exist, antiphlogistic treatment, leeches or scarifications, with salines and alterative doses of mercury, will be found useful. If there be simple ulceration, with induration and hypertrophy of the cervix, subsequent appropriate treatment should be put in force, by caustics and astringent injections, especially of zinc, alum, or tannin; the latter, when applied by means of a sponge or large camel's hair pencil, through the speculum in a concentrated solution, to the ulcer after it has been brought to a healthy condition by lunar caustic, I have seen very rapidly to cause it to cicatrize. In the severer cases, however, if the milder treatment be of no avail, and the pain and difficulty of micturition be great, requiring the constant aid of the catheter, an attempt to restore the structure of parts should be made. The rectum having been emptied of its contents by an enema, the patient placed on her back, with her thighs flexed and pelvis elevated, one or two fingers of the right hand should be introduced, and an attempt made to *hook* the index round the cervix, at the same time pressure must be made upon the fundus, which will facilitate the object; gentle traction should then be made upon the cervix, and the depression will, in all probability, be easy; if, however, the cervix cannot be thus reached, an instrument similar to the one invented by Madame Boivin may be employed, but will require caution. With regard to pessaries, I say nothing in reference to their use in preventing a recurrence of anteversion, as I cannot conceive of their capability of being, in the slightest degree, serviceable. After the parts have regained their normal structure and position, mineral tonic remedies, with astringent injections, cold hip-baths, or sea bathing, (where the powers of the patient will permit,) will more completely answer this end, by giving tone to the system, and thereby overcoming a relaxation of the contiguous parts, which always, in a greater or less degree, precedes the accident.

7, Upper George Street, Bryanston Square,
February, 1849.

CLINICAL ILLUSTRATIONS.

CANCER OF THE UTERUS, BLADDER, &c.: CASE AND REMARKS

By EDWARD BALLARD, M.D., Leamington,

Late Senior Physician to the St. Pancras Royal General Dispensary, and Medical Tutor in University College, London.

The last case which I recorded was one in which the cancer not only affected the body of the uterus, but this alone. That which I am now about to relate illustrates the more ordinary form of the disease,—namely, when it first attacks the cervix, and in which its ravages are chiefly carried on in this portion of the

organ. I have selected this case, although I had no opportunity of seeing the termination, because it exhibits the most important and characteristic features of the affection, and also some interesting complications.

CASE.

Miscarriages, &c.; Menorrhagia; Vaginal Discharge; Lancinating Pain; difficult Defæcation; Ulceration of Cervix Uteri; Hæmaturia and disordered Micturition; Cancer of Bladder; Œdema of Leg; Ascites, &c.

S. H., aged 33 years, residing in an unhealthy street in St. Pancras parish, placed herself under my care at the St. Pancras Dispensary, on September 1st, 1846. She had a fine fair skin, and dark fine hair. No hereditary taint. Has not undergone any considerable amount of privation, but has been often without sufficient clothing in the winter. The catamenia commenced at twelve years of age; the discharge used always to be abundant, and she used to suffer much pain in the back; it was not clotted. Her courses never recurred regularly, but at intervals, varying from three to thirteen months, *except when suckling the first four of her children*, when they occurred at intervals of three weeks, lasting from five to nine days; they occasionally appeared also while she was nursing her other children. She menstruated once when pregnant with twins. She married at the age of seventeen years, and her first child was born eleven months afterwards. She had four more within the next seven years, and then for the first time suffered a miscarriage at nine weeks, but at that time lost but little blood. The next year she was confined with twins, and subsequently had two other children, her last labour occurring in July, 1844. This last child lived but a few minutes after his birth. To the particulars of this pregnancy and labour I shall again recur.

On enquiring into her previous history, she stated that she had always been "very nervous," and although never subject to fits, the physicians who saw her at St. Bartholomew's Hospital regarded her as hysterical. It appears that when a child she received a severe burn over the right shoulder and arm. So long as she could recollect, her bowels have been *habitually much* relaxed, and she has been subject to pains under the left breast, shooting through to the left scapula. She has often been subject to passing "red sand," and also to difficult micturition. This symptom has not appeared so frequently of late, although with the progress of her disease the difficulty of micturition increased.

About two years ago, when two months advanced in her last pregnancy, she began to suffer from a discharge of blood, accompanied by bearing down pains, like labour pains. This continued throughout the pregnancy, but became much more serious during the three last months of it. She was attended in her confinement by a midwife, and in consequence of improper manipulation, as it is supposed, the neck of the uterus became torn. This is the report of the medical gentleman who was subsequently called in.

He stated to me that he believed there was a partial placental presentation. He thought that the tearing of the cervix might have been due to the presence of commencing malignant disease. After her labours she was attacked with "inflammation of the womb," for which she was leeches and blistered. In eight or nine days she stated that "an abscess formed and broke, discharging a quantity of foetid, yellow, and watery matter," and caustic used to be applied through the speculum. Since this period she has never been free from a vaginal discharge, and has not menstruated with regularity. She miscarried twice in the autumn of last year, and at the close of it, entered St. Bartholomew's Hospital, where she was said to be labouring under "disease of the womb." Last January, after she left the hospital, she was seized suddenly one night with flooding, and this continued more or less till March. It was followed by a vaginal discharge, which, however, did not assume the cancerous odour till two months ago. Shortly before the flooding she began to experience a difficulty in passing her stools. About February, her complexion was first noticed to become sallow, accompanying pallidity, from the loss of blood. Six months ago there was a temporary swelling of the left leg and thigh.

She is now moderately emaciated; her countenance pale, waxy, and sallow. For the last three months she has complained of an aching gnawing pain above the crest of the left ilium, extending to the groin, and during the last two months, to the inner side of the thigh and knee, accompanied with tenderness; and there are some swellings in the groin. Almost ever since her last labour she has suffered from shooting pains from the vulva through the pelvis to the lower part of the back, so severe as to cause her to start up if she be sitting or lying. There have been also aching, shooting, and bearing down pains about the lower part of the abdomen. The lancinating pelvic pains have been much more severe of late. She spends the greater part of the day in bed because her back is then easier, and sitting induces the pain in the groin. She has been taking opium in quantities of three or four grains daily, for the last six months. Her appetite has fallen off; but she suffers from thirst. There are pains around the navel, with borborygmi, and occasionally under the left breast, and there is tenderness at the bottom of the belly and over all the left side of the abdomen. She frequently vomits in the morning. Bowels have been constive ever since her labour; the stools are hard and lumpy, passed with difficulty and pain. There is much difficulty in micturition, and the urine is scanty—sometimes not more than a tea cup-full in a day. The vaginal discharge is abundant; not mucous, but watery, and of a reddish colour. It has a most powerful cancerous odour, perceptible on entering the room. Once or twice two or three "hard lumps" have come away. *Vaginal examination* painful. Cervix uteri completely destroyed, its base being occupied by an ulcerated cavity of about the size of a half-crown piece, with a hard thickened border. A portion of a hard tumour was felt lying against the left side of the rectum, and a largish hard tumour met the finger on pressing upwards and forwards at the lower

part of the vagina. She has found her pains greatly relieved by using a hip-bath as hot as she can bear it, and asked permission to continue it. She was ordered in addition two grains of opium with some soap as a suppository at night, and an occasional dose of castor oil. Two days after, suddenly applied pressure detected a solid organ, probably the uterus, extending two inches above the pubes.

The opium relieved the lancinating pains, but she once or twice suffered from diarrhoea for a day or so. This occurred on September 11th and 12th, on the former of which days she passed no urine, but on the latter hæmaturia appeared, accompanied by a return of the lancinating pain and increased difficulty of micturition. On the 13th it had much abated, and on the 15th the urine contained no blood. The blood appeared in clots at the bottom of the vessel. Still, however, after having emptied her bladder, she felt a desire to pass more urine. The diarrhoea returned on the night of the 15th, and the hæmaturia on the 17th; they appeared to alternate. On the 18th, the urine presented soft deep black clots at the bottom of the vessel. The flow of urine frequently stopped suddenly with very severe pain, and after it ceased she suffered much aching pain in the perineum. The vaginal discharge was unaltered in character. On pressing the abdomen there was much muscular resistance perceived on the left, but not on the right side. On the 19th the urine was less bloody; but a smooth uniform reddish deposit was present, consisting of blood, mucus, and pus corpuscles; its specific gravity was 1.010, and when boiled, the albumen occupied one-eighth of its bulk.

September 24th. No hæmaturia since the 19th, and she has been freer from pain than for some days previously. The urine remains very scanty, and is passed with difficulty. She has now no gripping pain around the navel, but little pain in the groin, &c., and no lancinating pain. A new appearance however is presented: the belly is fuller, but very yielding, except on the left side. There is some enlargement of the superficial veins at its lower part, especially on the right side. There is slight dulness above the pubes where there has hitherto been resonance, but no fluctuation can be detected. The urine examined on the 25th still contained a little blood. From this time the appetite improved, although she suffered somewhat from thirst, and she passed her urine more freely and more abundantly.

October 8th. On the 4th, the left leg was observed to be swollen. The swelling commenced in the groin and proceeded downwards, and now occupies the entire limb; it is greater when she sits up than while in bed. There is also aching pain in the back part of the thigh and calf. The superficial inguinal glands on the left side are enlarged and tender, but not fixed. No red lines proceeding from them, and no apparent thickening of the veins or lymphatics of the limb. On the right side, the glands are less enlarged; there is no swelling, but some small knotty veins are felt passing over Poupart's ligament, and ending opposite the saphenous opening. The urine examined on the 9th presented no blood, but a deposit consisting of pus

globules. On the 11th, the swelling of the left leg began to diminish, but that of the abdomen to increase. When visited on the 16th, she complained of general aching pains in the belly, especially on the left side, and also of a sense of tenderness on pressure above the navel, in both flanks and iliac regions, and in the left hypocondrium. She stated that ever since the hæmaturia ceased her urine had been flowing from her involuntarily, but that sometimes she could pass a little with straining, but only in drops. The vaginal discharge had lessened and become less offensive. Fluid detected in peritoneum in small quantities by dulness on percussion, and fluctuation in depending parts. The latter was difficult to ascertain, and easily destroyed by pressure. Under the use of half an ounce of cream of tartar, with a few grains of ginger every morning, this was beginning to lessen, when I was refused any further attendance on her from her husband's objecting to physical examination of the abdomen.

REMARKS.

It is doubtful at what time the uterine cancer in this case began to be developed. There is never any difficulty in recognizing it when advanced to the extent that was observed when this patient first came under my notice, but it is often not so easy to determine either from the history or from the condition of the organ, how long it may have existed. Of one thing we may be certain, however, in the instance before us, namely, that eight months before the patient presented herself at the Dispensary, the disease was not only present but advanced, since at that time she underwent one of those sudden and characteristic attacks of menorrhagia, which are so common in the course of uterine cancer that in twenty-one cases observed by Louis, only one went through its course without it.—(*Walshe on Cancer.*) I say that at that time the disease was advanced, and I judge it to have been so from the occurrence previously of difficulty in the act of defæcation, which I found was attributable to the pressure of a *secondary* cancerous growth upon the rectum. In by far the majority of instances of cancer of the womb, hæmorrhage is the first symptom which attracts attention to the organ, so insidious is the approach, and so undecided are the indications to the patient of the earlier stages of a disorder, second to none in fatality, or in the distress which accompanies its complete development. In this case, however, there had been symptoms pointing to the womb as the seat of disease, although the history does not indicate that they were distinctive of malignancy. She had suffered twice in succession within a few months from abortion, during the autumn preceding the hæmorrhage, and just prior to the latter, had been discharged from one of the London Hospitals, where she had been recognized as labouring under uterine disease. To look back still further, the earliest symptoms of any disorder of the womb manifested themselves subsequently to a labour

in which there was a partial attachment of the placenta to the os uteri, and during which the cervix had become lacerated. There continued such disease in the cervix as to demand the frequent use of cauterization. A point of interest connected with the flooding is, that the patient was not one in whom the catamenial functions were performed with any regularity, except during the sympathetic irritation which suckling gave rise to. The sudden hæmorrhage thus was the more remarkable, and the more indicative of serious disease, that it was the very opposite condition to that which was established as the habit of her system. The remaining symptoms of the disease were lancinating pain, vaginal discharge, sallowness of complexion, and sympathetic disorder of the stomach. The lancinating pain was perhaps not entirely due to the uterine disease, but partly to that conjoined with it in the bladder, since it was increased in severity when the other symptoms of the latter affection became more marked. The discharge at the time I saw the patient was reddish and watery, the appearance usually presented when the cancer is advanced to the stage of ulceration. It presented also that remarkable odour which requires only to be once smelt to be recollected for a life time. The result of digital examination left no doubt as to the disease under which she laboured.

In connection with the causes of the disease, we must be struck with the early age at which the catamenial discharge first appeared, with the early age at which the woman married, and the number of times she had conceived. Had these circumstances anything to do with the tendency to the affection? The case last related occurred, too, in a prostitute. Statistical enquiry has decided in the negative, and has confirmed the opinion which the experience of those who have seen most of the disease had led them to form,—namely, that sexual regularities or irregularities, frequent or unfrequent pregnancies, temperate or intemperate intercourse, numerous miscarriages, or the reverse, have nothing whatever to do with the development of the disease.

I have already alluded to hypertrophy of the uterus as a complication of cancer. In the last case it was very extensive, but here was moderate, the difference probably depending on the difference of seat in the primary disease.

Cancer of the Bladder.—Although we cannot on good evidence deny the occurrence of cancer of the bladder as a primary affection, yet it is far more common secondarily to that of other parts, and especially to cancer of the womb. It was indicated in this case both by symptoms referable to the bladder and by physical evidence in addition. The latter was the perception of a tumour in the situation of the base of the bladder, of whose nature there could be little question when it was considered in what connection it

was found. One of the most remarkable of the symptoms was the *hæmaturia*. This was evidently of vesical origin, no sign of renal disease having preceded or followed it, while it was accompanied and succeeded by other signs of irritation in the bladder. It was, in addition, sudden and severe; and there was no exciting cause distinguishable. These are just the characters which mark hæmorrhage from cancer of the bladder. The urine, however, though carefully and repeatedly examined, afforded to the microscope no appearances which would tend to have confirmed the diagnosis, no cancer cells being perceptible, and the deposits presenting only the products of hæmorrhage and of inflammation of the mucous membrane. Another symptom of the disease was the difficult micturition, due perhaps to the position of the cancerous growth and the sense of dissatisfaction which followed the completion of the act, the belief of the patient being that something yet remained in the bladder to be discharged. I need merely allude to the alternation between the uterine hæmorrhage and the diarrhoea as a matter of interest. Of all the seats of vesical cancer the base of the organ is the most ordinary part to be affected. In this point, therefore, the case before us presented nothing peculiar, but it was remarkable in the independence of the deposit of contamination by mere contact with the uterus. For the most part it is thus that the bladder becomes affected, the disease spreading from the cervix uteri to the organs and tissues in its neighbourhood, but here the deposit in the bladder was perfectly isolated, having no connection whatever with the seat of primary disease.

Cancer of the Lymphatic Glands within the Pelvis is a complication of uterine cancer by no means rare. In the present case there was no physical evidence of it in any but one situation,—namely, as constituting the tumour felt in the vaginal examination to be pressing against the left side of the rectum. It is highly probable, however, that this was merely a part of a more extensive implication of the lymphatic system in the pelvis, if we may judge by a variety of symptoms which this, conjoined with intercurrent attacks of inflammation, will suffice to explain. I refer, of course, to the symptoms localised in the neighbourhood of the groins, of the hip, thigh, and leg, especially of the left side. The pressure exerted by these glands on the branches of the anterior crural nerve and on the sciatic, will account for the pain she experienced in these situations, for the obstruction to the return of blood, as pointed out by the enlargement of the veins, while the temporary œdema of the leg may be explained by an increase of their bulk and pressure under the influence of inflammatory turgescence. The character of the swelling, too, was remarkable; it did not commence with the ankle and extend upwards to the thigh, but on the contrary, began in the groin, and spread downwards to the leg.

This puts one in mind of *phlegmatia dolens*, in which the swelling usually follows this order, and its pathology presented nothing very different from that complaint. It differed in the swelling, being distinctly influenced by changes in the position of the limb. Must not the *ascites* which had followed on the lessening of the swelling of the leg be attributed to the influence of the same local cause? Most of the cases of *ascites* we meet with in practice are due to obstruction in the venous circulation of the abdomen; but there is also an inflammatory *ascites*, the result, not only of general contamination of the blood with non-excreted matters, as in renal disease, but also arising from a more local cause of irritation. This was probably the case in the present instance.

I must allude, before closing these few pathological observations, to the resistance offered by the abdominal muscles to the hand over the left side of the abdomen; in fact, where it would have excited pressure indirectly upon the diseased organs. It is a sign never to be neglected in the determination of abdominal disease, and when presented by one part more than by another, it is a pretty certain token of disease in its neighbourhood, even when no complaint of tenderness is made by the patient.

Leamington, April 4, 1849.

TOTAL SUPPRESSION OF URINE DURING SEVEN DAYS,

TERMINATING IN RECOVERY.

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

Dr. Watson, in his admirable "Lectures on the Principles and Practice of Physic," states (Lecture 77,) that "this affection usually occurs in persons who are advanced in life, and inclined to corpulency." He also writes as follows:—"Sir Henry Halford has related one of five instances of this disease that he had met with in the course of twenty-seven years; he says it was an exact copy of all the others that had fallen under his notice. As his account of the general course of the symptoms coincides with the statements of other writers, I may give you his narrative in lieu of a formal description."

"A very corpulent robust farmer, of about 55 years of age, was seized with a rigor, which induced him to send for his apothecary. He had not made water it appeared for twenty-four hours; but there was no pain, no sense of weight in the loins, no distension in any part of the abdomen, and therefore no alarm was taken till the following morning, when it was thought proper to ascertain whether there was any water in the bladder, by the introduction of a catheter, and none was found. I was then called, (says Sir Henry,) and another inquiry was made some few hours afterwards, by one of the most experienced surgeons in London, whether the bladder contained any urine or not, when