4. Ulcerating cancers are easily spotted. The jagged fissures, with soapy secretion, or reddish in color, with moderate induration, are quite characteristic, but often the microscope has to decide.

Differential Diagnosis.

The polypoid variety from:

1. Papillary tuberculosis may be made by careful inspection, finding the millet seed nodules of tubercle in the neighborhood; for example, the tubes, peritoneum, or a focus in other organs.

2. From mucous polyps. Inspection shows the surface mucous membrane intact, and the sound, that they originate in the cervix.

3. Cervical fibroid, with the pedicle, is distinguished by its intact mucous membrane and non-friability, unless gangrenous.

4. Follicular hypertrophy of the vaginal surface. Here the surface is not rough, the tumor is not friable, and it is covered by intact mucous membrane, through which the follicles may be seen.

5. Condylomata acuminata. Here there is only a papillary surface, with thick epithelium, no ulceration or infiltration. The color is a whitish red. Further condylomata may be found also in the vagina or vulva.

Infiltrating Variety.

The differential diagnosis from:

1. Inflammatory infections—metritis colli—but inflammation usually affects the whole vaginal portion uniformly. The consistency is not so hard, the mucous membrane is intact, and follicles are seen. For example, a case in hospital, the microscope decided.

Flat Cancerous Ulcerations.

Flat cancerous ulcerations have to be distinguished from:

1. Erosions, if developed upon a hard inflammatory base or associated with ectropion, or the surface becomes rough on account of thick papillary erosions. Inspection decides. An erosion surrounds the external os evenly, and has a glistening, shiny appearance and bright red color, as it is covered by columnar epithelium, whilst a cancer is duller in color and rougher, even if ulceration is quite superficial. The erosion has no sharp border, but merges gradually into the squamous epi-