

of cancer, which is incurred by every woman who has a lacerated cervix unrepaired, the reflex disturbances which it causes are quite sufficient of themselves to demand early recognition and treatment. While it is true that treatment by rest in bed, hot douches in the horizontal position, which is the only position in which a douche should be given, and boro-glyceride tampons, etc., undoubtedly ameliorate the symptoms by soothing the local irritation; such treatment should only be considered as preparatory to the effective treatment by operation which can alone effect a cure.

I now come to the relation of lacerated cervix to cancer. Just as there is a tide in the affairs of men, which, taken at the flood, leads on to fortune, so there is a stage in the history of lacerated cervix at any time before which a simple and harmless operation will effect a perfect cure, but a very little time after which nothing short of a difficult and serious undertaking holds out the slightest hope of the same result. There is one day in the progress of the case when it is lacerated cervix and the next day it is uterine cancer. If you admit that all things have a beginning, then you must also admit that in every case of cancer there was a moment at least when there was only one cancer cell, while the moment before that cell appeared it was not a case of cancer. I do not mean to say by this that you should wait until the last moment to have the cervical tear repaired, but I want to apologize for the pathologists who have over and over again declared that there was no cancer in a given specimen, while after total extirpation a few weeks later abundant evidence of cancer was found. He may have been perfectly correct in saying that the specimen removed on a certain day was benign adenoma, while it may be equally true that a specimen removed from the same locality a week or two later

was undoubted cancer. The disease has made its appearance during the interval. Whether any amount of irritation or the presence of scar tissue in the angle of the tear will ever produce cancer without the presence of the cancer bacillus, I am unable to say, but we have abundant evidence in either departments of surgery that local irritation followed by cicatricial tissue is often the precursor of cancerous infiltration. I have only to remind you of the cancer of the lip following the use of an unglazed clay pipe to which the lip adheres, and which tears away a layer of epithelium every time the pipe is removed from the lips. Then there is cancer of the fauces following the repeated burning of the mucous membrane with hot smoke from a cigar. We have chimney sweeps cancer, produced by the irritation of acrid soot getting into the folds of the scrotum. Also cancer of the stomach coming on after years of irritation by acrid decomposing food in dyspeptics. So it is not surprising that a torn and everted cervix which is exposed to the irritation of the acrid secretions of the vagina for which it was never meant, and the rubbing of the vaginal wall and the blows it receives during intercourse should heal by cicatrization, and that this cicatrix would be very apt to break down under such constant irritation. But if that is not sufficient irritation, the repeated application of nitrate of silver is surely enough to provoke a rapid appearance of malignant disease. More than one physician has told me that the disease had spread like wildfire after he had begun to cauterize it.

It is my candid opinion that when every case of lacerated cervix in the country has been repaired, cancer of the cervix will be a thing of the past. Nor do I ask you to accept this assertion on my own oft-repeated evidence alone. Goodell, in a recent article in *Medical News*, Sept. 10, 1892, says neither pain nor the character