PART III.
HALF-YEARLY REPORTS.

REPORT ON MIDWIFERY AND GYNÆCOLOGY.

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SUCCESSFUL EXTRIPATION OF A CANCEROUS UTERUS AT THE
SIXTH MONTH OF PREGNANCY.

ZWEIFEL (Centralblatt für Gynäkologie, March 23, 1889) reports
this interesting case, together with a general review of the subject.
According to the authority of Cohenstein only twenty-nine per cent.
of the pregnant women with this complication abort—even when
the cervix and the lower uterine segment are extensively diseased,
the pregnancy generally goes to full term. It is usually stated that
cancer grows more rapidly under the influence of pregnancy, but
the latter condition alone must not be considered, the effects of
parturition and the puerperium should also be taken into account.
The three factors together undoubtedly promote the increase of the
growth.

It should be remembered that as long as the disease is limited to
one lip of the cervix, and the latter is still dilatable, spontaneous
delivery is possible. When, on the contrary, there is extensive
infiltration, labour is retarded, and either rupture of the uterus
occurs, the woman dies undelivered, or the pains cease, and the
retained foetus becomes decomposed.

With regard to the treatment during parturition, different
plans have been recommended. Bischoff has incised the indurated
cervix, or scraped away the cancerous tissue with success. Gönner
recommends this as the routine practice to be pursued. The
forceps have been used successfully. Version is generally regarded
as objectionable on account of the danger of lacerating the uterus.
Craniotomy is equally dangerous. Caesarean section has given
good results when the child was living and viable.
Zweifel thinks that if the patient is seen before labour sets in, it is better to scrape away the diseased tissue, an operation that does not injure the foetus, and does not necessarily cause abortion. Whenever the case is in the inoperable stage, and the life of the mother can be prolonged by curetting, we should operate without regard to the fate of the child. If the disease is limited to the cervix, and the patient is seen before the third month of pregnancy, the uterus should be extirpated per vaginam. After that period the organ is too large to remove in that way, and must be extirpated by laparotomy. In either case a radical operation is indicated at once, to temporise until the child becomes viable is to wait until the disease has spread, so that the mother will have no chance of recovery. The following successful case is reported:—The patient, aged thirty-two, began to have severe pains in the lower part of the abdomen soon after entering upon her seventh pregnancy. Later profuse haemorrhages occurred, so that she entered the hospital supposing that abortion was imminent. On examination the fundus uteri was found to be at the umbilicus, and the foetal heart could be heard. The portio vaginalis was much hypertrophied, and was the seat of an indurated growth which bled easily on being touched. Chloride of zinc was applied to the diseased surface, creolin injections being used after the formation of a slough.

Since the disease was limited to the cervix, it was determined to extirpate the uterus. The patient was first placed in the lithotomy posture; the portio vaginalis was exposed, and was separated on all sides by the thermo-cautery. Douglas's pouch was then opened with the same instrument, and the vagina was packed with iodoform gauze. The patient was next put in the ordinary position for laparotomy, and a long incision was made in the abdominal wall, through which the uterus was rolled out, opened, and the child extracted, the cervix having been encircled with a temporary rubber cord in the usual manner. The broad ligaments were then ligated in sections, the cervix was transfixed and tied with silk, and the cord was removed. The body of the uterus containing the placenta was excised, after which the bladder was dissected off from the stump, the operation being facilitated by counter pressure made per vaginam by an assistant. The ligatures were brought down into the vagina. The lithotomy posture was again assumed, the abdominal wound having been closed in the usual manner, and the stump was removed from below as in an ordinary vaginal hysterectomy. The wound in the fornix was partially closed with