

and had never menstruated. She had been married before menstruation had set in. She had become pregnant (because her ovaries were normal and functioning) and naturally became amenorrheic for a period of nine months. After delivery and during a period of more than a year her menses failed to show because of the physiological relationship between lactation and menstruation. Before weaning the baby she became pregnant again because her ovaries were functioning, and necessarily, there was a renewal of the furlough which permitted or commanded the menstrual function to keep out of sight. In other words, an apparently abnormal condition was established by the interlinking of a chain consisting of ovulation, impregnation and lactation; which, acting like some of our trusts, squeezed and kept menstruation off the stage.

Besides the irregular and profuse uterine bleedings there is very little of importance in the history to note. It may be observed, however, that the tendency of these hemorrhages at the age of 45 years—at a period of life when we should rather seek conditions tending to result in a *decrescendo* or diminution in the quantity of blood—in this woman indicates just the opposite state of affairs. I cannot accentuate this point too much, and, should you leave this clinic with an open mind, I beg of you to discard from your memory everything else, if you wish, but to remember only this statement; in examining a woman, during the climacteric or beyond the menopause, who comes to you with irregular uterine bleeding, *think first of the possibility of uterine carcinoma*. Once you have satisfactorily excluded this condition you may then take into consideration hemorrhagic or senile endometritis, the “irregular bleedings” of the menopause, fibroid tumors or other neoplasms, senile colpitis, etc. But the only hope for a woman afflicted with a uterine carcinoma is its *early* recognition by the family doctor and its *early* removal by the gynecologist.

You may have noted that we practically have ignored, in the history of this woman, the absence of pain, the freedom of an odor to the leucorrhœal discharges, and the fact that there is a complete absence of cachexia or pronounced mal-nutrition. The