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PROGRESS OF GYNECOLOGY AND OBSTETRICS.

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Since total extirpation, if performed sufficiently early, offers the best chances of recovery from cancer of the uterus it has become a very important matter to be able to diagnose this disease at the beginning. Dr. Henry C. Coe, in the *New York Med. Record*, Feb. 1889, gives the results of his experience at the New York Cancer Hospital. He found that more than a fifth of the women were under forty years of age, and that frequently when the disease is far advanced they still preserve the appearance of robust health. Pain was always a late symptom and often absent. Even hemorrhage and the foul watery discharge is not a reliable symptom, for they are often absent even when the ulceration is extensive. He considers bleeding as the most significant symptom, especially if it occurs at irregular intervals between the periods, or if it occurs in women after the climateric. Bleeding after coitus is always important and demands an examination even if no other symptom be present. He considers a profuse leucorrhœa in a woman who has passed the climateric as very suspicious of

cancer. But pain is not a reliable symptom for the reason that it is frequently absent in the early stage; although vague shooting pains in the pelvis in women previously free from them would point in this direction. The cervix is usually found lacerated, large, thickened and having peculiar nodules along the edges of the everted lips. Firm pressure is not painful but may cause slight hemorrhage. No odor is noticed on withdrawing the finger. The uterus is enlarged but moveable. There is no evidence of perimetritis. Through the speculum the cervix may present the ordinary appearance seen in erosion from which it can only be positively diagnosed by microscopical examination. A sharp line of demarcation between the healthy and diseased areas is a suspicious fact, as is also a general hardness of the cervix in connection with erosion. The cancerous deposits appear as glistening yellow nodules elevated above the level of the healthy tissues.

In the London *Lancet*, American edition, page 272, Dr. Moore Madden reports a case of extirpation of the uterus during pregnancy for sub-peritoneal fibroids which was followed by peritonitis and death on the fourth day. The cervical stump was thoroughly included in a peritoneal covering which was dissected out and stitched over it. The abdominal cavity was washed