EXCISION OF THE CERVIX UTERI

In Cases of Long Standing Laceration and of Proliferat-
ing Endometritis.   (Ninety-one Cases.)

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Probably the greatest advance made in uterine surgery of late
years has been Emmet's trachelorrhaphy for the repair of lacera-
tion of the cervix uteri.   Before Emmet's genius had worked
reform in the treatment of this lesion, afflicted patients were sub-
jected to the enforcement of various blind routine procedures,
which we at present do not feel very proud of.   But although
the key-note of reform in this matter was first struck by Emmet,
it is no reason why we should rest content and abstain from
effort at still greater improvement in methods for the repair of
the lesion in question.   Several years ago I recognized the diffi-
culty of obtaining good results by Emmet's method in cases of
old standing lesions, where great eversion had existed, and where
connective tissue hypertrophy with extensive cystic disease were
present.   On removal of the tissues at the margins and high up
in the angles of the tear, an elevated central plateau of diseased
gland and connective tissue structure, situated in the centre of
each lip, was left.   When these central ridges had been tightly
approximated by the application of the sutures, two serious de-
fects became obvious.   No provision for drainage after curetting
the uterine cavity, and tension so extreme was brought to bear
upon the sutures, that in many cases the ones nearest the apex
cut out, and allowed a bad ectropium to result.   Probably Dr.
Emmet does not curette the uterus at the same sitting, and
therefore would not require to provide for drainage ; he may
also introduce his sutures in such a manner that they do not cut
out so frequently as in other and less skillful hands.   Be this as
it may, results were always excellent in recent cases, but were
not so in the more chronic.

It occurred to me about this time that the defect may have
been in the pathology and that we had not due regard for the
diseased ridges left in the centre of each cervical segment, and
from this standpoint the operation was really only partially exe-