

find ulceration which has hardened edges and friable and which bleeds easily, we should at once place the case in the more than doubtful class, and proceed to get microscopical findings. On the other hand, if the disease has begun in the canal we may neither see nor feel anything, or if the cancer has begun in the body of the cervix it will have a perfectly healthy appearance. This should not satisfy us by any means. I think we are quite justified in dilating the cervix and making as thorough examination of the canal and body as possible, and to do this careful methodical curettage of every interior part is demanded. These scrapings should be washed, put into 10% formaline, and submitted at once to a competent pathologist. The uterus should be normal in size, pretty freely movable and no increased tenderness.

The loss of blood per vaginam during the child-bearing period of life is a normal procedure, but any deviation from the established menstruation must have some cause behind it and it might be well for a moment to briefly consider some of these causes.

1st. *Abortion*.—There will be a history of one or more missed periods with some of the other symptoms of pregnancy. These followed with free loss of blood and characteristic pain will pretty well establish the cause.

2nd. *Ectopic Gestation*.—Again a missed period or more with other evidences or pregnancy. The discharge is red or brownish red, irregular and oftentimes mixed with shreds of decidua. Examination will reveal a soft tumor in close apposition to the uterus, but distinct from it.

3rd. *Post-puerperal Hæmorrhage*.—Either after full term or more frequently after an interrupted pregnancy. Here the bleeding may be fairly free, with no pain. Examination will show a sub-involuted uterus, fairly dilated os, with blood coming from the body. Examination of the interior will usually show retained portions of placenta or a beginning chorion epithelioma.

4th. *Uterine or Tubal Infections*.—There is usually a history of a previous pregnancy or an unusual discharge. Bleeding is that of prolonged periods with temperature usually present at some time of day. Examination will show a painful tender mass in the pelvis closely related to the uterus.

5th. *Fibro-Myomata*.—The history of the bleeding here is usually that of the menstrual periods being gradually prolonged, and the flow noticeably increased. Examination will show an