

been arrested some four years previously, and thus involution was brought about.

Another case of subinvolution without any laceration of the cervix, in which I was associated with Dr. Fraser, of London, in which the uterus was so large and the menorrhagia so profuse, that some considerable doubt was expressed as to whether there might not be a fibro-myoma in the walls of the uterus. The patient was much exhausted from repeated periodic hemorrhages and was incapacitated for work. She had the best of treatment, both constitutionally and locally, but with only temporary benefit. I saw her on Oct. 16, 1884 (uterus then  $4\frac{1}{2}$  inches), when we agreed that removal of the cervix would afford the best chance of recovery, might wake up the uterus, as it were, and accordingly on November 8th I removed it with the *écraseur* and scissors, using the Paquelin cautery to restrain the hemorrhage. It was completely healed in four weeks, and the improvement in the general condition was uninterrupted. The menses became regular both as regards time and quantity, and has remained so up to the present time. I asked Dr. Fraser to examine the uterus, which he very kindly did on the 29th inst., and his report is that the body of the uterus is normal in size (measurement  $1\frac{3}{4}$  inches), menstruation normal, and her general health good. It will be remembered that she had a long course of treatment, of applications of caustic to the uterus, ergot, quinine and strychnia, etc., and with little or no benefit. No treatment except tonics after the removal of the cervix, and the improvement commenced at once.

Every one who has had any experience in gynecology can bear witness to the evident improvement of the subinvolted condition of the uterus after what has been called Emmet's operation, now known as trachelorrhaphy. Dr. Emmet himself says: "For many years past I have met with few or no cases of subinvolution which were not due to laceration of the cervix." And again he says: "If the operation be performed after the different sources of irritation have been removed, the uterus will be reduced rapidly in size, and the patient will not only regain her health, but will remain in the full enjoyment of it afterwards." One hesitates in differing from so good and excellent a man as Dr. Emmet—such a careful observer, and one in whom wonderful results have been the

outcome of *such careful observation*. But I do not believe that *complete recovery* will occur in every case, at least such has not been my experience; but that in the great majority of cases similar results *will follow*—the involution will take a fresh start and become completed. But that there are cases of subinvolution in which there has been no laceration of the cervix, and in which the improvement has not been satisfactory under the usual treatment, I question if any one here will deny.

Just as in some cases of enlargement of the tonsils in children—you improve the general health, pay careful attention to the function of the skin, kidneys and bowels, endeavor to correct faulty nutrition, apply topical applications to the tonsil, use frequent compression of the gland between the fingers, and still the gland diminishes very little in size. But while the health is in the best possible condition, if you remove a small portion of the most prominent part of the tonsil with the tonsillitome, it appears to start up a new condition whereby absorption takes place and the enlarged tonsil gradually melts down. In a similar manner, with my limited experience, a removal of a portion of the cervix in obstinate cases of subinvolution produces like results. The operation surprises the uterus; increased nutritive activities result, and involution is set up.

When I was in Europe in 1876, '77 and '78, it was quite the fashion in some hospitals to cauterize the cervix deeply with caustic potash in enlargement of the cervix with subinvolution, but the subsequent contractions in the cicatricial tissue have, I believe, justly made the operation unpopular. It was the impression made on the uterus by the powerful effect of the escharotic that produced a revulsive action on that organ.

In some cases wedge-shaped sections have been taken from the cervix with good results, not only to the enlarged cervix, but also to the uterus itself, and, as I said, in a few cases I have had fairly good results from dilatation. In that very excellent work of the late Dr. John Thorburn, of Manchester, whose untimely death took place while his work was going through the press, he quotes from his colleague in reference to the operation on the lacerated cervix, and says "that the operation must often be looked upon as merely a step in the course of treatment of a uterine disease," a statement with which I am fully in accord. Any