

nodular variety of carcinoma of the cervix. 4. When there is an infiltrate in or beneath the cervical mucous membrane, just within the os, which soon breaks down and destroys the cervix by erosion. It constitutes the variety known as cancer of the cervical mucous membrane ('eating cancer'), and may have progressed far before the os shows any marked change when viewed through the speculum. 5. When there is evidence of the existence of cancer of the parenchyma of the uterus (usually fibro-sarcoma), even if the cervix seems to be perfectly normal. Such cases are not rare. 6. Whenever at the menopause a glandular endometritis becomes inveterate, showing a tendency to degenerate into a typical malignant adenoma—that is, adeno-carcinoma (glandular carcinoma or primary cancer of the mucous membrane of the uterine body)—as indicated by (a) the appearance of irregular hæmorrhages; (b) the presence of a serous, reddish, odorous discharge; and (c) paroxysmal pain. 7. In all cases in which there is even a strong suspicion of malignant disease. In early operation lies safety. I can quite agree with Pozzi that 'it may even happen that as a last resort against persistent hæmorrhage alone, we are obliged to perform vaginal hysterectomy with only the diagnosis of probable cancer.' Operation is not indicated: 1. Whenever the disease is so far advanced that the uterus is fixed in the pelvis. 2. Whenever it is certain there is extensive cancerous infiltrate in the broad ligament. 3. Whenever the cancer involves the bladder. Implication of the posterior vaginal wall or even of the anterior part of the rectum is not necessarily a positive contraindication to operation. 4. When the 'cancerous cachexia' has become pronounced. 5. When the patient is too weak from repeated exhausting hæmorrhages. 6. Whenever the diagnosis of sarcoma of the uterus is quite certain. In such cases there is always recurrence after removal, and the subjects die quickly. Palliative operation, such as curettage, burning with Paquelin cautery, etc., are indicated: 1. When there is marked sepsis, removal of the sloughing mass with the sharp curette, and the subsequent use of douches of solution of permanganate of potassium followed by insufflations of pyoktanin will greatly prolong life. 2. When there is excessive hæmorrhage. In such cases curettage followed by cauterization and the after-treatment just mentioned will be of much benefit. 3. When pain is very severe. Even hysterectomy as a mere palliative measure is sometimes advisable, the pain being much less marked in recurring carcinoma in the pelvis."—*Medical Record*.