

will usually show that it has gradually increased. If the patient is past the climacteric and comes complaining of hæmorrhage one or more years afterwards, we should be extremely suspicious that we are dealing with malignancy and again prove to our own satisfaction that it is not such. Patients may appear complaining of hæmorrhage which they say is from other pelvic organs, and one may be led astray by accepting their simple statement. Again we should be suspicious and make a thorough investigation. An instance of this occurred not long ago where a patient complained of bleeding from the bladder; subsequent examination, however, under anæsthesia, showed the bladder to be perfectly healthy, but a beginning of cancer of the body of the uterus to be present. There are certain cases in which examination shows undoubted fibromyomata present, and in view of the fact that we know that a fair percentage of these cases have cancerous involvement as well, it would be better to get microscopical findings, and know positively what changes may be going on in the endometrium.

*Discharge.*—The discharge at first will be leucorrhœal in character, perhaps more profuse than usual, but many of these patients having had lacerated cervixes with more or less cervicitis, one cannot say that the early discharge is at all characteristic of cancer, but as the ulceration progresses, the discharge becomes thinner and watery in character, more profuse, oftentimes brownish in color owing to admixture of blood. Still later when invasion by bacteria has taken place the discharge takes on that disagreeable foetid odor.

*Pain.*—Pain is not marked. All cancer is distinguishable by its absence in early stages, so that pain as an evidence in this locality must be set aside. Later on when the disease has gained considerable headway, and we get erosion of and pressure on the nervous structures, pain will come into evidence.

*Loss of Weight.*—Loss of weight which we have also associated with cancer is one of the late symptoms; in fact, I have often been struck with the fat, healthy appearance of the patient, and subsequently found that she had a well marked malignant invasion, so we must not be led astray by the apparent healthy appearance of our patient.

Examination in the early case may frequently give little positive evidence. Histologically, we know that the disease begins in the squamous epithelium on the outside of the cervix, or in the columnar cells somewhere in the canal. If then we