STATISTICAL NOTICES
OF
ONE HUNDRED AND TWENTY CASES
OF
CARCINOMA UTERI,
WITH
REMARKS.

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Communicated by Dr. CLENDINNING.

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THE value and utility of the numerical system, in ascertaining the history of disease in different ages and countries ; in testing the comparative merit of different modes of practice ; and in demonstrating the liabilities of each sex or profession to various maladies, are now acknowledged by many of our most talented and zealous practitioners. The patient and interesting labours of M. Louis have tended, in a great measure, to effect this change in the opinions of the profession.

Sincerely believing that the only sound foundation for all knowledge is a careful and extensive accumulation of facts, I have ventured to bring together, in

a tabular form, the prominent particulars of 120 cases of carcinoma uteri, all of which have occurred under my own surveillance. I might have added many more to the table, but I have preferred adducing those only for whose particular phenomena I alone could be responsible.

Before I entered upon this investigation, I held many opinions with regard to this disease, totally opposite to the deductions which are to be drawn from the table, thus affording a strong argument in favour of medical statistics, viz., the assistance they render us in testing our opinions, whether they be correct or erroneous.

All modern writers agree in denouncing carcinoma uteri as a truly malignant disease: and in framing the table, I have purposely avoided including any case of simple hard tumour of the mouth and neck of the womb, or hard tumour of the walls, lest there should arise any difference of opinion as to its nature and malignancy. My investigations have been entirely confined to that disease of the uterus which all agree in naming "Carcinoma," and which never fails to develope its malignant and fatal termination.

This disease occurs more frequently than at first thought we might be led to expect; the registers of the obstetric out-patients of Guy's Hospital show that the proportion of cases of carcinoma uteri to cases of other uterine diseases, is nearly as 1 in 7, or 13·5 per cent.

The table will be found to contain the recorded history of one hundred and twenty females; the co-

lums show the ages of the patients, whether married or single, or widowed ; if married, the ages at which they married ; the number of children they had borne ; the number of conceptions that terminated abortively ; their complexion ; the length of time they had laboured under the malady previous to their application for advice ; the state of their uterine health in early life ; and the duration of the disease, from the period of its attack to its termination in death.*

I shall make a few remarks on each column, in the order it stands : and first as to

Age.—It will be found that the ages of the patients were as follows :—

Between 25 and 30 years	. .	3·3 per cent.
30 — 35	. .	15·
35 — 40	. .	10·83
40 — 45	. .	20·
45 — 50	. .	20·
50 — 55	. .	13·3
55 — 60	. .	14·16
60 — 65	. .	0·83
65 — 70	. .	1·6
70 — 75	. .	0·83

It thus appears that the period of life most obnoxious to this disease, is from the 40th to the 50th year.

Condition.—Single women bear a proportion of

* The Tables from which the following deductions were derived were presented to the Society.—EDITOR.

5·83 per cent., married women 86·6 per cent., and widows 7·5 per cent., affording a complete refutation of the statement, that celibacy favours the development of the disease.

Ages at Marriage :—

34·16	per cent. married between the ages of 15 and 20	
36·66		20 25
20·83		25 30
1·66		30 35
0·00		35 40
0·83		40 45

Number of Children.—The number of children produced by 113 married women amounted to 596, of whom 301, or 50·51 per cent., were boys, and 295, or 49·49 per cent., were girls. If from these 113 married women, we deduct 10 who had borne no children, we have 103 bearing-women, to produce 596 children, rather more than $5\frac{3}{4}$ to a marriage. One of the sterile women married under 20 years of age, seven under 30 years; one under 40 years, and one at the age of 44 years. Ten barren women out of 113 will amount to 8·8 per cent. This per centage exceeds the average of barren women, for it has been found that 1·20th, or 5 per cent., of married women, are wholly unprolific.

Abortions.—Forty per cent. of the females had miscarried. The collective total of their abortions were 122, an average of rather more than 2·54 to each woman. Adding the miscarriages to the

number of children born, we shall have the number of conceptions, and we shall find, that out of 100 conceptions, the abortions were nearly 17, or, more correctly, 16·8.

Complexion.—The number of light complexioned women affected with this malady, amounted to 20·8 per cent., while those who are recorded as being of dark complexion, amounted to 79·16 per cent.

State of Uterine Health in early Life.—Only 25 women, or 20·8 per cent., had enjoyed good uterine health in early life, while 95, or 79·16 per cent., had suffered either from (what is termed) functional disease, or syphilis. The most frequent malady was dysmenorrhæa, with which no less than 66 had been afflicted.

The proportions stand thus :—

	per cent.
Those who had had good uterine health . . .	20·8
Those who had suffered from amenorrhæa . . .	15·8
————— Vicarious Menstruation . . .	0·83
————— Menorrhagia	1·66
————— Dysmenorrhæa	54·16
————— Syphilis	6·6

Duration of the Disease, and Termination.—Death occurred in 107 cases, the average duration of the diseases being $20\frac{1}{4}$ months. The shortest duration of the disease was 3 months, the longest 66 months. In single women the average duration of life was 21·66 months ; while in married women, who had borne no children, it was 21·3 months. In females who in earlier or later life had suffered from Dys-

menorrhæa, the average duration was 19·7 months ; in those who had suffered from syphilis, 21 months ; from amenorrhæa, 22·9 months, while in those who in early life had enjoyed good uterine health, it was 22·59 months.

In concluding these remarks, I am quite aware of the deficiency of the tables in several important particulars, viz., hereditary predisposition ; symptoms, especially the order in which they occur ; the post-mortem appearances of those who have died ; and, lastly, treatment ; but on some future occasion I hope to supply information on these several points. In six patients only have I been able to trace the existence of carcinoma in the maternal parent, four were affected with carcinoma uteri, and two with carcinoma mammæ ; this, however, must not be regarded as an average or proportional number, for many women could give no account of their parents, while others stated their mothers to have died from diseased womb, without being able to state the precise disease.

It would also be a matter of great practical importance, to collect information on the order in which the various symptoms of this distressing disease occur, so that we may be enabled, by the existence of certain symptoms, to suspect the nature of our patient's malady, even though she may refuse us the more tangible evidence of vaginal examination.

As I possess the particulars of but few post-mortem examinations, I have thought it better to reserve them, as they are insufficient to establish any

general conclusions. The treatment of this disease may be considered under the heads "curative" and "palliative;" the termination of the cases gives us no warrant to speak of the former, but nevertheless, much may be done in the way of palliation ; and to determine the relative value of this class of remedies will be my object on a future occasion.