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Cancer Uteri

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Before entering upon the consideration of cancer as it manifests itself in the Uterus, it may be proper to take a glance at its general pathology.

The pathology of cancer, however, is at present rather obscure, owing to the discrepancy of opinions that seems to exist among writers on the subject.

Pathologists have not, as yet, been able to ascertain a number of points in the history of this morbid product e.g. there seems to exist a difference of opinion 1<sup>st</sup> as to the primary origin of cancer. 2<sup>d</sup> whether it is a growth peculiar to glandular structures. 3<sup>d</sup> whether ~~obscure~~ non-malignant tumours ever degenerate into the Cancerous. 4<sup>th</sup> whether Cancer is curable.

Such are some of the leading points of dispute among pathologists.

With regard to the primary origin of Cancer - the most plausible theory, that has been advanced as yet, is that it is derived from the blood - in support of this view, we have M. Velpeu, who mentions two cases, in which he detected encyphaloid looking matter in venous coagula without disease of the veins themselves. Virchow, another great authority, gives six cases, in which, he has seen Cancer cells, in the large venous trunks - Dr. Carswell says, that he very frequently saw Cancer-cells in the veins either loosely connected to their inner coat or free from attachment. But this view and these cases are opposed by that of other distinguished authorities & their experience - for instance, Dr. Walthe & Lebert, who have paid great attention to this subject state they have never discovered Cancer-cells in veins altho they had undertaken the examination of several subjects with a view to confirm the above doctrine -

Another able writer on the subject says even were the morbid product traced to the blood, yet sufficient evidence is not afforded us to conclude that cancer primarily exists in the blood & knowing "that the blood itself is dependant for its constitution on the results of the primary digestion in the alimentary canal on the one hand, & the secondary digestion in the tissues on the other, we must look to the causes which operate on that fluid whereby we are ~~more~~ likely to arrive at more beneficial results"

The second point in dispute is, whether Cancer is peculiar to glandular structure, Now there seems no doubt that altho' we commonly see Cancer attack glandular organs, yet ~~the~~ it very frequently exhibits itself in other organs & tissues. The majority of pathologists are I think now agreed on this point, - the idea of Cancer being peculiar to glandular structure most probably gave rise to <sup>the</sup> opinion that Cancer in the Uterus always attacks the cervix first.

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It is manifest that this was what led to  
Sir C. Clarke to uphold the view.

In regard to the third point - Whether  
non-malignant growths ever degenerate into  
the cancerous. I will not venture to form  
an opinion, neither experience, nor the course  
of my information, will justify my doing  
so, at present. Among practical men  
considerable difference of opinion exists  
on this question - The able Professor of this  
University in his work (Obstetric Memois)  
states incidentally, speaking of the propriety  
of the excision of the cervix, under certain  
circumstances, that "the excised mass,"  
(of a case he describes,) "had all the character  
of Cauliflower excrescence, a disease wh.," he  
says, "in its ultimate course always takes  
on malignant action". This last sentence  
leads me to suppose that he believes in  
the degenerescence of certain morbid growths  
into the cancerous - Equally eminent  
authorities also ~~state~~ assert their belief  
in the affirmative side of the question -  
Others, however, who have devoted their

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attention to Cancer, maintain the negative side, Cancer, say they, has a distinct origin & structure from inflammatory diseases - And inflammatory diseases ~~invariably~~ <sup>invariably</sup> never show any tendency to this form of Malignant Degeneration - further that Cancer is seldom or never seen in its incipient stage but always in an advanced - These at least are the reasons assigned by Dr. Henry Bennett of London - Vide his work on the Uterus, page 339 -

The great and last point is one, in which, according to the present state of our knowledge, we can hold but one opinion, viz that Cancer is one incurable disease, so far as Constitutional & local treatments go, short, however, of the removal, by excision of the whole diseased part in its incipient stage, but if we are <sup>to believe</sup> those who affirm that in this stage Cancer is never seen, then, there can be no doubt, but that, our art is wholly impotent to stem the current & termination of this appalling Malady -

Leaving the above points in the patho-  
-logy of this disease, in its present un-  
-determined state, we will now turn  
to established facts, or rather to the  
points that are agreed upon by the  
bulk of the Profession.

1<sup>st</sup> it is agreed that Cancer is an  
exudation poured out by the Capillaries  
in the form of a fluid blastema, which  
collecting outside the vessels organizes  
itself, there has been one objection, however,  
advanced to this view, viz that Cancer is  
never seen in the state of a fluid blastema,  
but the objection is inadmissible because  
we cannot suppose that the morbid matter  
composed of such large cells, filaments &c  
as we see on examining under the  
Microscope, can ever pass through the  
minute pores of the Capillaries, and therefore  
unless we deny the doctrine, that Cancer  
is an exudation poured out by the  
Capillaries, we cannot admit this objection.

The elementary forms, that present themselves  
to our view, under the Microscope, are the  
following

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following - 1 Cells, 2 Nuclei, 3 Nucleoli,  
4 filaments, 5 blood-vessels - 6<sup>th</sup> Crystals.

Now these, ~~of themselves~~, offer no distinguishing peculiarity, because, these elementary forms are common to most morbid growths, & ~~and therefore~~ therefore, of no practical value, but again, if we look at them severally, we find that some of the forms have a peculiarity, for instance - the cells they are generally larger than those of any other morbid growths, & contain within them one or more nuclei, & within them still smaller bodies, called nucleoli - these cells have an endogenous development, i.e. from within outwards - and are of very rapid formation - The crystals of this structure are irregular in their shape & have a tendency to undergo calcareous degeneration - The other ~~forms~~ elements of this morbid structure do not, <sup>apparently</sup> differ from those of other morbid products -

But the peculiarities just noticed, do not even suffice, to determine the existence of the disease ~~in~~ practically, unless we

Couple

Couple with them, the mode in which all the elementary forms are aggregated together, and also the collateral circumstances. Of this, however, we will speak more fully, in a subsequent part of this essay.

Anatomical characters -

2 After the condensation has assumed an organized appearance in the shape of a tumour, it may be seen in various sizes - from the size of a pigeon egg to that of an adult head - the tumour has an irregular appearance, of variable consistence - sometimes of a stony-hardness, sometimes soft as butter and sometimes gelatinous, the characters most probably gave rise to the division, into Scirrhus, Medullary Colloid - The color of the tumour too varies very much, sometimes, it is whitish, sometimes yellowish at others brown - The variety of tints seems to depend, according to some pathologists "on the amount of blood extravasated into the substance of the

medulla

morbid product, which afterwards undergoes some chemical change" -

3 Seat - Cancer may manifest itself in any organ or tissue of the body, but it seems to have a decided predilection to some, viz, the Uterus, Mammae, Stomach, & areolar tissue - Since, it is the object of this essay, to treat of Cancer, as it occurs in the Uterus, we will confine ourselves to that one organ.

The Uterus seems singularly susceptible of this morbid product, if all the published cases can be depended upon; there seems no doubt, but that the early writers were not able sufficiently to distinguish Cancer from other morbid products, thus we have a number of cases of Cancer, on record & of their cure - That <sup>the</sup> French School, till very lately committed this error, is too apparent, arising from their following the unfortunate doctrines of Broussais - be this as it may, there is no doubt but the number of authentic <sup>cases</sup> is such, that we have no hesitation in believing that Cancer of the Uterus is of very frequent occurrence -

Authors are divided in opinion, as to the part of the Uterus, in wh. Cancer primarily manifests itself - The Majority believing in the Cervix - but the Evidence of some of the most able pathologists & Accouchers, tend to prove, that, altho the the Cervix is by far the most frequent seat, yet it is by no means uncommon to find the fundus & body attacked whilst the Cervix remains free. if not too bold on our part, we are rather inclined to the latter view, as there seems no good physiological reason, why Cancer should attack one part of an organ & not another -

### Diagnosis of Cancer

It, in practice, by no means easy, owing to the great liability of confounding other morbid growths with it - It is therefore of the utmost importance, that we have clear & distinct notions of its true character & the points in which it differs from other morbid products. In order to do so, then, we must call to our

aid

aid, the Microscope, whereby we come to a knowledge of the physical signs characters of Cancer, & if we combine this with the local signs, and constitutional symptoms we arrive at the most satisfactory conclusion we can come <sup>to</sup>, under the present state of our knowledge - Without combining the data afforded us by these three means, we are not warranted to come to any satisfactory conclusion, sufficient for practical purposes. No one mean, can be taken as affording conclusive evidence -

What then are its morbid characters? As before stated, the morbid product is composed of cells, Nucleus, filaments, blood-vessels &c. but no one element of these differ to any extent from ~~other~~ elementary forms of other morbid growths, as to afford any characteristic property. According to the best Histologists therefore, it is the relation to each other that ought to be mainly taken into consideration -

Some Authors, however, have attempted to find a difference in the cells, sufficient

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as a diagnostic mark, but with no success.

A distinguished pathologist, in his able work on cancer, describes the characteristic microscopic appearance, founded on the relation, wh the elements of the morbid product bear to each other. Thus "When Capsules possessing the characters of cancer-cells, are infiltrated among the meshes of a fibrous structure, in the same manner that pus cells are so infiltrated in pneumonic lung and such infiltration not directly connected with a mucous or epidermic surface and nowhere surrounded by a hyaline or fibro-hyaline substance" - this may be viewed, as far, as is at present known, of the subject, to possess, the characteristic property, founded on the relation of the elements -

Local symptoms - vary according to the stage of the disease, before the ulcerative stage commences, the symptoms are not so well marked, so much so, that neither the patient nor his attendant is generally aware of the existence of the disease, until

until more distressing symptoms, sound the alarm, wh generally indicates an advanced stage of the disease - The symptoms, however, that are said to exist in this stage, are

1. Slight irregularity in the periodic flow,
2. Uneasy sensation about the abdominal regions, when walking or taking any other exercise -

"On a vaginal examination, says Dr. Churchill, we shall find the cervix and as much of the body as can be reached, tumified & hard to the touch; Edges of the os. instead of smooth & even, present one, two, or three notches without any breach of surface and not radiating from the os. - The os is rather more open than usual, but the lips are rigid; & towards the latter part of the first stage, pressure on the cervix appears is occasionally painful, If the Speculum be used, the cervix appears, swollen, tense & shining, sometimes sharp, of a deep red or brownish color - A fluid discharge occasionally escapes from the membranes, covering it, in consequence of the pressure -

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Sir, Charles Clarke describes this stage as follows. "The O.S. will be found to have undergone a change - It becomes larger than natural; Still, however, retaining its original shape - This opens a gaping state of the O.S. is sometimes sufficient to admit the extremity of a finger; which when introduced into it feels as if surrounded by a firm ring." ~~He says further that -~~

D. Montgomery also seems to entertain the same view as the above two writers i.e. - that the 1<sup>st</sup> stage of Cancer is recognizable - It is needless to cite more authorities on this point - In spite, however, of these great authorities we are inclined to side with the <sup>of this country</sup> eminent Professors & those of like - thinking that Cancer in the 1<sup>st</sup> stage is rarely recognizable - it is quite insidious in its progress - And indeed sometimes, even the advanced stage has supervened, without any marked symptoms having manifested themselves - In confirmation of wh<sup>ch</sup> we shall take the liberty of quoting from Prof. Simpson's  
Obstetric

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Memoirs' one single case.

" A lady, at 43, married at a very early age, and the mother of six children, had enjoyed the most robust health until twelve months ago. About that period, she first observed a white discharge from the Vagina, wh<sup>ch</sup> she believed to be Common Leucorrhoea - There likewise occurred repeated discharges of blood; sometimes in large coagulated masses & shreds - At the same time, the Catamenia recurred with regularity, & without prostration as prevented her taking her usual <sup>amount of</sup> exercise. Difficulty and pain also in passing water, & laterally incontinence of urine supervened. During all this period, she experienced no feeling of uneasiness referable to the Uterus itself; nor was the Leucorrhoea or Menorrhagia of a nature or extent calculated to excite in the mind of the patient any feelings of alarm - In fact, the principal, and according to her own account her almost sole symptoms were the debility already mentioned & the painful dysuria wh<sup>ch</sup>

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which had, however, been relieved by alkalis. -  
This patient, it is said, died some time afterwards,  
from the extension of the Cancerous disease -

Now, this single case, altho we might easily  
multiply the Mumba fully illustrates the  
fact of the latency of the advanced stage  
of Cancer, how much more then, should the  
1<sup>st</sup> stage be concealed from notice - ?

D<sup>r</sup>. Churchill says that the first stage  
of Cancer may last for a number of years  
without making any further progress. This, how-  
-ever, seems to us rather improbable from the  
nature of the disease, wh<sup>o</sup> as we stated before  
is of rapid ~~form~~ development -

We shall now state the symptoms  
that generally accompany the advanced  
stage of Cancer - The pain wh<sup>o</sup> was slight  
at first becomes more & more distressing -  
of a lancinating character - It commences at  
the Uterus and gradually shoots down  
the pates & loins, coursing along the thigh -  
The pain about the thigh is said to be  
so severe, that D<sup>r</sup>. Churchill says he has  
had patients, suffering from Cancer, consult  
him

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him for 'bad piles' as they supposed - and  
Mr. M. Bayle & Cayd state, that pains altogether  
are sometimes so acute, that patients have  
been known to have died of convulsions and  
delirium - Boinin & Duges - Diseases of the  
Uterus - p. 235. - There is also a desire to  
micturate frequently owing to the pressure  
upon the bladder, sometimes a quantity of  
pus is secreted with the urine - When  
the induration is extensive the weight of  
the Uterus causes it to descend below the  
normal level <sup>in</sup> of the pelvis - A tumor also  
may be felt occasionally in hypogastric  
region - Edema of the extremities is often present  
The mucous discharge, which exists in the  
first stage gradually becomes mixed with  
striae of blood, ~~until~~ <sup>it</sup> becomes quite bloody  
when there is a profuse flow <sup>now</sup>, which is one  
of the symptoms, <sup>that</sup> causes the patients fears.  
The quantity varies. The discharge is  
sometimes mistaken for a return of <sup>the</sup> Cata-  
menia in those in whom that secretion  
had stopped, but a careful vaginal exami-  
nation with other symptoms generally reveals  
the

The true nature of the discharge - The discharge is of an offensive odour having, ~~at~~ a dirty brown, greenish, or whitish colour - rather acid -

On examining the genitals, we will find the inner surface of the labia very tender; a ring of excoriation around the orifice of the vagina extending to the anus & sometimes even down the thighs - The vulva sometimes swollen -

Retention of Urine sometimes takes place needing Catheterism - The ulceration extends itself to the bladder or to the rectum, rarely to both - More commonly to the bladder no doubt owing to its proximity

On introducing the hand we shall discover "a hard, unequal, immovable mass, filling the pelvis; and about the centre a perforation which is the os uteri - This rather more than than natural, and its borders are thick and hard"

"The Ulceration may easily be discovered by the loss of substance; it may eat completely round the cervix, so as to destroy it evenly, or the anterior & posterior half alone

alone may be affected, & ultimately the bladder<sup>19</sup>  
& rectum."

The ulcerated surface is rough, unequal and tender on pressure, and the fringe when withdrawn, is covered with fœtid sanies, and occasionally tinged with blood."

"In some instances a fungoid substance projecting from the os uteri, is felt, instead of a depressed ulceration; it is rough, unequal & tender, & will be found to spring from an ulcerated surface, and to be in its turn the subject of ulceration."

"The ulcerated surface is of a greyish color - occasionally brown - its edges are of unequal elevation, and very irregular."

Such are the local symptoms mentioned by Dr. Churchill - in his Works. in Midwifery. pag 265. We now come to the constitutional disturbances resulting from Cancer -

In the first place there is great loss of appetite, nausea & sometimes vomiting - the tongue of a pale red color, dry & smooth - often sores occur in the angles of the mouth - not easily got rid of - a burning sensation about

about the Stomach - great Thirst - The Skin, of a peculiar yellow color, resembling straw - and of a waxy appearance - ~~maintain~~ ~~redness~~ The patient has an appearance of distress in the Countenance, clearly indicating the suffering <sup>from</sup> of pain - Muscles - attenuated, soft, & flaccid; -

Circulation hurried - pulse small, quick, & wiry -

Diarrhea & sometimes constipation occurs - The abdomen is soft and flaccid - sometimes tense & painful to the touch - The patient presents a most miserable spectacle altogether -

One other precaution is necessary for coming to a correct diagnosis of this disease, & that is, to guard against the great liability to confound other morbid products with Cancer, in order to do <sup>so</sup>, it will be necessary to keep in view the following points -

The morbid products that are generally mistaken for Cancer are the following - 1 Fibrous tumours

2. Tubercles. 3. Moles & Hydatids, 5. Corroding  
ulcers, 6. Indurated, Irregular Tumours  
of the Pelvis, 7. Inflammatory induration  
and Ulceration of the Cervix -

D<sup>r</sup> Simpson mentions a curious  
Case of Retroflexion of the unimpregnated  
uterus having been mistaken for a  
Cancerous Tumour -

Cancer may be distinguished from  
Fibroid Tumours, by the Irregular, nodu-  
-lated appearance surface, the character of  
the pain & ulceration -

From Tubercles by its hardness,  
pain, discharge -

From inflammatory ulceration of  
the Cervix - the increased size of the  
womb, from morbid deposition, by the  
greater depth of the ulceration, by the  
fata of the discharges, by the immobility  
of the uterus & Constitutional symptoms.

In all Cases it will be desirable  
to make a careful physical diagnosis  
& not depend upon external symptoms  
Character of discharge &c. - (D. Simpson)

Having now mentioned all the diff. symptoms necessary for a proper diagnosis of the disease in practice, we shall proceed to the treatment, but, before doing so - a few words may be said of the Prognosis of the disease -

"Altho the patient labouring under this disease has but a poor chance of recovery, yet her life is prolonged to a time beyond might be expected under the ravages of such an intractable foe.

It depends upon the Constitution of the patient and the extent of the injury inflicted by the disease, if the hemorrhages take place often, there be much fever & loss of appetite the prospect is by no means favourable.

On the contrary if the patient was originally of a robust Constitution, & the existing symptoms not rapidly undermining her health she may drag a miserable existence for years - Prof Simpson mentions a case when the patient lived for 7 years -

Treatment -

As might be perceived, we proceeded

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proceeded upon the notion, that Cancer is an incurable disease, and therefore it may appear absurd in us, to speak of treatment, but it is to be understood that altho' we alledge that Cancer is an incurable disease, it is only so far as our Knowledge extends at present, and that we are by no means inclined to the belief, that <sup>an</sup> appropriate remedy may not, at some future period, be found out, and therefore, it will be but consistent in us to try all in our power, by every means that Science & reason teaches us to thwart the progress and termination of this disease. further we wd consider it reprehensible in any Physician or Surgeon who neglects to use the means now employed by the Profession, to palliate symptoms, because, forsooth he cannot by those means cure the disease. Such then being an view we shall enumerate some of the most approved remedies now in use for palliating symptoms. And also speak of the Operation that is sometimes found useful in cutting out the disease

in its incipient stage -

D<sup>r</sup>. Copland says that there are three indications to be fulfilled in the treatment of this disease - "1<sup>st</sup>. To support the energies of the ~~weakest~~ life by exciting the digestive functions; 2<sup>d</sup>. To soothe the morbid sensibility of the part, and promote the absorption of morbid depositions in its tissues, by means of Anodynes, combined with deobstruents & discutients; and 3<sup>d</sup> To impart vigour to the frame by suitable Medicines, Diet, & regimen. The Remedies wh. are calculated to fulfill the first indication may be often combined with those intended to combine accomplish the second and third; and both internal and external means may be simultaneously used with this view." Cop.<sup>d</sup> Diet.<sup>y</sup>, p. 289.

These no doubt are the three main indications to be fulfilled and <sup>all</sup> ~~any~~ treatment therefore shd. be directed to meet these ends -

We support the energies of life - by the use of Tonics, by Resting the bowels free &c. The different preparations of Iron seems to

to be the most beneficial according to most Authors. And Saline Purgatives of all kinds in order to keep the bowels open, as they are not likely to irritate the bowels in their passage thro the rectum, from their causing fluid stools.

The second indication shd be fulfilled by the use of injections and the internal use of those drugs wh promote absorption.

Of injections - warm water seems pretty generally commended - an injection containing lead is also found to be useful - Capuron adds Opium to the injection - Some have recommended the Ext. of Floruim Others again, Acetic acid, Nitric Acid, Acetate of lead & so on - A great many other astringents may also be used  
 Ju 23. Alum. Sulph. Zinc. &c.

When there is profuse hemorrhage it will necessary to use the plug. Applications of cold to the vulva, enemata of cold water, and the observance of strict quietude on the part of the patient.

The third indication to be fulfilled in order to promote absorption - Iodine in

in moderate doses may be found useful according to some, altho' we are inclined to question it -

Then the third and last indication is to be fulfilled, by good nourishing diet, not stimulating, fresh air use of tonics &c.

Now we come to the operative treatment wh<sup>ch</sup> according to some authors is unjustifiable. There has been of late, great discussions on the subject, especially in the French School of Medicine - One party maintaining the affirmative side of the question and the other the negative, we shall, however, not enter into them, neither are our limits or our limited knowledge sufficient to do justice to the diff: advocates - we will therefore content ourselves by barely stating what seems to us, feasible -

There are two operations that have been proposed & performed for Cancer -  
1<sup>st</sup> Excision of the Cervix when the disease is confined to that part - and 2<sup>d</sup>

and 2<sup>d</sup> Extirpation of the whole Uterus.

With regard to the 1<sup>st</sup> Operation, it may suffice to state, ~~that~~ in spite of the objections that have been advanced against it - drawn from Statistics - the merits of wh<sup>ch</sup> we are not-Competent at present to judge, that along with ~~our~~ Teachers we consider it justifiable under certain circumstances & further imperative in us - as the only <sup>chance</sup> means of saving the life of the patient -

The Operation w<sup>d</sup> be deemed justifiable in a case where there is no Contra-indication on the part of the Constitution of the patient -

If the Cancerous deposition is "confined to the lips & lower segments of the Cervix - also in "circumscribed local forms of Carcinomatous disease" - The Operation is certainly inadmissible in a case where we have reason to believe the disease ~~is~~ not confined to the neck & that neighbouring organs are similarly affected - In support of the possibility of putting short the disease by this operation, we may mention the ~~few~~ successful Cases recorded by some

of the most eminent men -

Miranda is said to have excised the Cervix, with more or less of the womb, nine times, with success -

DuRoietyren fifteen or twenty times with success

M. M. Becamier & Cayenne operated successfully in two cases -

And more recently Prof. Simpson operated successfully in eight cases -

The mode of performing the operation - we shall follow that proposed by Prof Simpson -

"The Patient must be placed across the bed upon her face, and the <sup>lower</sup> extremities made to hang over the body as in the operation for hemorrhoids (this he (S) says is a point of great moment - as we are enabled to make the incision through the Cervix, <sup>lower</sup> from behind forwards instead of from before backwards - and by doing so, we avoid the risk of opening into the peritoneum, which stretches downwards so much more behind than in front of the Cervix, and offers a very thin wall of opposition between the cavity

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Cavity of the <sup>superior</sup> Abdomen - having placed the patient  
in the above manner. Two vulsella are fixed  
into the outer or vaginal side of the Cervix,  
as high as it ~~was~~ <sup>is</sup> possible to insert them.  
and by the purchase wh they afford, gradually  
and cautiously drag down this part into  
the lines respectively of the axes of the  
Pelvic brim, Cavity and Outlet, till it appears  
so far beyond the Pelvis as to allow cutting  
thro the base of the protruding Cervix -

After a partial cut or two, the Uterus is  
strongly retracted at the points of incision,  
and the remainder of the Operation requires  
to be finished with the line of incision  
thus rendered irregular and confused.  
A pair of large, curved, blunt pointed  
Scissors, such as were used in this  
Operation by Oslander & Dupuytren, is  
in this respect preferable - As by them  
we are enabled to surround and  
embrace the whole of the Cervix  
at once; and having cautiously & carefully  
adjusted their edges to the very points  
wh we wish to decide, and thus cal-  
culated

Calculated, by this preliminary step, the exact limits of the incision, we may then completely amputate the part, by one or two strong & rapid strokes of the instrument - The blades must be placed around the Cervix, above the line of the teeth of the Vulsellum; and then our object is, as it were, to cut out the Vulsellum along with the whole inferior and diseased part of the Cervix, in wh. it is fixed. The operation is much facilitated by the labia being strongly pressed aside by broad Copper Spatula.

Prof. Simpson proposes further, a modification of the Vulsellum generally used. He says, that of late, he has been in the habit of using, "In the first part of the operation, viz. the seizure and traction of the Cervix, a very large & strong Vulsellum, made with the common loose joint of the obstetric forceps, instead of the usual fixed pivot or Scissors joint." He disad-  
vantages of the other common Scissors-jointed

Scissors-jointed vulsellum is, he adds, "that  
whilst we are intent on fixing the teeth  
of one blade in a proper situation, the  
teeth of the other blade are always apt to  
become entangled in the tumour a wall  
of the vagina itself, and thus impede and  
embarrass the operator." This difficulty is  
avoided by the former first mentioned vulsellum,  
for with them, "the individual blades can be  
introduced, adjusted, & fixed, separately and  
successively; and then afterwards, they are  
easily united together for further use."

"The two principal objects of the operation are,  
by this way, attained - viz 1. fixing both  
blades of the instrument and more especially  
that corresponding to the diseased lip,  
as high upon the cervix, and as near  
its line of reflection upon the roof of the  
vagina, as possible; & 2<sup>d</sup> by making the line  
of incision immediately above the hold  
of the vulsellum, as if the object was to  
cut out that instrument and the part  
wh. it embraces, this important point  
is secured, that the incision made is more  
like

more likely, than if any other plan were followed, to pass through a stratum of healthy tissue" - thus is removed the whole vaginal portion of the Cervix & the diseased part it is the seat -

"In attempting to insert vulsellum as high as possible in the cervix, we will succeed far better by guiding it directly to the point, guided by the finger & the sense of touch, than by attempting to direct it by the Speculum & the sense of sight - In fact, if the Cervix is, as generally happens, at all much increased in size, it is, of necessity, utterly impossible to see, with any Speculum, the part in which the teeth of the vulsellum should be fixed - that part lying much higher than the sphere of vision"

The above mode, which we have taken the liberty of citing from the Prof. Wank (Obs. Mem.) we consider to be the best -

The next Operation - viz. the extirpation of the whole Uterus - is one of such a formidable nature, and its statistical

results report such a high rate of mortality that it is an operation not to be undertaken, ~~we~~ and therefore abstain from making any further remarks on the subject.

The above is a brief & imperfect sketch of the interesting subject we have chosen for an Essay; drawn from such few books as are within the reach of an ordinary student - and, of course, <sup>from</sup> no experience whatever; written too, under untoward circumstances, wh, it is sincerely hoped, will plead for the imperfection and inaccuracy of the production -

J. D. Melholserappa  
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