious fluid. "The most redeeming part of the case is that she has had no pain," observed Mr. Gilbert. Nov. 4th. Cancerous disease proceeding in its usual course; appetite lost; great general weakness; thin and emaciated, and attacks of sinking; severe pain. Died in three months.
87	1849, March 29.	Case with Mr. G. Webster.	50	S.	Scirrhus ulceration of os uteri and vagina; profuse fetid discharge; violent attacks of pain coming on periodically at a fixed period every afternoon, and lasting for several hours, as in Case 79. The speculum and caustic had been employed diligently with no good effect. Vomiting; emaciation; great debility, and exhaustion.
88	—	Mrs. H—, with Mr. G. Pollock.	54	M. children.	Ulcerated scirrhus of the uterus and vagina, and profuse fetid discharge wholly unaccompanied with pain, and the disease ran its course to a fatal termination more than a year after this without any pain having ever been experienced. Coma preceded death.
89	1851, Dec. 1.	Mrs. B—.	46	M. sterile.	A large soft tumour filling up the uterus felt through its orifice. Os uteri healthy; neck shortened; body greatly enlarged; a profuse watery and bloody discharge. Doubtful if a malignant disease. April 14, 1852. Uterus still more enlarged; orifice more open; portions of the tumour having an encephaloid character have come away; now a more profuse offensive bloody discharge; great emaciation and debility.
90	1851, Sept. 2.	Mrs. A—, with Dr. Julius.	28	M.	Leucorrhœa during two years; constant profuse offensive discharge since the month of May; occasional attacks of hæmorrhage; discharge sometimes has a yellow colour, like pus; pain in the loins; a great fungoid tumour filling up the vagina. The case proved fatal in about two months.



91	1851, Nov. 26.	Mrs. F—, with Mr. Keen, Chelsea.	51	M.	Catamenia ceased twelve months ago; has been subject to irregular discharges of blood from vagina; now suffering from a large carbuncle on the loins. "Her mother died of a bleeding tumour of the womb." Mr. Keen made an examination and found a tumour attached to the anterior lip of the os uteri. I found an irregular fungoid cancerous tumour growing from the anterior lip. Tonics; sarsaparilla; astringents. Cachexia; œdema of feet; ascites. Died on the 1st Jan. 1852.
92	1851, April 28.	Case, Dr. Bence Jones, St. George's Hospital.	26	S.	Os and cervix uteri affected with cancerous ulceration; profuse offensive discharge; constant intense pain; retention of urine; sickness; vomiting. Died in a few days. Duration of disease about eight months. Post-mortem appearance: Cervix uteri entirely obliterated; the whole internal surface of the uterus occupied with a mass of soft fetid ulcerated tissue of a greenish-brown hue; substance of uterus greatly enlarged, and at the fundus much thickened; lower portion of posterior wall infiltrated with cancerous matter.
93	1851, Dec. 14.	Mrs. H—, South- ampton.	42	M. one child.	In good health till eighteen months ago, then a slight watery discharge without pain; hæmorrhage followed the use of the speculum and caustic; discharge became profuse, with a disagreeable odour. A large fungoid cancerous tumour in the vagina, springing from the whole os uteri. Emaciation; debility; sallow as if jaundiced.
94	1851, April 29.	Mrs. P—, with Mr. Pollock, Ken- sington.	52 or more	M.	Carcinomatous ulceration of the os and cervix uteri and vagina; profuse serous, purulent, and fetid discharges, with pain in the sacrum and within the pelvis; emaciation and gradual loss of strength during the progress of the disease. "Previous to her death there was a communication with the rectum and bladder, so that both were evacuated by the vagina." Died April 29, 1851.
95	1851, May 3.	Case of Dr. Nairne, St. George's Hos- pital.	43	M.	Without any apparent cause eighteen months before attacked with uterine hæmorrhage. This soon ceased, but was followed by pain, sense of bearing down; a serous fetid discharge; difficulty in voiding the urine; emaciation; debility; sickness. A large, hard, irregular cancerous tumour filling the upper part of the vagina.
96	1852, Jan. 30.	Mrs. T—, with Dr. Elliott and Sir B. Brodie.	60	M. children.	A large tumour, hard in some parts and soft in others, growing by a thick root from the posterior lip of the os uteri. The cervix around nodulated. Anterior lip hard, irregular, and ulcerated. Considerable discharge, not offensive; little pain; sickness; emaciation; loss of strength. There could be no doubt that cancerous disease of the uterus existed in this case, and no attempt was made to remove or destroy the tumour. Conium; sarsaparilla; quiet employed.



No.	Date.	Name.	Age.	Married or Single.	Symptoms, Treatment, and Morbid Appearances.
97	1852, January.	Mrs. M—, Oxford-terrace, King's-road, Chelsea.	52	M. children.	Extensive scirrhus ulceration of the vagina and os uteri; profuse offensive discharge; coloured serum-like ochre. Sometimes most excruciating pain. In April the disease had extended near to the ostium vaginae; bladder and rectum both perforated; emaciation; sickness; attacks of sinking, and horrible sufferings. Death. Catamenia regular till eighteen months ago. In ill health upwards of a year; constant red-coloured or greenish discharge, with peculiar fetor; sickness; emaciation. A fungoid cancerous tumour growing from the posterior lip of the os uteri, and filling up the back part of the vagina. The anterior lip affected with scirrhus ulceration. Little or no acute pain. A sensation, almost constant, as if the catamenia were about to appear.
98	1852, March 24.	Mrs. P—, with Mr. Randolph, Westminster.	38	M. sterile.	Constant discharge during two years. A recent miscarriage supposed to have taken place. Dr. Power had, fourteen days before, examined with the speculum and seen extensive ulceration of the os uteri; lunar caustic applied four times without any good effect. Now pains in the sacrum, lower part of the abdomen, and down the thighs. With the finger it was readily ascertained that extensive scirrhus ulceration of the uterus and vagina existed. Uterus fixed in the pelvis.
99	1852, March 19.	Mrs. B—, with Dr. Power.	32	M. children.	The speculum and caustic had been employed in this case before the patient had been seen by Dr. Farish and Mr. Hodgson. Catamenia had ceased two years before; repeated hæmorrhages; general health not much impaired; the vagina filled with an irregular cancerous fungoid mass, springing from the os uteri and anterior wall of vagina; a profuse ichorous discharge; little or no pain. Sponge with gallic acid used, and anodynes. April: Constitution now suffering. Died.
100	1852, Feb. 23.	Mrs. R—, with Dr. Farish and Mr. Hodgson.	50	M. children.	

From the preceding Analysis it appears,—

1st. That cancer may commence in any part of the mucous, muscular, or peritoneal coats of the uterus; but most frequently in the os and cervix.

2dly. That the earliest symptoms of the disease, in a large proportion of cases, were discharges of sanguineous, serous, or white-coloured fluid from the vagina, with sense of uneasiness, or pain more or less acute, within and around the pelvis.

3dly. That cancerous disease of the uterus presented itself most frequently in the form of induration and ulceration of the os and cervix uteri and vagina, or ulceration without induration, or in the form of fungoid tumours, usually called cauliflower excrescences, growing from one of the lips, or the whole os uteri, being often associated with encephaloid and colloid masses, and true scirrhus of the remaining portions of the uterus and contiguous viscera.

4thly. That in no case could cancerous disease of the uterus be referred to inflammation, and that its fatal progress was never arrested by cauterising the morbid structures through the speculum, or by any other method of treatment.

*The following Table shows the ages at which the foregoing Hundred Cases of Cancerous Disease of the Uterus occurred:*

1 at 23 years of age	}	6 under 30.
1 „ 26 „		
1 „ 27 „		
3 „ 28 „		
1 „ 31 „	}	16 from 31 to 39.
3 „ 32 „		
2 „ 33 „		
2 „ 34 „		
4 „ 35 „		
1 „ 37 „		
2 „ 38 „		
1 „ 39 „		



8	at 40 years of age		
1	" 41	"	52 from 40 to 50 inclusive.
4	" 42	"	
2	" 43	"	
1	" 44	"	
8	" 45	"	
13	" 46	"	
5	" 47	"	
1	" 48	"	
1	" 49	"	25 from 51 to 60 inclusive.
8	" 50	"	
2	" 51	"	
3	" 52	"	
1	" 53	"	
2	" 54	"	
2	" 55	"	
6	" 56	"	
2	" 59	"	1 at 65.
7	" 60	"	
1	" 65	"	