semblance to an ulcer that it is readily mistaken for the latter. The solid stick of nitrate of silver will be used, while if no speculum is used no ulceration is seen, but the everted cervical lips are unmistakably felt. If there be any doubt, however, a Sims' speculum may be held by an assistant, while with two hooks the two lips of the cervix are seized and drawn together unless they are so hypertrophied that this is impossible.

The speculum, though useful in carrying out treatment, belongs to the dark ages of gynæcological diagnosis, and the more one becomes accustomed to bimanual examination and the less they rely upon the speculum the better. Looking back to my earlier years of practice, I can see where the speculum led me into more than one error of diagnosis.

There is one obstacle in the way of at once declaring that there is a laceration of the cervix. The patient will want to know what is the cause of the accident, and who was to blame. We have the authority of Skene for the assertion that this injury cannot at all times be prevented by any skill and care on the part of the obstetrician. This, he says, should always be borne in mind and freely stated where the injury is attributed to carelessness on the part of the attendant during labor, a mistaken criticism not uncommonly heard among the laity. I believe that the authorities have been sometimes unjust in attributing every case of laceration to the use of the forceps before dilatation is complete, or to violence during a digital examination or while trying to hurry dilatation. I have met with at least a dozen cases of severe laceration in women who were delivered before the physician could arrive, and without having even been examined. In those cases it was certainly no one's fault but that of the too rapid labor and the too rigid os. When this fact becomes more generally known to the laity it will not be so hard for the family physician to declare that the cervix has been lacerated.

I now come to the importance of the lesion, and I take all the more pleasure in acknowledging this, because for many years I held the opinion which is quite general on the continent, that the results of the accident were greatly exaggerated. I now fully agree with Emmet when he said: Its importance cannot be exaggerated since one-half of the ailments among those who have borne children are to be attributed to lacerations of the cervix. Its great importance is to be found in the rich supply of sympathetic nerves with which the uterus is provided, and its intimate connection thereby with every other organ in the body. The great sympathetic has been aptly described by a recent writer, Dr. F. Byron Robinson, *N. Y. Med. Journal*, 10th Dec., 1892, as the abdominal brain, and irritation of one branch of it will surely produce reflex disturbance in every other branch. Thus the irritation of a cervical laceration or inflammation of the uterus is reflected up the hypogastric and ovarian plexus to the abdominal brain where the forces are reorganized. Then the reorganized irritation is sent from the abdominal brain over tracts of least resistance, which will be the nerve plexuses containing the greatest number of nerve cords. The first manifest trouble will be disturbance of the rythm of the digestive tract, stomach, intestines, liver and spleen; in other words, there is indigestion. The third stage is a malnutrition. The fourth stage is anæmia. The fifth stage is neurosis. Our treatment must be directed to undoing the mischief in the order in which it has been caused. By repairing the cervix we can restore the digestion, the blood will improve in quality and the nervous system will regain its tone. So that quite apart from the terrible danger