

does not heal, the cervix gapes open, involution of the pelvic organs does not take place, pelvic congestion is kept up, and uterine catarrh and menorrhagia follow. The general health is more or less affected, depending upon the vigor of the particular constitution, and the duration of the local disease. In some cases extensive reflexes are developed; but the conservative man will ever bear in mind the possibility of overlooking neurasthenia and hysteria in this class of cases.

Local and general treatment will effect a cure in many of these cases without operation. Rest, tonics, regulation of the bowels, ergot, hot water, vaginal douches, the application of glycerine tampons, painting the cervix with Churchill's tincture of iodine, together with scarification of the cervix, will frequently improve the condition so markedly as to effect, practically, a cure. But often this treatment proves ineffectual and operation is necessary. Another indication for trachelorrhaphy is the existence of laceration of the cervix as a complication of retroversion or retroflexion of the uterus. Not infrequently the malposition cannot be corrected until the intra-vaginal cervix is restored by operation. It is important that endometritis, existing as a consequence or as a complication, should be cured before closing the laceration. Where this is difficult or impossible, and in all cases in which uterine hemorrhage is a feature, the trachelorrhaphy should be preceded by dilatation of the cervix and curetting of the uterus. Trachelorrhaphy done under these conditions has given very satisfactory results in my hands. When done for supposed reflex effects, due to cicatricial tissue, the outlook is not so promising.

It will be observed that the operation has been recommended only for uterine disease. When the uterine diseases exist in connection with inflammatory disease of the appendages, the operation is contra-indicated. Under these circumstances, there is great danger of causing acute peritonitis; or, this failing, drainage from the uterus is interfered with and subsequent acute attacks of salpingitis promoted. In a neglect of this contra-indication lie most of the dangers and disappointments of trachelorrhaphy.

The relation of laceration of the cervix to tubal disease is a subject worthy of careful study. That laceration of the cervix is a frequent cause of subinvolution of the uterus and endometritis is generally believed. That endometritis causes salpingitis by extension is also true. Hence, it appears probable that laceration of the cervix sustains an important relation to salpingitis as one of its predisposing causes. The relation between laceration of the cervix and cancer also is probably more than accidental. These considerations are further inducements to repair all lacerations of the cervix which are causing active symptoms.

I believe that trachelorrhaphy, done under the conditions laid down, is a perfectly safe and

very valuable operation; and that the present tendency to decry its usefulness arises from a failure to observe its proper indications, or to carry out the principles laid down by its inventor for the operation itself. Of lateral and posterior incision of the cervix I shall say but little. I believe that the field of usefulness of these operations is limited, but that in exceptional cases they may be valuable.

I hope I have made it clear that my own experience has made me a firm believer in the value of minor uterine surgery for uterine disease. It seems equally clear to me that the cause of disappointment in the past when it has been met has been a failure to properly study the cases; and thus uterine surgery has been employed for other than uterine disease. Also that the disasters of uterine surgery have been due to insufficient antisepsis; or to the fact that operation has been done in the presence of disease of the uterine appendages, more especially pyosalpinx and abscess of the ovary.

When it was believed that inflammation of the appendages was cellulitis, which was caused by, and kept up by, disease of the uterus, and only to be cured by curing the uterine malady, it was perfectly logical to attack the uterus with our therapeutic resources. But experience has shown the dangers as well as the futility of this method, and modern pathology has brushed away the apparently rational basis upon which it rested. It is upon this ground that I have opposed useless and dangerous uterine treatment in complicated cases of pelvic disease.—*Memphis Jour. of Med. Sciences.*

REMARKS ON THE TREATMENT OF THE PYREXIA OF PHTHISIS.

By C. Theodore Williams, M. A., M. D., F. R. C. P., Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Pyrexia is often a most troublesome symptom in both acute and chronic phthisis, though it is not a necessary accompaniment—certainly not of the chronic forms—and it has been known to be absent even in the acute ones. It is, however, in a large proportion of cases, the principal unfavorable symptom. When it is persistent it is impossible for the medical man to give a hopeful prognosis, and when it subsides the case assumes a most hopeful aspect. Its absence has generally been assumed to indicate quiescence of tuberculous disease, and its presence, activity; and while the latter proposition is usually true, the former is not to be always relied on, for in many cases tubercle forms and undergoes excavation without pyrexia.

The pyrexia of phthisis never reaches very high figures—a record of 105 degs. F. is very seldom attained, and the charts rarely run higher than 103 degs. A chief feature is the uniformity of the afternoon rise. On the other hand, the temperature descends, as in the early morn-