

culous matter. The walls of the uterus, thicker and more vascular than in the healthy state, contain two or three small masses, *b*, of the same substance. Both tubes, *c*, are dilated; the left completely filled with soft tuberculous matter, and laid open towards its inferior extremity that this substance may be seen. The right tube was filled with a turbid, milky-looking fluid. The internal surface of the vagina, *d*, presents a great number of ulcers, similar to those so frequently met with in the trachea of patients who die in the last stage of phthisis. The ulcers were apparently formed in the follicular structure of the vagina; some of the follicles enlarged, and presenting a central opening, are distinctly seen in the figure. The form of the ulcers is round, oval, or irregular, none of them larger than a split pea; their edges sharp and pale; and their bottoms either pale or slightly vascular."

The vagina is so rarely affected that Virchow is quoted by Courty as being the only observer who has verified in this part the development of numerous tubercles.

The *prognosis* is in all cases grave. The disease in the uterus being generally secondary, or at least coincident, with disease in other organs, it can rarely admit of cure. The tendency is towards extension to the tubes, ovaries, and surrounding structures. Fatal peritonitis may at any time arise. Courty relates an interesting case of this termination; and other examples are given in this chapter.

The *diagnosis* must rest greatly upon the evidence obtained of tuberculosis in other parts of the body, especially in the lungs. It is thus of a presumptive character. Since the disease attacks the body of the uterus, leaving the cervix quite or comparatively free, it is most liable to be mistaken for malignant disease of the body, chronic metritis, or some forms of fibroid tumor. There is generally enlargement of the body of the uterus of a uniform character, thus differing from the irregular nodulation of fibroids, and resembling the enlargement of cancer. The cases may also resemble each other in the uterus being fixed by perimetrial deposit. In both cases there may be hemorrhages and muco-purulent discharges; and also pain. But, as in other forms of tuberculosis, there is generally amenorrhœa. Metrorrhagia is exceptional. The distinction would be absolutely determined by bringing away a small portion of the outgrowth or deposit from the cavity of the uterus. Under microscopical examination, the characters of malignant growth would come out in contrast with those of tuberculous matter. In either case, therapeutical considerations would probably indicate the dilatation of the cervical canal. This would facilitate digital exploration, by which the more prominent tumor-like or polypoid character of malignant growths would be detected.

The *treatment* must be looked upon as mainly palliative. The general treatment must be governed greatly by the nature and extent of the distant complications. It is of the same kind as that for tuberculosis of the lungs. The local treatment will be indicated by the local symptoms. If there be hemorrhage or profuse muco-puriform or cheesy discharge, with or without pain, it will be proper to dilate the cervix with laminaria or sponge-tents; and to swab the interior of the uterus with nitric acid, tincture of iodine, or acetic acid; or iodine-ointment may be inserted every three or four days. Disinfecting vaginal injections of lead, zinc, or carbolic acid will be useful adjuvants.

CHAPTER XXVII.

CANCER: DEFINITION; DEGREES OF MALIGNANCY; ITS LOCAL ORIGIN; HEREDITARY TRANSMISSION; ITS FREQUENCY. IS IT CONTAGIOUS? CAUSES; FORMS OF: MEDULLARY; EPITHELIOMA; SARCOMA; SCIRRHOUS; MYXOMA; CORRODING ULCER DURATION OF CANCER. CANCER AND PREGNANCY. THE COURSE AND TERMINATIONS OF CANCER; DIAGNOSIS; PROGNOSIS. TREATMENT; QUESTION OF CURABILITY; TOTAL EXTIRPATION OF UTERUS; AMPUTATION OF VAGINAL-PORTION, SELECTION OF CASES FOR; THE OPERATION; CAUTERY, ACTUAL AND POTENTIAL. TREATMENT OF CANCER OF BODY OF THE UTERUS. PALLIATIVE TREATMENT; LOCAL AND CONSTITUTIONAL.

THE clinical definition of cancer would be a disease tending to destroy the organ which it has attacked, to invade the surrounding structures, to infect the system, and to cause death. These are the chief characters of "malignant disease." This definition will embrace several forms of disease which differ in their histological characters, and sometimes in their seat and progress. But howsoever differing in other respects, the common feature of malignancy, that is, a tendency to destroy tissue, to spread and to kill, binds them all together into one terrible group.

The main clinical interest attaching to the differential study of these various forms of malignant disease lies in the fact that they exhibit different degrees of malignancy, and that the seat of development materially influences treatment and the prospect of giving relief. Intimately connected with this point is the question, how to detect the disease in its earliest stages? The tendency of modern pathologists has been to regard all cancer as local in its origin. A most hope-inspiring doctrine; one to which the clinical physician should cling as that which most encourages therapeutical research, and which alone holds out a prospect of ultimate triumph over the disease.

No one who is at the same time conscientious and capable of estimating correctly the nature of cancer will be rash enough to hold out a confident promise of cure in any case. But surely modern research and experience, which have already thrown a ray of light into what had long been regarded as an impenetrable and perpetual gloom, may well justify the hope of achieving further success.

Willing, more than willing, to accept the doctrine that malignant disease is local in its origin, two circumstances appear to me to tell strongly against it. The first is the almost constant tendency to a fatal termination from the moment when we have made an undoubted diagnosis. This means that it is rarely indeed possible to find the disease in its presumed strictly local initiative condition. From its earliest discovery it has already effected a strong hold upon the constitution. The other circumstance is the hereditary force of the disease. There is a general consent

amongst surgeons upon this point. It constitutes one of its greatest terrors. And yet it is, I venture to think, somewhat exaggerated: Lebert, for one, disputes the hereditary force. In a summary of 948 cases collected from various sources hereditary influence was traced in 78 only. Looking back to my own experience I can recall many instances of isolated cases of cancer in a family to set against other cases of recurrence. Especially in one very large family, whose history I have known for three generations, there has been but one instance of cancer.

But there is another fact which bears upon the question of hereditary and of constitutional diathesis. Some diatheses seem interchangeable or co-existent; or we might, to invoke another hypothesis, say that all morbid diatheses are one in their ultimate analysis, and that the development of phthisis in one person, of brain disease in another, and of cancer in a third, is determined by various secondary conditions. This hypothesis is not contradicted by the apparent incompatibility of two diatheses in marked development in the same individual. This incompatibility is only apparent. A person struck with cancer, for example, will be destroyed by this disease before phthisis can be developed, and *vice versa*. And the co-existence of the affections is not rare. The diathesis which produces one form of local disease, say in the ovary, would often be manifested by the development of other forms, as of fibroids in the uterus. Of the truth of this remark we may see abundant proofs. And if we extend our observation beyond the individual, looking to the family, we cannot fail to see frequent examples of various manifestations of the original taint, showing itself as phthisis in one member, cancer in another, and nervous disease in a third.

Next to cancer in the breast, says Samuel Cooper, cancer of the womb is the form in which the disease most frequently presents itself. Sometimes the disease takes place in the womb and breast together; and Cruveilhier records an instance in which cancer uteri was accompanied by a medullary tumor in the substance of the left hemisphere of the brain, so that, in the latter stages of the case, the patient was attacked with convulsions and hemiplegia. According to this pathologist, however, notwithstanding the tendency of cancerous diseases in general to affect the whole economy, by extending from the point first attacked, as from a centre, cancer of the womb is but rarely accompanied by this general implication of the system, and especially of the breast.

It appears also, from Cruveilhier's researches, that the vagina is as frequently the seat of cancer as the neck of the womb. "Its anterior paries is much more frequently attacked than its posterior; and hence it is rare to find instances in which the lower portion of the bladder does not participate in the disease." (*Anat. Pathol.*, liv. xxiii. pl. 6.) But in some cases, no doubt, the disease begins in the bladder, extending to the uterus as in a specimen (Ea. 7) in the London Hospital.

Cancer of the uterus may originate at any period after puberty; but the time of life between the ages of forty and fifty is that in which its commencement is most common. A specimen of cancer affecting the uterus and vagina in an infant nine months old was exhibited to the Obstetrical Society by Mr. Heckford, surgeon to the East London Children's Hospital (*Obstetrical Transactions*, 1868). I removed a rapidly pullu-

lating epithelioma emerging from the vulva of a child. It returned and proved fatal. Cruveilhier observes, that from the age of thirty-five to that of fifty is the principal season for this cruel disease, though he has known one woman of the town die of it, whose age was only twenty-six; and he had seen it in women as old as sixty, seventy, and eighty, and even eighty-three. In St. George's Museum is a specimen showing the disease at the age of ten (No. xiv. 82). The walls of the uterus are greatly distended, and its cavity filled by a large encephaloid growth which, originating in the muscular structure, on the left side, appears to have made its way into the cavity as well as outwards. A red discharge had taken place from the uterus, which led her parents to believe she was menstruating. Mensentery, liver, and pancreas were extensively diseased with cancer.

The cases cited of the disease occurring in children are sufficient to prove that it may occur in single women, and in those who have never been pregnant. But although I have met with it in single and sterile women of all ages, I entertain a strong opinion that it is far more common in those who have borne children. Ovarian disease more peculiarly affects the single and the sterile. Numerical statements of Scanzoni and Sibley go to establish this view. The pathological inference would be that functional activity is a predisposing cause, or that the changes started in the structure and nutrition of the uterus by labor favor the selection of this organ for the manifestation of a general diathesis. This seems, as we have seen, to be clearly so in the case of tuberculosis.

The question is sometimes anxiously asked *whether cancer of the uterus is contagious?* If it be propagated by cell-growths, which may be regarded as germs, it seems a not unreasonable conjecture that the malignant cells may be transplanted or grafted upon the tissues of another person, and grow in this new nidus just as they do by extension in the original subject. I do not know, however, of any unequivocal facts to favor this idea. I have known, of course, as every physician of experience must know, of many cases of husbands living with their wives long after the disease had been recognized; but I have not known of a single instance of the disease being propagated. Possibly grafting on a raw surface is necessary; and probably, the malignant cells will only retain their vitality in tissues of congenial morbidity.

Cruveilhier finds, that what he terms the *areolar pultaceous cancer*, is the most frequent of all the forms of cancer to which the uterus is liable. In this the uterus is transformed into a spongy texture, from which a cancerous substance, of greater or less consistence, may be compressed in the shape of small worms; so that, when this texture has been emptied by suitable preparation, a hollow cellular structure remains. Cruveilhier conceives that he has made out the fact, that cancer of the uterus begins in the venous system. However this may be, he notices another fact, which is of greater importance to the practitioner, viz., that the *lymphatic glands* in the *pelvis* are almost constantly affected in cancer of the womb. He specifies in particular two glands, situated one to the right and the other to the left, at the sides of the pelvis, on a level with the highest part of the ischiatic foramen: these, he says, are often the only lymphatic glands implicated. The lumbar glands he finds less frequently diseased

than the pelvic; and he states, that they may be enlarged and red without presenting any vestige of cancerous structure. The inguinal glands are only involved when the disease attacks the external pudenda, and the orifice of the vagina. In only one dissection he found the cancerous substance in the thoracic duct, though he examined it at every opportunity; and, in another instance, he traced the same substance in many of the lymphatics, which proceeded from the diseased parts. (*Op. cit.*, liv. xxvii.) I have, however, traced it along the iliac veins into the vena cava. In one case, dissected by Cruveilhier, one ureter was enormously dilated, and the corresponding kidney wasted. "The relations of the ureters with the lateral and superior part of the vagina, and with the lower part of the bladder, which is often implicated in cancer of the uterus, account for the impediment to the flow of the urine through the ureters, the lower portions of which are often surrounded by cancerous masses, which compress them. This compression may take place in so great a degree, that the lower part of the ureter is completely obliterated; and, what is remarkable, such compression does not produce the fatal consequences, which theoretically might be expected. The urine dilates the ureter (see Cruveilhier, liv. xxvii. pl. 2, fig. 2), which, at the same time that it becomes dilated, is lengthened and rendered tortuous or spiral, like a varicose vein. The pelvis and calices in their turn are also expanded, so as to acquire a considerable capacity. The kidney, compressed by the urine, accumulated in the dilated calices, gradually wastes away, and is converted into a mere shell, or husk of a pale yellow, having some resemblance in color to the changed state of the kidney, known of late by the name of Bright's Disease; and such atrophy may proceed so far that no urine can be secreted, or so little, that any redundancy may be easily prevented by absorption." The possibility of life continuing long, with an obstruction of both ureters, would be, however, a very different case from that described by Cruveilhier.

Gangrene, consequent on cancer of the womb, is found by Cruveilhier to be very common, sometimes destroying the cancerous structure, layer by layer, and in other instances attacking the whole mass of it. In both cases, the discharge becomes horribly fetid, and when the finger is withdrawn from the vagina, it brings away a sloughy putrid detritus, which Cruveilhier says can be compared to nothing more like it than the substance into which hospital gangrene transforms the textures invaded by it. The sloughing may advance slowly or rapidly; a difference which has vast influence on the intensity and acuteness of the symptoms. When gangrene attacks the whole of the cancerous mass, and nearly annihilates it, the case might be mistaken for one of primary mortification; and, in many examples, the cancerous state of the pelvic and lumbar absorbent glands is the only criterion of the gangrene having been preceded by a cancerous affection of the uterus. (*Anat. Pathol.*, liv. xxiv.)

All the known forms of cancer may affect the uterus.

1st, Fungoid, encephaloid, or medullary carcinoma is by far the most common; 2d, in frequency, come the epithelial kinds; 3dly, sarcoma; and 4thly, the scirrhus or hard cancer. This last, West and Rokitansky say, is extremely rare.

Each of these forms has its own characters of evolution and of struc-

ture, and these entail differences in clinical features. *True cancer*, says H. Arnott,¹ includes those cases in which a structure more or less resembling that of a scirrhus breast is met with, namely, an alveolar fibrous stroma, in the interstices of which float, in a clear fluid and with no visible intercellular material, cells of varying shape, but all approximating somewhat to the squamous epithelial type, and containing usually only one large oval nucleus with bright nucleolus. In many cases the fibrous stroma, instead of forming a dense network, is visible only as a thin streak here and there, and in these cases the varied shapes of the cells, and the absence of the intercellular substance, stamp the cancerous nature of the growth. The cells occasionally contain multiple nuclei. In some places Arnott thought he could trace a development of the cancer-structure from surrounding "adenoid," or lymphatic gland-like material, the cells of the new growth taking the place of the small nuclei in the fibrous stroma of this structure; but more generally the cancer seemed to be splashed in, so to say, amongst healthy uterine tissue. But separate nodules of the new formation are rarely met with imbedded in parts of the uterus at a distance from the ulcerated portion.

1. The *medullary cancer*, or *encephaloid*.—This has its special seat in the connective tissue or stroma. It is found as a thick, hard, nodular mass, of white, gray, or red color, consisting of a fibrous framework, with a brain-like pulp in the interstices. As a rule, cancer is characterized by an infiltration of cells of a monstrous type, and great activity of multiplication, into the natural areolar tissue. Wherever areolar tissue is found, there cancer is prone to form. In uterine encephaloid, these cells commence in the cellular tissue between the mucous membrane and the proper tissue of the uterus. As De Morgan pointed out, the cells are non-coherent. Lebert thinks cancer may begin in the follicles of the neck of the uterus. The disease gradually encroaches upon the deeper strata; but commonly there remains after death a thin layer of muscular substance beneath the peritoneal investment of the uterus. The extension is not so much inwards into the uterine tissue, as centrifugal. At first this, like the other forms of cancer of the uterus, appears to be strictly local, confined to the cervix. But after a time, difficult to determine, the disease invades the areolar tissue of the fundus of the vagina, the base of the bladder, the rectum, the broad ligaments, uniting all these parts into one mass. As the cell-growth proceeds, the normal elements of the parts invaded disappear. The diseased mass increases in size, reaching often a considerable bulk, so that the finger, scarcely introduced through the vulva, will in cases somewhat advanced at once strike upon it. The deformed os uteri is brought low down, as in prolapsus. It is often hardly recognizable from the nodular, irregular projections and fissures which surround it. It is sometimes occluded by these, but more often held unnaturally patulous. In this stage, the cervix uteri being involved in a growth extending to all the surrounding structures, is set fast; it has lost all mobility; or, if any remain, it moves only with the whole diseased mass.

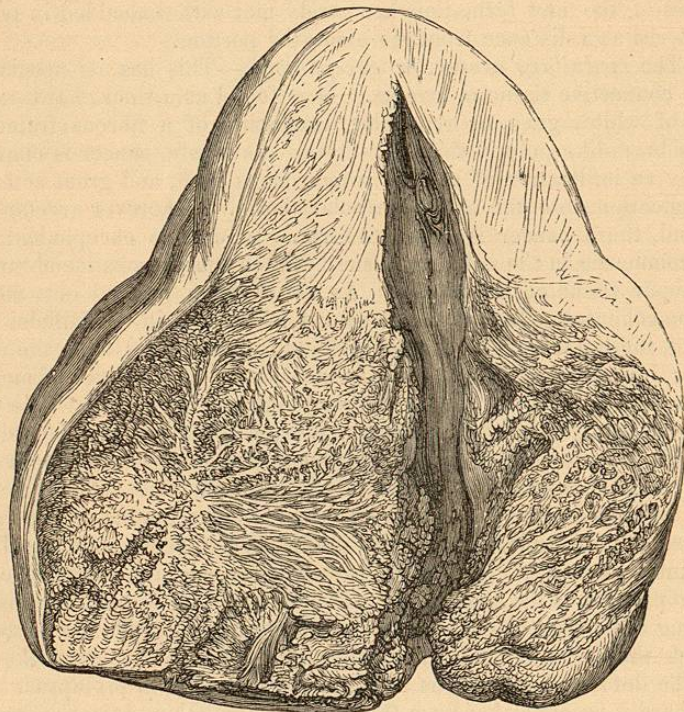
The next feature of importance in the history is the marked tendency

¹ Cancer: its Varieties, etc. Henry Arnott, 1872.

to softening and suppuration. Softening is soon followed by death of the mucous membrane of the os uteri; "an ulcer (West) forms, with raised irregular, hardened edges, and a dirty putrilage takes the place of the smooth but enlarged lips of the os. The disease may go still further; the lips of the womb and its cervix are altogether destroyed, and a soft, dirty-white, flocculent substance covers the uneven granular and hardened surface. The ulceration may begin in the substance from softening, or on the surface without previous softening in the deeper parts."

The stage before ulceration varies much in duration. In many cases it is certain that the extension of the disease has greatly advanced before the patient seeks advice. Probably a year or more may elapse before ulceration occurs. The duration of the stage of ulceration is also variable. Sometimes it runs through this stage rapidly; at others, the ulceration, without healing or spreading much, is kept up for months. The

FIG. 167.



Cancer of Uterus (R. B.).

The lower two-thirds of the walls are enlarged by the infiltration of a soft medullary substance. The natural texture of the organ can hardly be discerned. The disease forms a large spheroidal mass, of which the lower surface, projecting in the vagina, is ulcerated and flocculent. (Ad Nat., St. Bartholomew's Museum, 32¹².)

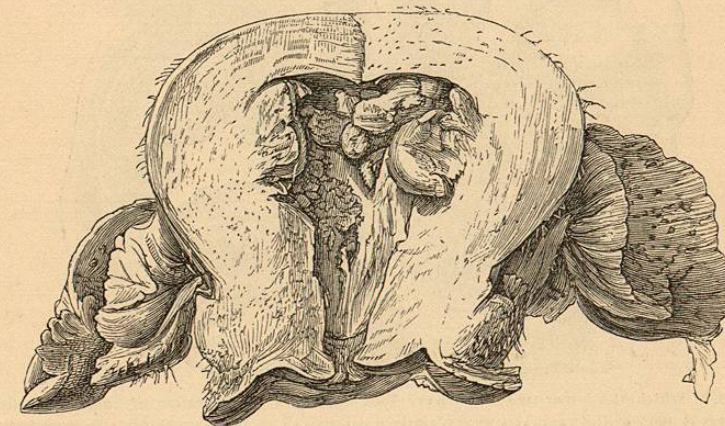
patient indeed grows worse, losing flesh and strength, assuming the characteristic worn, straw-colored, cachectic look. The discharges continue, composed of pus from the ulcerated surface, fetid from the admixture of dead and decaying materials, tinged with blood from the giving way of

some of the vessels distributed to the granulations, while every now and then abundant hemorrhages break forth. If we examine, we find sprouting granulations or a positive fungous outgrowth from the surface, and then after a time the fungus disappears, the surface feels less uneven, the edges less unhealthy, and we can almost persuade ourselves that here and there a process of cicatrization has begun. New formation and death of the newly-formed tissues go on in rapid succession—a series of abortive attempts at cure, such as prevent the rapid extension of the ulcer, and keep alive the delusive hope of recovery. And, indeed, under the spontaneous or assisted powers of Nature, it is not uncommon for the disease to exhibit stages of apparent arrest, during which the discharges are lessened, the local suffering is abated, and the general health improves. But sooner or later, relapse is but too sure, and the patient at length sinks under the exhaustion consequent upon repeated discharges—watery, purulent, and hemorrhagic—pain, obstruction to the rectum and bladder in the performance of their functions, and impairment of nutrition.

Fig. 167 exhibits the action of medullary cancer upon the uterus. The cervix and lower part of the body are principally affected, but the body of the uterus is sensibly enlarged.

Fig. 168 shows that the encephaloid form may invade the body as well as the cervix.

FIG. 168.



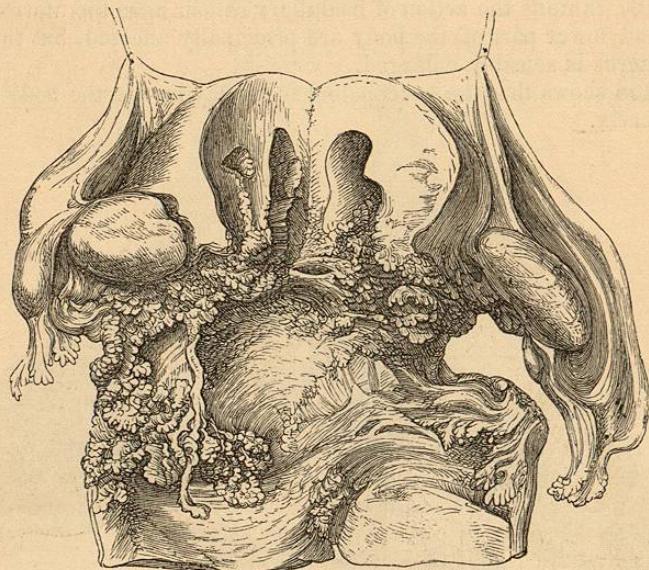
Uterus greatly Enlarged from Infiltration with Encephaloid Matter (R. B.).

The uterus measures nearly five inches across; its walls are one and a quarter inches in thickness, except at the upper part, where they are somewhat less. This is due to infiltration, with cancerous deposit, which exist in greater abundance in the inner two-thirds of the muscular parietes; this part presents a spongy appearance where the deposit has been partly washed out. The os and cervix uteri participate in the enlargement. Several spongy-looking cauliflower fungoid growths project from the parietes into the cavity of the uterus; their reticulate and spongy appearance is also due to the encephaloid material having been partly washed out. (Half-size, St. Thomas's Museum, G G 43.)

As the disease advances upwards into the cervix, eating away the tissues, a large gaping cavity with irregular edges is formed, sometimes extending by fistulous passages into the bladder and rectum. So strict is the apparent limitation of the disease to the cervix in some cases, that

this part is completely eaten away, leaving the body almost intact. (See Figs. 169, 170.) But, although primary cancer of the body of the uterus is rare, the disease will generally spread to it from the cervix if the patient's life be sufficiently protracted. In advanced cases the body of the uterus is almost always enlarged, and this from two causes. The maintenance of an active parasitic growth, like cancer, attracts blood to the organ; it grows under this morbid stimulus as it will under that of developing a fibroid tumor, or as under the normal stimulus of gestation. In addition there is an extension of the cancerous growth. The mucous membrane of the body is more generally affected. Sometimes nothing more is apparent than a general and intense redness of the interior of the womb; but much more frequently the lining membrane is covered by a dark offensive secretion, and is beset here and there by small white deposits of cancer.

FIG. 169.



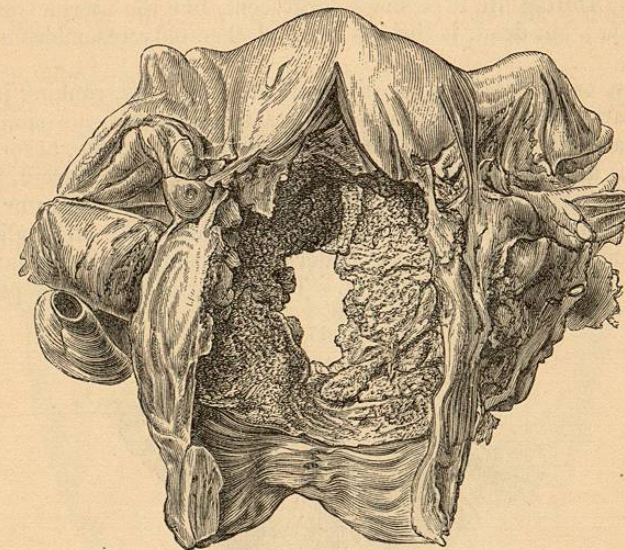
Uterus, of which the lower two-thirds have been destroyed by ulceration, of cancerous nature. The adjacent part of the vagina is superficially ulcerated (R. B.). (Two-thirds size, St. Bartholomew's Museum.)

The irritation caused by the morbid condition of the body of the uterus will often set up a slow or chronic inflammation in the broad ligaments and pelvic peritoneum. The fibrinous effusions resulting bind the uterus to the bladder and rectum, adding to the mass formed by the cancerous deposit, and still further determine that firm fixing of the uterus in the pelvic cavity which is observable in almost every instance of carcinoma of the medullary kind, except in the very earliest stage. Cancerous deposits take place under the pelvic peritoneum; extending, the peritoneum is involved, and at length is indistinguishable in the midst of the large mass of cancerous disease which conceals the uterus and its appendages

from view. Towards the end hemorrhages often stop, but the watery purulent discharges increase in quantity; whilst the anæmic cancerous cachexia, pain and sleeplessness, and spasms, with disturbances of the alimentary canal, increase.

Figs. 169, 170 show the ravages made by the destructive necrotic ulcerative process when the disease is chiefly limited to the cervix. In Fig. 169 the body of the uterus is evidently affected. In Fig. 170 the body remains almost intact, although the lower part of the uterus is literally eaten away.

FIG. 170.



Cancer eating away the Lower Half of the Uterus and Perforating into the Bladder (R. B.). (Half-size, St. Thomas's Museum, GG 55.)

It is in this way that the vagina, being destroyed at the fundus and upper part of its anterior and posterior walls, the septa between uterus and vagina and the bladder and rectum being destroyed, the three canals are thrown into one common cloaca, which receives all the excreta.

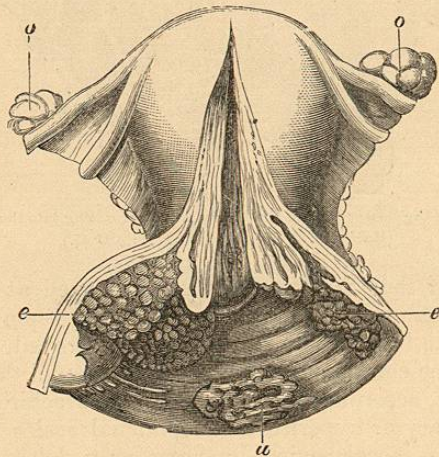
2. *Epithelioma*, according to H. Arnott, is characterized by an accumulation of ordinary or hypertrophied epithelial scales in an unnatural position, sometimes accompanied by nests, or "globes épidermiques," although not necessarily so distinguished, and with usually a very disorderly clustering of the scales, which are otherwise disposed with cohering edges. In some cases a section carried through the mucous membrane of the cervix close to the ulceration showed hyperplasia of the epithelial elements upon and between the papillæ, with infiltration of the same elements amongst the deeper structures; other sections form a more diseased portion of the same uterus, exhibiting only the confused heaps of epithelial cells, with much broken-down, oily or granular *débris*.

The *cauliflower excrescence* of Dr. John and Sir Charles Clarke is the best known form of the *epithelial cancer* of the uterus. It appears from Gooch's criticism to be the same disease as was described by Levret and

Herbiniaux, under the name of "tumeur vivace." It also affects by preference the cervix. Epitheliomata take their habitual origin in the epithelial layer of the upper part of the vagina and os uteri. Here the epithelial bulbs become developed, and form a tumor, which projects into the vagina. Opinions differ as to its malignancy. Rokitansky believes it to be cancerous, calling it the villous cancer. He describes it as a conferva-like growth, consisting of corpuscles the size of linseed grains, pale red, transparent, tolerably firm, hanging from the os uteri into the vagina, bleeding profusely on the slightest touch, and developed out of an encephaloid. It often fills the vagina, and causes profuse watery secretion. During life it becomes turgescient, like the uterine surface of the placenta; but dead, it shrivels up, and then only resembles a flocculent mass.

Virchow, on the other hand, says it is not cancerous, ranking it under the papillary tumors, of which there are three forms—the simple, the cancrioid, and the cancerous. The cauliflower excrescence, according to him, begins as a simple papillary tumor, and runs into cancrioid, but not into cancerous papillary tumor. It is formed only of papillary or villous growth, which consist of thick layers of peripheral flat and cylindrical epithelial cells, and a fine inner cylinder of extremely small cellular tissue with large vessels, running in loops. This tumor is also called papillary

FIG. 171.



Pavement-Epithelioma of Uterus.

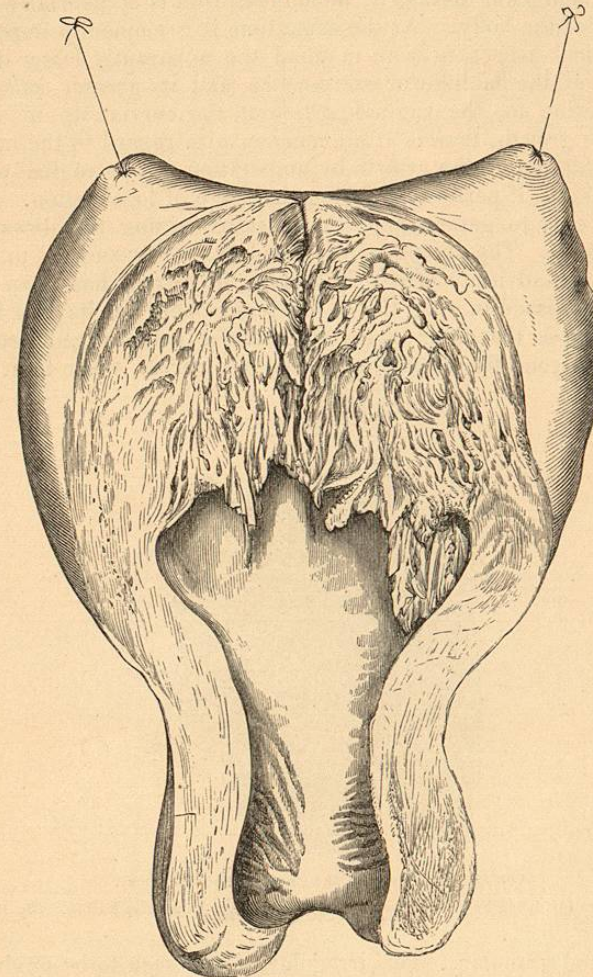
The uterus laid open. *e*, mamillary vegetation filling the vaginal *cul-de-sac*, and almost covering the os uteri; *u*, softening and ulceration of the vaginal mucous membrane. (Half-size, early stage. After Lancereaux.)

hypertrophy of the cervix uteri. Mayer regarded it as an originally local affection. Hannover separates it from cancer, under the name of epithelioma. Lebert and Schutz call it epithelial cancrioid. Virchow points out that the forms which yield dry, juiceless masses are relatively benignant; whilst those which produce succulent tissues have always more or less a malignant character.

Canceroid remains for a long time local.

Fig. 171 shows epithelioma in an early stage. It consisted of epithelial cells and "epidermic globes;" some of the cells had multiple nuclei. The subject was thirty-eight years old, pluripara. After suffering for several months from white and red discharges, pains in the hypogastrium and loins, she was admitted to the Hôtel-Dieu with severe flooding; a second flooding carried her off. The pelvic and lumbar glands were unaffected.

FIG. 172.



Malignant Disease of the Uterus, which has become broken down, the Result of Ulceration (sometimes called Cauliflower Excrescence). (R. B.)

The patient labored under a discharge from the vagina. A fungous excrescence is seen growing from the fundus. She had scirrhus of the breast, and fungus hæmatodes of the liver. (Ad Nat. St. George's Museum, XIV. 54.)

Fig. 172 seems to be an example of epithelioma affecting the body of the uterus.