ART. XII.—The Scope of Hysterectomy in Malignant Disease of the Uterus. By Richard D. Purfoy, M.D., F.R.C.S.I.; President of the Royal Academy of Medicine in Ireland.

I propose to lay before you a brief account of a case of squamous carcinoma of the uterus recently under treatment in the Rotunda Hospital, and to invite discussion on some points in the treatment of such cases generally.

The patient, M. H., was aged 40, had given birth to seven children, the last about eleven years ago. Before admission, during several months she had suffered from leucorrhoea, menorrhagia, and metrorrhagia, as well as occasional pain in the back. Her general health was good; she was stout and presented a healthy appearance. Vaginal examination revealed a large indurated cervix, the canal of which was converted into a large funnel-shaped cavity by advanced malignant ulceration. The outline of the uterine body was not easily made out, but there was obvious implication of the parametrium in both sides of the

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the pelvis, in a more advanced degree on the left. Palliative treatment consisted in removing as much as possible of the sloughing tissue and subsequent use of the thermo cautery. On three subsequent occasions other caustics were used: nitric acid, strong perchloride of iron, and a concentrated solution of sulphate of zinc. A marked improvement in the condition of the cervix and diminution of discharge were obtained by these measures, and I then decided to attempt the removal of the uterus. A free incision was made and the bowels were packed away with large sponges and an ovarian cyst on the left side was brought into view and removed. The uterus was drawn up as far as practicable with ring forceps, the round ligatures and peritoneum were divided and the broad ligaments opened. Traction on the uterus during these proceedings caused separation of the body from the cervix, showing how deeply the disease had invaded the wall of the uterus. The left uterine artery was secured and the left ureter was exposed near its connection with the bladder. Posteriorly a large mass of infiltrated tissue lay encircling the ureter at its entry into the pelvis, and in endeavouring to deal with this unfortunately the ureter was severed. My colleague, Dr. Tweedy, who was assisting me, dexterously implanted the ureter in the bladder and a supporting stitch was passed to prevent undue strain. The subsequent steps of the operation consisted in the insertion of the usual gauze drain in vagina and through the abdominal incision with the additional security obtained by using a Kocher's tube. Notwithstanding the advanced stage of the disease present when the patient came under observation, a satisfactory convalescence ensued, and though some slight leakage of urine occurred at first it had almost ceased when the patient was leaving the hospital. Slight suppuration in the abdominal wound also occurred for a short time. Many of the risks incidental to hysterectomy for cancer are exemplified in the history of this case, and I invite your opinions as to the best mode of dealing with or, better still, of avoiding them.