

Indefinite shooting pains in the pelvis in a patient, past the menopause, must always arouse our suspicions. A careful examination should be made every six or eight weeks. Irritation and itching of the external genitals frequently accompanies malignant disease of the fundus. I look upon this irritation as the result of increased discharge.

DIFFERENTIAL DIAGNOSIS.

The differential diagnosis must be made between portions of retained placenta, sloughing submucous fibroids, hemorrhagic endometritis, deciduoma malignum, and malignant disease of the fundus uteri. The retained placenta can readily be made out by means of the finger. It may not, however, be as easy to differentiate between sloughing submucous fibroids and malignant disease of the fundus uteri. A microscopical examination of portions removed will be of very great assistance. I have met with several cases of sloughing submucous fibroids and have never had any difficulty in coming to a conclusion as to their nature after making a thorough examination of the interior of the uterus.

There should be no difficulty in diagnosing hemorrhagic endometritis. The endometrium feels velvety to the finger and the scrapings are characteristic of the disease. I rely very largely upon the appearance, under the microscope, of the portions scraped away.

Deciduoma malignum is a rare disease, but, when met with, its symptoms are rather classical. At first it is decided that the patient is pregnant. After a time hemorrhage sets in and it continues. The uterus enlarges and it is now difficult to diagnose between this condition and an ordinary mole. Metastases may occur and may obscure the diagnosis. Metastatic deposits frequently occur in the lungs, the patient becomes cachectic and the temperature becomes elevated and remains elevated, and death occurs in from six to eighteen months.

This disease is frequently mistaken for endometritis retained placenta, ordinary malignant disease of the uterus and placental polypus. The first symptom in each case is hemorrhage and, in a large number of the cases, it happens that the uterus has been emptied of a mole occurring as the result of the last impregnation.

Treatment.—What should the treatment of these cases be? In all cases in which the disease is confined to the fundus, the uterus should be removed without delay. If the disease has fixed the fundus no operation should be performed; the golden opportunity has passed. If nodules are to be found in either broad ligament it is useless to perform hysterectomy. The operation may be performed by means of the ligature or by using the clamps or angiotribe. I prefer the ligature; other operators prefer the clamps.

In performing vaginal hysterectomy I have a method of my