The inspection of the next specimen shows the disease further advanced. The uterine muscular tissue is hypertrophied and, as a consequence, the uterus is much enlarged. The whole interior of the cavity of the fundus is filled with the malignant mass. There is no evidence of any invasion of the peritoneal surface, but it is easily understood how, under such circumstances, the constitutional infection is greater than in patients in whom the disease has not progressed to such an advanced degree. This is the uterus that was curetted and the presence of malignant disease was overlooked, before I saw her. The presence of the watery discharge. and indefinite pains alone drew attention to the pelvic organs.

The next specimen shows, upon inspection, a healthy cervix. There is nothing in the cervix to indicate the presence of the disease above. The uterus is covered by a healthy peritoneum. The interior of the organ shows a nodule towards the right cornu about the size of a walnut. These nodules are irregular, lobed, but rounded. A polypus was present in this case but was removed from the specimen several months before the hysterectomy was performed.

Looking back over my experience with this disease I find that malignant adenoma, though removed early, is liable to recur within a short period of time. On two occasions I have removed the uterus presenting malignant adenomatous disease in its very earliest stages, from patients who have died from a recurrence of the disease within twelve and eighteen months respectively.

When the disease has extended beyond the peritoneal covering of the uterine fundus it is useless to operate. The only operation that can be considered, under any circumstances, is complete extirpation of the organ. In favorable cases this can always be carried out by the vaginal route.

When a patient, who has passed the menopause, has sudden uterine hemorrhage, the interior of the uterus should be explored by the finger. It is not sufficient to use a curette in many cases. It sometimes happens that the curette will remove sufficient tissue of the characteristic appearance to settle the diagnosis of the case, but in other cases the curette will fail to remove tissue that gives any such clue. The finger will readily detect the presence of commencing malignant disease of the fundus. The earlier the disease is recognized the better the result of the removal of the uterus ; a longer period will lapse before the disease recurs.

It must be remembered that in many cases there will be no uterine hemorrhage. A discharge, thin, watery, and irritating, will be complained of, and this discharge must not be mistaken for that accompanying senile vaginitis. These discharges become offensive after a time, but there may be no odor from them for a long period. When the discharges have become odorous it is often impossible to relieve the patient by surgical interference owing to the extensive ravages of the disease.