

down by adhesions or by purely inflammatory exudation in no wise malignant. Dr. Boldt, of New York, concluded a recent paper read before the American Gynecological Society with a strong plea to the practitioner to send such cases to the specialist earlier. Out of a hundred cases coming to him, only fifteen had been suitable for operation. My own experience has been even sadder, for out of fifteen cases which have been sent to me, in only one or six per cent. had the disease not gone beyond the cervix, while many of them had been treated for over a year with caustics as simple ulceration. In these cases the disease had crept up the cervix and eaten throughout its substance until it had reached the bladder, rectum and vagina. The broad ligaments were thickened and the uterus was fixed.

Only last month Goodell has published a powerful plea for the early diagnosis of uterine cancer as essential for cure. He has for the last year been a powerful advocate of total vaginal extirpation for the cure of carcinoma uteri in all suitable cases. His definition of a suitable case is well worth taking to heart. It is, first, one in which the womb is removable, and, secondly, one in which an operation promises well both in its immediate and remote results. A suitable case therefor, he says, is one in which the womb is not fixed, the vagina is free from all carcinomatous nodules, and the broad ligaments show no signs of infiltration. In other words, a suitable case is one in which the neoplasm is limited wholly to the womb. In such a typical case the operation is easy, safe and curative.

In justice to the general practitioner this must be said, that in many cases it is not in his power to send the case while it was suitable for operation. More than once have I been myself the physician who was the first one to be consulted by women with uterine cancer, and in one of

these it required four or five months of almost daily urging and coaxing before I could induce her to allow me to examine her. At the very first examination—nay at the very first touch—the diagnosis was undoubted, and within eight days the uterus was out, and the patient is now well. But in the majority of them the disease had long since passed the boundary line, beyond which there is nothing to be hoped for from any operation.

The greatest fault lies with the patient herself, who neglects to consult the physician in time, and that can only be remedied, as I have already said, by educating women generally to properly interpret the early symptoms which they have heretofore put down as natural at the change of life. All that the physician can do is to allow no case of lacerated cervix that he knows of to remain unrepaired; and when a woman over thirty-five years of age consults him for local disorders which she attributes to the change of life, to give her no peace until she consents to an examination. Once an examination has been made there is generally no doubt about the diagnosis; and when that is cancer, it is almost criminal to allow a single day's unnecessary delay in having the diseased organ removed. We must ignore the climacteric as an entity, and insist upon making a digital examination of every woman complaining of backache, watery discharge or irregular menstruation. Much more can be felt with the finger than can be seen with the eye; and when once the finger has ever felt the hard nodular sensation of carcinoma uteri, it can never forget it. If the cervix is sound and the discharge therefore comes from the uterine cavity, the diagnosis must be made with the curette and the microscope, for in a certain number of cases the disease begins in the cavity of the uterus. I do not lay so much stress on the microscope as I do on the other signs, for it has happened a great many