

Sims laid great stress upon stenosis of the internal os as a cause and invented metrotomy as a cure, but this has now been abandoned as being ineffectual.

One should take into account the importance of the flexion of the body upon the neck, and at the same time the occlusion of the cervical canal, the abnormal flexion and the induration of the angle of flexion taking part in the atresia. Sims neither ignored nor misunderstood the importance of the flexion, but he paid chief attention to the stenosis.

One often finds a considerable contraction at the external os, this sometimes barely admitting a probe, and again the cervix is conical and elongated with a small opening at the tip. If, in addition, there exist a prolapse of the posterior vaginal wall and an abnormally deep posterior fornix as seen in elderly women, the chances of semen entering the cervical canal are greatly diminished. With these conditions, a cervical catarrh often co-exists.

Sometimes it is only the anterior lip which is hypertrophied forming the taper-like cervix. Stenosis of the internal os is liable to be present, also, from coaptation of the two lips. Lastly, the cervix has a normal formation, but the os is partially closed by an ectropion of the endometrium. In these three forms one sees an aggravated condition of ectropion and catarrh; not but that the atresia may interfere with menstruation or may be a matter of pathological importance, but even if the flow is started and escapes easily, the entrance of the spermatozoa is very difficult if not impossible.

In the above, instead of the intra-cervical mucosa rolling outwards bi-laterally or circularly, the opposite is the case. The vaginal mucosa covers over the ectropion and, by a slow process, forms a cicatricial coating of pavement epithelium which penetrates for several millimetres into the cervical canal. This process of entropion causes a greater degree of atresia than did the previous ectropion.

In treating these conditions, the incisions of Sims have been replaced by progressive dilatation and intra-uterine stems. The slow, repeated dilatation makes the uterus more flexible and brings the muscle into a healthier condition, but it produces no action upon the os externum, in the treatment of which we have either bi-lateral division or some plastic operation. The writer prefers either the removal of a wedge of tissue from each side of the cervix or else Simon's amputation.

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