CASE
OF
MALIGNANT TUMOUR OF THE OS UTERI,
EXCISED DURING LABOUR.

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THE practitioner in midwifery is aware that the presence of malignant disease in the uterus is not an absolute bar to pregnancy, but he is also instructed that, seated in the os and cervix uteri, it may form a serious and even fatal obstacle to delivery.

Instances of this combination are happily not of frequent occurrence, yet Puchelt, in his work entitled "*Commentatio de Tumoribus in Pelvi Partum impredientibus*," published at Heidelberg in 1840, has collected thirty cases of scirrhus and cancer with pregnancy, and to these we may add seven others classed under the head of cauliflower excrescence, with pregnancy. Labour under these circumstances, always attended with difficulty and delay, presents very unfavourable results: of thirty-seven women, five died undelivered, four of them with ruptured uterus: of thirty-two in whom delivery was effected by the efforts of nature alone or aided by art, sixteen were lost during labour; thirteen lived over their confinement, and of three the fate is not noted. Of the children, seventeen were born dead, in addition to the five undelivered, and of five no account is given.

The assistance rendered by art was in some of these cases by operations purely obstetrical, as turning, and the applica-

tion of the forceps; but in two instances, incisions of the diseased parts were made, and in one they were excised.

It is with reference to the last-mentioned mode of relief that I am induced to bring the present case under the notice of the Society, partly on account of its rarity, partly because excision may have been overlooked as inapplicable, or has been too absolutely condemned.

In the authorised published abstract of the proceedings of the Obstetric Society of Edinburgh for the present year, it appears that at the meeting on the 10th of February last, Dr. Simpson stated that he had met with two cases of carcinoma uteri with pregnancy, in which the women had gone to the full time. In one the neck of the uterus was affected; it burst during the progress of labour, the child was still-born, and the woman died immediately. In the other the woman had been ill for three days; she was very much exhausted, and her pulse very rapid. The cervix was indurated at one side, and did not seem at all inclined to yield. Two or three small incisions were made through the indurated portion. This allowed the head to pass, and the delivery was completed after five pains. It was too late, however; the patient's pulse never rose, and she sank in two or three days afterwards.

Having alluded to a case of the same nature, which had occurred at some distance from Edinburgh, and in which delivery was effected by craniotomy, Dr. Simpson expressed his doubts as to the propriety of the operation, and argued that if in any instance we are justified in trying to save the child, at the expense of some additional immediate risk to the mother, it is in the case in question, where the mother's life is, from existing disease, not worth more than a few weeks' or, at most, a few months' purchase. He would recommend that the diseased and obstructing part be freely incised before the patient's strength is exhausted, for Nature generally at last effected this very operation by her own efforts; that is, the parts at last became torn and lacerated, but often when it was too late.

In a recent and esteemed English work on the diseases of the uterus, after incisions have been advised, it is stated that the practice of *excision* is one not adopted in this country, and one which, in the author's opinion, is not at all practicable, much less advisable.

It will, I think, be felt, after the perusal of the following account, that there may be cases in which it is both advisable and safe.

On the 4th November 1844, a lady applied to me, at my house, to have an excrescence, as she termed it, removed from her womb. On examination, I found the anterior lip of the os uteri enlarged and indurated, its surface smooth generally, but rugged and granular round the os itself, which was represented by a mere chink, and was with difficulty made out. The cervix above the enlargement seemed to be in a natural state. Examination gave no pain, but under it the parts bled.

The patient, a fine healthy-looking woman, 38 years of age, married, and the mother of several children, had not menstruated regularly for five months; but during that period she had had several momentary gushes, which stopped as suddenly. She was larger than natural, and had been sick.

I explained to her, that what she had, was not a mere wart or excrescence to be snipt off before she left my room, as she had expected; still that it might be removed; but before doing this, as there was a suspicion of pregnancy, and for other reasons, I desired a consultation. Accordingly Dr. Ferguson and I met, and then associated Dr. Locock with us.

In consultation, it was agreed that the disease was one not to be remedied but by its removal. It was also agreed that the state of the cervix uteri above, authorised this being done. But it was decided that the patient was at the fifth month of pregnancy; and it was determined that nothing in the way of operation should be attempted until after the patient's confinement, when excision of the cervix uteri

should be performed, as soon afterwards as it could with propriety.

Four months after our consultation, on the morning of 2nd of March 1845, I received a note from Dr. Locock informing me that our patient was in labour—that it would be necessary to remove the morbid growth at once, and requesting me to come provided with the requisite instruments for that purpose.

I learnt from Dr. Locock, on my arrival, that labour had commenced two days previously, when the liquor amnii had escaped—that he had been with the patient during the preceding night—that the head did not and could not advance owing to the contracted state of the os uteri and resistance offered by the tumour—that sufficient time had been allowed for the parts to yield—that the patient's safety would not admit of delay, and that the tumour must be removed to allow of delivery taking place.

On examination I found the anterior lip and right side of the os uteri occupied by a hard rugged tumour of oval form, and of the size of a large green walnut. Its limits were clearly defined, and the tissue beyond, and as far as could be ascertained around, seemed to be in a natural state. The posterior lip of the uterus was soft and thin, and the os admitted two fingers, but beyond this it had not yielded for many hours.

During a pain the tumour and contracted os uteri were forced down by the child's head, nearly but not quite within sight.

Assenting to the view of the case taken by Dr. Locock, I proceeded to fix the hooks of a pair of Lisfranc's forceps into the morbid growth, and upon this traction was made by Dr. Locock. I had proposed effecting excision by a curved hernia bistourie; but found I could not get the parts sufficiently low to allow of this being applied. I therefore resorted to the scissors curved on the blades, and guiding and guarding the points by the fingers of the left-hand, I succeeded (by a succession of strokes, and cutting freely beyond it) in removing the tumour.

I had had some fear of hæmorrhage, but not a table spoonful of blood was lost.

Immediately after the operation the os uteri expanded so uniformly that you could scarcely distinguish the wounded surface from the rest. In a quarter of an hour a living healthy child was born. The lady had a good recovery ; and at the end of the month everything had a favourable appearance.

The tumour measured two inches and a half in length (in the direction of the circumference of the os uteri), one inch and a half from above downwards, one inch and a half in thickness. It had a knobbed character, and over one of the projections ulceration of the mucous membrane to the size of a shilling existed. The substance of the tumour, on a section being made, presented a yellow colour and fibrous appearance, not circumscribed by a defined margin, not nucleated, but gradually lost in the surrounding tissue.

In it, under the microscope, Mr. Tomes could not detect any appearances corresponding to those met with in scirrhus and cancer ; but at one part of this fibrous mass near the ulcerated surface, and where it was of a greyish colour, and about apparently to undergo some change, Mr. Tomes discovered a few, a very few, cells of suspicious character.

The subject of the above case remained well for some months, when she was again subjected to attacks of hæmorrhage. On one of these occasions, eight months after her confinement, in the absence of her usual attendant, and when the quantity and effects of the hæmorrhage were somewhat alarming, I saw her, and found that, whilst the part from whence I had removed the tumour remained sound, the posterior lip of the os uteri was the seat of a similar disease, which extended upwards on the cervix beyond reach. The patient lived till June 1846, sixteen months after her confinement, when she died, having had, I understood, all the symptoms of malignant disease of the womb. An examination of the body was not allowed.

In this instance the lives of the mother and child, during labour, were saved by the extirpation of the diseased growth; but I do not pretend to say that the circumstances will often be so favourable for its successful performance as in this case; that is, being of limited extent, occupying but a portion, a half, of the os uteri, and not extending upwards so far as the reflected part of the vagina. The usual state of parts is no doubt very different, and they are represented in the following case, which has recently been under my care in the cancer ward of the Middlesex Hospital.

Elizabeth Simpson, 41 years of age, married, and the mother of nine children, sought admission into the hospital on the 5th of October last, on account of an ulcerated womb. Weaned her last child fifteen months ago, but had not menstruated since, excepting once profusely, in December. Discharge from the vagina began nine months ago. In May, it first became streaked with blood, offensive, and attended with pain in the back. In July she came into this hospital, and remained five weeks in the physicians' wards, where the nature of her complaint was recognised by Dr. West, on a vaginal examination. Has been out six weeks, and returns worse than she left.

On examination, the vaginal portion of the uterus was found to be enlarged, indurated, gristly. The anterior lip was of greatest size, but nearly the whole circumference had a rugged irregular character. The os was open; on the interior surface of both lips there was ulceration. The breach of surface on the posterior lip was excavated, as if by a knife. The diseased changes extended upwards, on the cervix, beyond the reach of the finger. The uterus was fixed in the pelvis.

About three weeks after she had been received into the hospital, this patient inquired *if it was possible* for a person in her condition to be pregnant—the reason of this inquiry being, something like foetal movements which she had felt, accompanied with enlargement of the abdomen.

Dr. West being appealed to, decided that she was pregnant—about the fifth month.

Considering the difficulties and dangers which might attend her labour, and the probable necessity for incising the diseased parts, it was arranged that she should remain where she was, in the cancer-ward, Dr. West kindly undertaking to give his assistance when required.

Fortunately, as regarded the mother, about a fortnight afterwards premature labour supervened, the progress of which will be best narrated in Dr. West's own words.

"During the whole evening of the 11th of November, and day of the 12th, the patient had a good deal of uterine pain; at 7 P.M. on the 12th, it assumed the characters of labour-pain—at 8 P.M. discharge of the liquor amnii took place.

"During the night, the pains diminished in severity, so much as to allow the patient some rest, but came on again actively at 7 P.M. on the 13th.

"On vaginal examination, a loop of pulseless funis was felt through the os, which was now more open than twenty-four hours before; the posterior third being thin, soft, dilatable—the anterior two-thirds firm and unyielding.

"At 11 P.M. the right elbow was felt projecting, the uterus acting very energetically; difficulty was presented, not simply by the lips, but by the firm unyielding cervix uteri, into which some body seems to project from the anterior part or surface.

"At 1 A.M. the os was open to the size of a crown-piece, the body of the fœtus driven down into it, and the uterus forced down considerably with each pain, but the os is generally so rigid that the anterior segment of the uterus descends with the pains, whilst the os becomes directed so far backwards, that it is with some difficulty that it can be reached by the fingers of the left hand.

"Soon after 1 o'clock the pulse began to grow feeble, and from 108 rose to almost 120; the patient began to complain of great faintness, and to have frequent retching.

"A little brandy relieved these symptoms; the uterine action was almost unceasing, and extremely violent, but apparently with no effects on the os uteri. At a quarter to 2, I

left the room for about twenty minutes, and sent a note to Mr. Arnott, fearing there might be risk of the uterus giving way, unless the unyielding os could be incised.

"A few minutes after 2, I returned into the room, a most violent pain came on, a sound as of something giving way was heard, and a dead male child, at near the sixth month, was born double, the right arm and side of the chest being almost black from the squeezing they had undergone.

"Immediately above were felt the membranes of another foetus, which gave way in less than five minutes, and a female foetus was born footling. It made a few attempts to breathe.

"The placentæ were felt within the os, and slight traction by the cords removed them.

"The os uteri was now about three inches in diameter; no rent could be felt in it.

"On the evening of November 15th some uterine pain came on, and the pulse rose to above 120; it soon sunk, after a few leeches, to 106, where it had been before labour, and there has since been no grave symptom."

In cases similar to this, where the cervix is involved, when sufficient time has elapsed to enable us to ascertain what nature can accomplish, and that delivery can no longer be delayed with safety, incisions offer the first and best means of relief. When, however, the malignant growth occupies a portion only, the half, of the os uteri, then the possibility of excision should be kept in mind. That this may be done during labour, with safety, the case which I have related sufficiently proves.

APPENDIX.

Elizabeth Simpson, the subject of the last-mentioned case, lived nearly six months after her labour. During this period she was confined to bed, and with other sufferings experienced severe and almost continued pain in the right iliac region, which was only mitigated by opium. Two months before her decease, aching pains were felt in the right thigh, succeeded by the appearance of a small swelling of the femur at its middle part, and seemingly of the bone itself; this increased and had attained the size and ovoid shape of a cocoa-nut before death. Three weeks previous to this event, exophthalmos of the right eye began to show itself, with epiphora and entire loss of sight; but vision was recovered in a few days, the other symptoms continuing.

In removing the body from the ward, the right thigh broke at the seat of the tumour. On turning back the integuments and muscles from the swelling, its surface, which was uniform and smooth, was found to be formed of thickened periosteum, raised and distended all round the bone. Between the latter and the periosteum was the substance of the tumour, formed of medullary matter interspersed with numerous narrow thin plates of bone. A layer of medullary matter three quarters of an inch thick, attached to the inner surface of the periosteum, was white and firm; the rest or interior of a softer consistence, reddish and mixed with bloody fluid.

The bony plates proceeded from the outer surface of the femur in a radiated manner, and this outer surface was roughened and absorbed. The cortex of the bone thus diminished in thickness, was not expanded, and the medullary canal, though containing some carcinomatous deposit, was not at all enlarged. A similar disease existed on both sides of the right ilium, between the periosteum and bone

on its inner or pelvic side, and between the periosteum and bone on its outer.

A tumour of corresponding character existed at the bottom of the right orbit. Several others of smaller size were present between the inner surface of the calvarium and dura mater. The same diseased changes were present in the sternum, ribs and vertebræ,—all presenting the common character of medullary matter placed between the raised periosteum or dura mater and the bone, and interspersed with osseous plates or spicula proceeding from the roughened surface of the bone.

The uterus was extensively destroyed, and there was an adjacent and adherent diseased mass in the pelvis. The lumbar glands were enlarged—the ovaries were sound, and there were no deposits in the liver or lungs.