

Cancer of the body of the uterus presents a much more difficult diagnosis. The patient may complain of little or nothing. The first thing noticed may be an occasional fitful hemorrhage after the menopause. This may be followed by a foul smelling discharge, of a thin, watery, consistency and of a color not unlike strawberry juice. Later on pain may be experienced. The cancerous cachexia may be absent till the very last stage of the disease.

To recognize the trouble early then, on the first appearance of menstrual irregularity or hemorrhage after the menopause a thorough examination of the uterus should be made both by bimanual palpation and exploration of the uterine cavity itself. The bimanual examination may possibly show the uterus to be somewhat enlarged, but this symptom is not to be relied on in itself. A peculiar inelastic or boggy sensation is at times present and is fairly characteristic. If the disease has extended to the peritoneal surface an irregular nodular surface may be felt. On exploring the uterine cavity with a sound the instrument will be found to sink into the soft growth and cause considerable hemorrhage. The irregular surface and friability of the growth are not as readily or as certainly recognized with the sound as they are with the examining finger. For this reason it is well to dilate the cervix enough to allow of the introduction of the finger into the uterine cavity. Sufficient tissue may be scraped off by the examining fingernail for the purpose of making microscopic diagnosis, or a curette may be used where the finger fails.

In all cases where the slightest doubt exists as to the nature of a uterine growth in a patient who has passed the menopause, a microscopic examination of excised pieces or of scrapings removed by the curette should be made, as by this means only can an early positive diagnosis of cancer be made.

Treatment to be of any real benefit to the patient must be begun before the disease has had a chance to spread to the surrounding tissues. The uterus should be freely movable and unassociated with severe pelvic pains. Where such is the case, complete extirpation of the uterus should be proceeded with at once. Where there has been a spread of the trouble to