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VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS.

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The treatment of this much-dreaded disease, by whatever plan adopted, is most unsatisfactory; the mortality is very large, and a very great proportion of them recur; so that any new plan of treatment ought to be hailed with delight by every surgeon who has the misfortune to come in contact with this most terrible disease. Pathology has not yet revealed to us its true nature, but I firmly believe some day some remedy will be discovered to cure this complaint. At present, there are two very opposite and distinct theories held in regard to its nature: one, that it is originally a local disease curable by early removal; the other, that it is a constitutional disease, and that local treatment avails but little if at all.

It is not my intention to enter into this much-disputed ground, suffice it to say that my own experience is, that the treatment of this malady, no matter what plan is pursued, is highly unsatisfactory. The treatments to-day in vogue are the knife, galvano-cautery, caustics and internal treatment. I do not doubt that here and there an isolated case has been cured

by some one or more of these combined methods. Still your patients, in spite of your best efforts, have gone from bad to worse, and finally died. I know of but two cases of cure in my own practice which are alive to-day, after a lapse of ten or twelve years after operation, and why these two cases? Simply because I was fortunate enough to see them early, and in operating to get beyond the *diseased tissue* into good sound tissue, and in this manner I removed the whole disease. But how difficult it is to know when you have got beyond the diseased limit into sound tissue, and yet how important this is, how careful we should be to thoroughly examine, not only the uterus, but the structures beyond the pelvis, the glands and everything in the immediate vicinity of the disease. This is the reason why high amputation of the cervix has frequently failed to do any benefit to the patient—the surgeon has not got beyond the disease. In this respect, complete removal of the whole organ offers a much better chance to the patient. The naked eye readily recognizes the disease *in situ*, but we have to depend on the touch for anything beyond. A recent valuable publication by Stratz, gives the following points as characteristic of cancer:

1. A slightly excoriated surface, rough to the touch and readily bleeding, sharply defined from the surrounding healthy tissue. The surface is granular, and of a yellowish red color.
2. A swollen dark red proliferation of one lip, extending into the external os, very readily