

make a rectal examination. Such a tumor may be a carcinoma of the rectum or of the sigmoid.

With an adnexal tumor, the temperature is an indifferent guide. It may be normal with pus-tubes, and it may be raised with tubal pregnancy and with an ovarian tumor with twisted pedicle.

When symptoms and signs point to an inflammatory mass in the pelvis, the channel of infection should be sought. Infection conveyed up the unbroken genital tract leads to salpingitis, pus-tubes and peritonitis; infection carried through the broken genital tract leads to pelvic cellulitis and pelvic abscess. When the symptoms and signs of a pelvic tumor are not classical, operative difficulties and complications may be expected.

OF UTERINE CANCER.

When hemorrhage occurs after the menopause, with no previous history of menorrhagia, the condition must be regarded as carcinoma until the contrary is proved.

Cancer of the vaginal portion of the cervix is found only in parous women. Cancer of the body of the uterus is found nearly exclusively in nulliparæ. Endo-cervical cancer is found in both, but much more often in parous women.

The treatment of uterine hemorrhage without examination at or after the menopause closely resembles manslaughter.

The scantier the hemorrhage the greater the urgency; for profuse hemorrhage is nearly always due to simple tumors, whereas hemorrhage due to cancer is nearly always scanty, except in the late stages. Hardness of the cervix is not a sign of malignancy; friability is. Wasting and offensive watery discharge are not essential to the diagnosis of cancer, but they are signs that the disease is far advanced. When a woman has cancer of the uterus, the younger she is the worse is the prognosis.

OF EXTRA-UTERINE PREGNANCY.

A history of missed periods, followed by a brown discharge, leaves the thoughtful physician pondering on the subject of tubal pregnancy until the diagnosis is settled.

With a history of early miscarriage and no foetus passed, a ruptured tubal pregnancy must be thought of.

Missed periods followed by median pains and free loss suggest uterine miscarriage; but, if followed by lateral pain and scanty loss, extra-uterine pregnancy.

When tubal pregnancy is associated with uterine hemorrhage, the tube has always ruptured or aborted, and the gravid tube and hæmatocele become a fixed mass. Therefore, a mobile tumor associated with uterine hemorrhage is not a tubal pregnancy.