

cuted. Again, although we took away a large slice on each side and the cicatricial plugs in the angles, we left a much more densely diseased central portion. How now to get over this difficulty (*i.e.*, how to remove the central portion of diseased structure without committing the surgical crime of so-called mutilation) was a problem which occupied my mind until Schröder's method of dealing with catarrhal erosions occurred to me.

It will now become apparent to all who are familiar with Schröder's method that not only the sides and cicatricial angles, but also the diseased central ridges before alluded to are removed, and flaps formed from the portio-vaginalis. It will, however, be recognized that the operation virtually amputates the cervix close up to the internal os uteri, and that thereby the patient is deprived of her cervix and its functions, whatever they may be. This brings us to an important question relating to this subject. What are the physiological functions of the cervix uteri? Every gynæcologist is familiar with its pathological bearing, but can any one ascribe a useful part played in the sexual economy by the ordinary diseased cervix seen every day at our clinics? I know from experience that it plays a dangerous part in parturition. In the direct ratio of its length and connective-tissue disease so is the labour prolonged and the suffering intensified. We know that its laceration during labour opens up a channel for infective material to become absorbed, the serious results of which we are all familiar with. Again, when there is an abnormally short posterior vaginal wall, or when the pelvic floor has been impaired by labour, the elongated or enlarged cervix will, by its descent on the posterior vaginal wall, become tilted forwards, and consequently the fundus and body will be dropped backward into retroposition. I have become aware of this strange fact from observing that the uterus in such cases has shown a tendency to struggle backward after shortening the round ligaments, but have never observed this tendency on the part of the uterus when the cervix was excised at the same sitting, for the uterus in the latter instance always remained in a position of extreme anteversion.

There are other reasons why we should encourage the removal of the abnormally long or diseased cervix. It is an acknowledged