

nodule is going on. In the latter case, however, portions of the growth are apt to be found projecting from the cervix, and such sloughing masses are readily distinguishable from cancer of the cervix, because they are tough and not friable, and because the finger can be swept around them, proving that they have originated at a point higher up.

Extrauterine pregnancy frequently gives rise to intermenstrual bleeding and occasionally to a slight menstrual discharge, but in these cases we usually have a history of a missed period or of a period that has persisted, and in addition there is frequently the localized pain caused by the gradual distention of the tube. Finally, the bimanual examination will often reveal the definite, velvety mass to one side of the uterus.

Pelvic inflammatory conditions are at times accompanied by a bloody or watery vaginal discharge. In these cases we can usually learn that there has been some recent local vaginal infection or that an old pelvic lesion has recently been rekindled. In such cases there is often more or less elevation of temperature, whereas in early cancer there is no fever.

When the patient is stout, a satisfactory bimanual examination is often impossible, unless an anesthetic is employed. When the cervix feels normal and we have excluded myomata of the uterus and lesions of the adnexa, the cause of the bleeding usually lies in the cervical canal or in the cavity of the uterus. Whatever the uterine growth, it must drain into the uterine canal, otherwise there would be no vaginal discharge.

In such cases the uterus should be most thoroughly curetted. The mucosa should be brought away from the anterior, posterior and lateral walls and likewise from the cervical canal. If much tissue is obtained, it is probable that malignancy exists. All of this tissue, including the

blood, should be thrown into a ten per cent. formalin solution without preliminary washing and sent to the pathologist.

In some cases the pathologist has considerable difficulty in saying whether a given specimen is cancerous or not, but, as a rule, there is just as much difference under the microscope between cancerous and healthy mucosa as there is between two totally different patterns of wall paper. Although there is always a possibility of error, so exact is the aid obtained from the microscope in the examination of scrapings that in every instance during the last sixteen years in which we have made a microscopic diagnosis of cancer and have later examined the uterus, definite macroscopic evidence of cancer was present. Naturally, a thorough knowledge of the various pictures due to faulty hardening of the tissues, to gland hypertrophy with or without pregnancy, and those peculiar to the normal mucosa, in early life, during menstruation and in old age, is necessary before one can undertake to pass judgment on the character of scrapings.

From no other part of the body is it possible to so easily obtain material for diagnosis. Take, for instance, cancer of the stomach; how thankful the operator would be were it possible to just introduce a straight curet to the pylorus and bring away some tissue for diagnosis, without the necessity of making any incision or of doing any suturing. For the early diagnosis of cancer of the stomach, an exploratory operation is usually necessary. We as general practitioners and surgeons have absolutely no excuse for failing to diagnose cancer of the uterus within one week after the first time the patient comes under our observation.

THE BEST OPERATIVE TECHNIC.

To speak of the operative technic for cancer of the uterus before a Pennsylvania audience is akin to bringing coals to Newcastle when among others of your number