syphilis among domestic circles has become so alarming; and the numerous expressions of personal satisfaction in the use of the lymph propagated and sent out to members of the profession in the past encourage me to hope that the efforts made to secure satisfactory results and establish the confidence of the profession in the vaccine produced in the past has not been in vain; and let us hope that, with the accumulation of experience and skill, the success of the future will be even greater in every way.

W. E. BESSEY, M.D.

P.S.—I have fought this battle single-handed so far, while in the United States and elsewhere the profession are a unit on the subject, and strong combinations have engaged in the production of vaccine lymph as a commercial enterprise. Why not combine here—" Union is strength ! "

Progress of Medical Science.

NOTES OF ONE HUNDRED AND THIRTEEN CASES OF OPERATION FOR LACERATION OF THE CERVIX.

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I have had one hundred and thirteen cases of operation for laceration of the cervix, and without a death. Of these ninety-nine were bilateral lacerations. Three were on the right side alone; eight were on the left, and three were markedly stellate, involving three sides or more. The reason why these operations show such a preponderance of bilateral laceration is simply this: In my experience, when one side alone is torn, the sound side acts so like a splint that the lips of the fissure are not liable to spread apart and cause ectropion to a pathological degree. They, therefore, as a rule, do not need an operation. Of these cases union wholly failed in two. In four the union was partial; but in two of these, a suspicious-looking cervical growth had been previously removed. It, however, was not malignant, for in each a subsequent operation proved perfectly successful.

The number of cases in which the forceps were used I have not noted; but I have generally found that when the tear was an unusually bad one, the perineum was also torn, and that the labors had been instrumental. In six of these cases both perineum and cervix had to be operated on. In three of these both lesions were operated on at one sitting. All were successful.

Of my one hundred and thirteen cases, thirty-five were performed in the amphitheatre or the private operating rooms of the Hospital of the University of Pennsylvania—which is a general hospital. Of these, two had serious attacks of perimetritis and of parametritis, and two had lighter attacks, all due to hospitalism. They recovered, but in one the convalescence was delayed by the formation of two abscesses in the leg. In this case, the patient next to her broke out with erysipelas on the day of the operation. In the other bad case, an explosion of erysipelas took place on her face and trunk. Strange as it may seem, the union in all these cases was perfect. I attribute this success to the fact that the stitches were not removed on the outbreak of the pelvic inflammation, but were allowed to remain a much longer time than usual. As the carbolated spray obscures vision in such operations, it was not resorted to in any of these cases. The only antiseptic means employed being a 2.5 per cent. solution of carbolic acid for the sponges, and vaginal injections of the same solution repeated twice a day until the stitches were removed. The same means were used in my seventy-eight private cases, and of those I had but two with any symptoms of inflammation. The attack was in each case mild and manageable, giving me no anxiety whatever.

Of all my cases I had but one of secondary hemorrhage—my forty-first case. It was checked by a vaginal injection of a saturated solution of alum. This immunity I attribute to my rule of passing in the stitches very deeply. Hemorrhage, during the operation, has often been free and troublesome, but I have never ventured to check it by astringents. The plan which I have long adopted is to pass a wire under the bleeding vessels, and make traction on the ends while the denudation is carried on. This wire is afterwards utilized as a suture.

Many of my cases of bilateral laceration, but not all, had become sterile after the receipt of the injury; but the exact number has not been accurately recorded in my notes. Of those whose track I could keep after the restoration of the cervix, four very shortly afterwards became pregnant. In three of these the laceration was not reproduced: in one a tear occurred on the left side, but not of sufficient extent to warrant an operation.

In my opinion the cervix should always be restored whenever ectropion of the mucosa takes place, and whenever the glands of Naboth become enlarged. Indeed, the visible presence of those glands around the os externum is a very good proof of cervical laceration. But it is not an infallible one, for I have met with them in virgins and in multiparæ with hemorrhagic tendencies from fungous vegetations. These glands often honeycomb the line of denudation, and I make it a rule, whenever it is feasible, to dissect them out. In one of my patients, whose mind hovered over that ill-defined border-land between hysteria and insanity, the cervix was literally riddled with these glands. They lay so close together and were so