

of silver until it had been entirely replaced by pavement epithelium and scar tissue. An inexperienced operator would have said in this case that there was no laceration at all, or at the most he would have denuded the mucous membrane on each lip and stitched it neatly over the immense wedges of cicatricial tissue. Emmet on the contrary worked away with tenaculum and scissors for more than half an hour, digging out piece after piece of scar tissue hard and white and fibrous, being guided by his sense of touch, until when he was ready to sew it up, the original tear had been reproduced right up to the internal os, and the long soft lips were brought together to unite by primary union. The nerve filaments of the great sympathetic which had been irritated for many years were placed at rest at last.

When properly performed on women whose generative organs are otherwise free from disease, the repair of the lacerated cervix is one of the most wonderful and most satisfactory in its results. I confess that at one time I myself thought that its value was over-estimated, and that a moderate laceration had better be left alone. But as one after the other of the women on whom I had operated appeared before me from three to twelve months after the cervix had been repaired, so improved in health that they could hardly be recognized as the same women, I became more and more enthusiastic over its merits. Some of these women had been under medical treatment for years for dyspepsia, headaches, constipation, palpitation of the heart, menorrhagia, miscarriages, leucorrhœa, dyspareunia and painful locomotion; some of them were emaciated and were thought to be in consumption, and yet, without any other treatment but the repair of the cervix, their health was completely restored. As I am writing this a great many of these cases are passing through my mind, and it would be interesting to give a detailed account of a few of the worst of them; but this paper is dealing with causes of failure after cervix operations and I must keep to my subject.

The first cause of failure, as I have mentioned, is lack of thoroughness in removing cicatricial tissue. No matter how deeply this may go it must all be got out. Nothing but soft tissues must be covered up. If any hard scar tissue or distended cysts are allowed to remain, the result will be disastrous to the woman's health, the operator's reputation, and even to some extent to the reputation of all gynæcologists in general. One patient who was under my care at the Western Hospital with very severe reflex