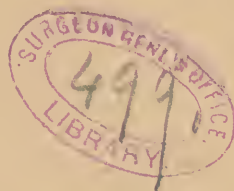


KELLY (H.A.)

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Carcinoma uteri.



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THE EARLY TREATMENT OF CARCINOMA UTERI.

BY HOWARD A. KELLY, M. D.,

PROFESSOR OF GYNÆCOLOGY AND OBSTETRICS IN THE
JOHNS HOPKINS UNIVERSITY;
GYNÆCOLOGIST AND OBSTETRICIAN TO THE JOHNS HOPKINS HOSPITAL.

THE large number of hopeless cancer cases constantly applying to me for relief have induced me for the past three years to adopt certain stringent rules with regard to my own patients, which I have taught for the same period in my lectures at the Johns Hopkins Hospital.

The end in view is twofold—first, by treating cervix liable to become cancerous, and thus prevent the formation of this neoplasm, and, secondly, to detect cancer of the cervix at a sufficiently early date to successfully eradicate the disease.

1. It is the duty of the obstetrician to see each patient at his office from two to three months after her confinement, and there to examine and make a careful record of the condition of the pelvic structures, stating accurately what lesions have been produced by the confinement.

2. Cervical lacerations should be carefully described, noting the position and depth of the tear and the appearance of the lips. Lacerations require no treatment when the lips are thin, uninfiltated, and lie together. Thick, infiltated, and everted lips associated with cervical catarrh

call for depletory treatment followed by repair of the laceration.

3. Every woman who has passed thirty-five years of age and has borne a child should have this examination made without delay by a competent physician, and if the cervical lips do not appear perfectly sound she should be kept under observation and examined at intervals of from six to eight months.

4. Every woman over thirty-five, with a cervical tear, should be examined at least once a year for ten years, or longer, if the appearance of the lacerated area is not perfectly healthy.

5. These rules apply with special force to patients whose family history shows a marked inclination to cancerous diseases.

If these rules are conscientiously observed there is not a shadow of doubt but that thousands of lives would be saved yearly in this country alone by timely interference with a disease so markedly local and accessible in its origin.

I feel that while we are searching for a cure for cancer, the line of progress in the immediate future for the gynaecologist is clearly in the direction of prophylaxis and anticipation, either preventing or discovering the malady in its earliest stages.

