

Medical Matters.

CANCER OF THE UTERUS.



A VALUABLE annotation on this subject recently appeared in our esteemed contemporary, the *Medical Times*. It was pointed out that there seems to be a general consensus of opinion amongst gynæcologists throughout Europe that malignant disease of the cervix and body of the uterus are more common now than they formerly were. It is impossible, in fact, to account for the large number of cases now met with and treated, entirely on the supposition that these cases were not properly diagnosed in former years. As a matter of curiosity, the writer examined the notes of the first 500 patients whom he saw in 1884, and of the first 500 seen this year; and, without laying too much stress on the fact, it is certainly curious that in the former year these included 21 cases, and this year there were 47 cases of malignant disease. In his experience, it is roughly correct to estimate that malignant disease in 90 per cent. of the cases occurs in the cervix, and the remaining 10 per cent. in the body of the uterus. It is a fact of importance and encouragement that malignant disease at the present day is usually recognised at a more early stage than was the case some years ago, and the consequence has, therefore, been that these patients can be more easily treated, and with a greater prospect of success. It should be a golden rule to examine *at once* whenever there is a coloured inter-menstrual vaginal discharge; and, if there be any roughening of the cervix, to use the speculum and ascertain if the surface is at all friable at any spot—that is to say, if it is easily broken down by pressure. In such a case, there will probably be a tendency to more or less severe attacks of hæmorrhage which sometimes is so excessive as even to threaten life. Such cases are eminently suspicious of malignant disease. With regard to the question of operability, it may be briefly said that this turns upon the question whether or not the broad ligaments have become invaded by the disease. If the ligaments are free, if the uterus is small and mobile, and especially if the disease is confined to the cervix, and has not invaded the vaginal walls, the total extirpation of the uterus can

generally be performed with a fair chance of the patient's complete recovery. But the point which deserves most attention is the belief of the author that cancer is rapidly extending amongst the population of this country, and that the increase cannot be explained away merely on the ground that modern knowledge causes the disease to be more easily diagnosed now than formerly.

SCARLATINA OR RUBELLA?

THERE are such close similarities between these two affections that the differential diagnosis is often difficult. Both rash and sore-throat are normal accompaniments of rubella. In a valuable paper recently published on the subject by Dr. F. Caiger, the points on which reliance must be placed are stated to be the following. A longer period of incubation, usually ten days, or rather more in rubella; an absence of prodromal vomiting and actual pain in swallowing; the rash is usually the first sign, indeed, it may be the only sign of illness; the temperature is frequently normal throughout and is rarely raised for more than from 24 to 48 hours; the eruption is usually measly at an early stage, though the spots are usually pinker, smaller, and more discrete than in true measles. At a later stage, usually by the second day, the eruption tends to become erythematous on the trunk, when no suggestion of individual spots can be made out, and this is the time when its likeness to scarlet fever is most confusing. Unlike scarlet fever, however, definite spots are to be seen on the face in most cases, though rarely visible there for more than 36 to 48 hours. The eruption generally will have disappeared, even from the legs, by the end of the third day, though a faint mottling may just be visible in a good light on the extremities. Only slight redness and catarrh will be found in the fauces, and the naso-lachrymal mucosa is slightly affected. The tongue never becomes unduly clean, much less raw, and though slight and transient peeling, perhaps more pronounced than in measles, may occur on the trunk and limbs it is never "pin-hole," and stops short of the palms and soles. The most striking distinction is a tender enlargement of the posterior cervical concatenate glands or of those over the mastoid bones. They may be slightly enlarged in scarlatina but they are not tender, whereas in rubella an adult not uncommonly complains of tenderness for a day or two before the rash appears.

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