been removed, there is practically no period of dilatation, which is often the most painful part of the labor.

Another cause of failure is lack of proper preparation of the patient for operation. When there is much eversion and cystic disease of the lips the patient should be kept in bed for a week or two with three douches a day of two gallons of hot water at 116° Fahrenheit. At the same time that excellent little instrument known as Butter's scarificator should be used freely all over the cervix, so as to empty all the cysts and engorged bloodvessels. It is astonishing to see how much can be done by these means in reducing an enormously swollen cervix. If these precautions are not taken and the swollen lips are brought together, the tension is so great that the stitches give way and union fails to take place.

Another rather common cause of failure is the removal of too much of the cervical mucous membrane. The operator has intended to leave plenty of the latter intact, but during the excitement of the operation he infringes a little first on one side and then on the other until when he comes to sew the opposite lips together he has only ⅛ of an inch on each lip. Now two ⅛ will make a canal only a quarter of an inch in circumference, or ⅓ of ¼ or 1-12 of an inch in diameter. A good many of these cases suffer subsequently from dysmenorrhœa and require treatment by dilatation. But the greatest cause of failure to cure the patient is the negligence or inability of the operator to recognize retroversion with fixation and serious disease of the ovaries and tubes coexisting with or antedating the injury to the cervix. Sometimes this is not our fault, for after explaining to the patient that she requires two operations, one of them not at all dangerous and the other rather serious, she will request us to do the lesser operation first in the hope that she will be so much relieved by it that she may be able to dispense with the graver one. But after having fallen into this unfortunate error once or twice I have come to the conclusion that we should never perform a cervix operation upon a woman with diseased tubes and ovaries unless at the same sitting we go on and remove the ovaries by laparatomy. If we can only do one operation at a time we should I think remove the pus tubes first. I am so much in dread of these failures to cure, for I know how much injury it does to the profession and how much it disappoints the patient to find that she has been rendered worse rather than better by the operation on the cervix, that I now make it my invariable