

cause of sterility. It tends to convey infection—gonorrhœal and other—to more vital parts. It is the seat *par excellence* of catarrhal inflammation in the delicate young, and malignant disease in the middle aged. Also, the extreme state of general debility and anæmia which fungus endometritis will induce, associated either with a diseased intact cervix or badly lacerated one, calls, I think, for the total removal of all the diseased endometrium. When we consider that the infantile uterus is composed chiefly of cervix and fundus, and that the body becomes developed as the individual advances to puberty, it can be easily understood that anything which interferes with developmental evolution will give an abnormally long cervix, dense in texture and conoid in shape. We must therefore look upon a cervix of this nature as an abnormality and not as an essential to the economy. Given, then, that the cervical portion of the uterus is often a source of trouble and danger to the individual possessing it, what will be the consequences of its extirpation? We may confine ourselves here to the part it plays in three phenomena, viz., fecundation, pregnancy, and labour. As regards the first, its removal will tend to cure the existing sterility, should this be due to an elongated conoid cervix. From clinical observation I know that it does not interfere, one way or the other, with the progress of pregnancy. During this period my observations have not led me to notice any change different from that under other circumstances. When labour begins, however, we do observe phenomena differing from those seen in ordinary cases. I have had the opportunity of attending several obstetric cases which had been previously operated upon, and in all, certain peculiar phenomena were strongly alike. The patient at her expected time would feel some uneasiness and discomfort. She would probably admit that a pain or two had been experienced, and thought it necessary to send for her physician. On arriving at the bedside, the bag of membranes are, to his astonishment, felt to be occupying the vaginal ring, and only arrested in its downward course by the perineum. No cervix or cervical canal can be reached; nothing, in fact, but a large bag of water occupying the vagina, through which the presenting part can be felt. The patient up to this point has practically not had a