

In order to follow the plan indicated by the title of my paper, I will divide it into two parts, and endeavor first to emphasize the importance of the early diagnosis and repair of lacerations of the cervix on general ground; and second, I will try to show the relation of unrepaired lacerations to cancer.

Before dwelling on the importance of diagnosing, let me say a few words as to how to diagnose it. To begin with, we must suspect its presence, keep its possibility in mind, and then the finding of it or not only necessitates a few moments digital examination. But if we do not suspect its presence, or do not even think of it in connection with the case, we are not likely even to propose a digital examination, and the real condition from which the patient is suffering goes unrecognized; and the symptoms, be they hemicrania, sciatica, sore eyes, palpitation of the heart, fainting attacks, nausea, dyspepsia, constipation and bloating, bladder troubles, menorrhagia or miscarriages, will go on, perhaps relieved temporarily by our treatment, but never cured.

In nine cases out of ten a careful inquiry into the history of the case will put us on the right track. Thus, if the patient tells us that her first labor was severe, necessitating the use of the forceps; that the bag of waters broke or ruptured early, so that it was a dry labor; or we may remember having attended the patient ourselves, and that the pains were violent, the vagina hot and dry, and the cervix thick and tough; and that the slipping of the cervix over the head was followed by a gush of blood, and that this bleeding still continued after the placenta had been delivered and the womb had contracted firmly; and that even after it had stopped it reappeared several times during the month, we may suspect that the hemorrhage came from the circular artery of the cervix which has been deeply lacerated.

Then she will tell us that she has never been a day well since her confinement. She made a slow recovery; has been troubled with leucorrhœa which nothing would stop; she has been weak and dragged, and has had a pain in her back and a bearing-down feeling in the bottom of her abdomen. If in addition to her previous history we have a present condition which includes pale and haggard appearance, dragging about the hips and loins, leucorrhœa and menorrhagia, poorness of appetite and digestion, bloating of the bowels and constipation, there is no excuse for us in going any further until we have made a digital examination. In nine cases out of ten we will at once feel the anterior and posterior lips everted and covered with a thick and velvety mucous membrane, dotted over in cases of long standing with glandular cysts due to blocking up of the mouths of the glands. In some cases we may be able to introduce the tip of the finger into the cervical canal, in which there has been a laceration through the fibrous tissue without going through the mucous membrane. In old cases there may be so much hypertrophy, and the raw surfaces may be so covered over with cicatricial tissue, that it is difficult to detect even a very considerable tear unless we resort to the simple device of hooking the tip of the finger over the vaginal portion of the cervix, when instead of feeling a spherical body we find that there is a hook or projection caused by the ectropion of the anterior and posterior lips. The tear has arrested involution, so that the uterus will be found large and heavy and low down in the pelvis, very often also retroverted.

The examination should in all cases be made with the finger, for if the speculum be used, the unfortunate diagnosis of ulceration is very apt to be made, only the red surfaces of the exposed cervical canal being seen, which bear such a strong re-