

sometimes we find that there still persists among some members of our profession a desire to cling to these advanced signs, and not appreciate the earlier symptoms.

*Anatomy.*—In regard to the anatomy of the pelvic organs, I have only a word to say, and that is with reference to the lymphatic distribution. The uterus being developed in the abdomen and subsequently descended into the pelvis, retains its connection with the abdomen through the lymphatic and circulatory systems. The lymphatic drainage of the upper segment of the vagina and cervix is through the lymphatics in the base of the broad ligament, up through the iliac glands to the lumbar glands, encircling the abdominal aorta. The glands of the body and tubes drain into the iliac glands and thence upward in the same way. I consider it important to mention this as it shows the route of the lymphatic advancement directly upward into the abdomen. Through this arrangement the disease rapidly passes beyond our control, and the opportunity for successful operation is entirely eliminated.

*Age.*—We have been taught in considering diseases to regard age as a particular factor, and while this to a considerable extent has a bearing in many instances, when we come to consider malignancy it would be well to disregard it entirely, as there is no cancer age, the disease having appeared in almost all periods of life. There are certain broad divisions which we might make in saying that cancer of the cervix is more generally found in women at or before the climacteric, whereas cancer of the body is more frequently found in patients past the menopause. Again we might say that the cervical type is more frequently found in multiparous women, and that of the body in the nulliparous.

*Heredity.*—Heredity should not prejudice us in our judgment. Because the patient's forebears may have died of cancer it does not follow that she must have cancer, and, on the contrary, a clear family history should not weigh against highly suspicious symptoms.

*Hæmorrhage.*—Hæmorrhage is perhaps the earliest noticeable sign. When a patient presents herself complaining of loss of blood between periods, we should forget the age, whether they are married or single, and bend our energies to prove that we are not dealing with a case of cancer. The bleeding of early cancer is usually irregular and inter-menstrual and is often produced on the slightest exertion. It may be very slight and the patient pay little attention to it, but careful questioning