

Early Diagnosis of Cancer of the Uterus; Operative Technic.

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In the various portions of the mucous membrane of the uterus three definite varieties are to be found. The mucosa, covering the vaginal portion of the cervix, is made up of squamous epithelium; that between the external and internal os consists mainly of racemose or branching glands which secrete a varying quantity of mucus; whereas in the portion that lines the cavity of the uterus are numerous tubular glands differing totally from those of the cervix. From each of these types of mucosa cancer may develop.

In cancer of the uterus there occurs an outgrowth from the surface of the mucosa, while at the same time the growth penetrates into the underlying tissue. The cancerous tissue in the beginning is so rich in blood vessels that the slightest disturbance of the growth is liable to cause bleeding, and not infrequently an increased blood pressure is sufficient to bring about a faint show. As the growth advances, the older and more friable portions become necrotic and there results a breaking down which gives rise to a watery discharge, often tinged with blood and frequently fetid. This discharge is usually the first symptom of cancer, but it may be totally wanting until the growth has reached large proportions. Cancer of the uterus is most common between the thirty-fifth and fiftieth years, but it is occasionally noted in patients under twenty-five years of age.

Any bloody or watery vaginal discharge that can not be definitely accounted for

demands an immediate and careful local examination. If on bimanual examination the cervix is found to be rough, friable and bleeding, the diagnosis of cancer is usually certain; but if the cervix is still intact, the diagnosis may be very difficult. In early carcinoma of the cervix, when no disintegration has occurred, the surface is usually nodular, and springing from it are fine finger-like outgrowths which bleed readily.

In every case a careful history should be taken but, even after all possible data have been obtained and after a thorough bimanual examination, it will not rarely happen that the physician can not determine to his satisfaction whether malignancy exists or not. In such cases a wedge of the suspicious area (about one cm. deep and two or three mm. broad) should be cut out, dropped at once into a ten per cent. formalin solution and sent to the pathologist, who in the course of a few days will be able to decide with almost absolute certainty whether cancer is present or not.

When the cervix, on bimanual examination, appears normal, the lesion is usually situated in the cervical canal or in the cavity of the uterus. The finding of an enlarged and nodular uterus renders it probable that myomata are present. When myomata are of the submucous variety, the monthly periods are usually excessive, but as a rule no intermenstrual bleeding occurs and no fetid discharge exists, unless sloughing of a submucous