

cause even if we succeed in accomplishing a healing of the raw granular-looking surface by other means, the eversion will not be cured and the hard, whitish cicatricial cervix will remain and give rise to symptoms of malnutrition and nervous disturbance almost or quite as serious as obtained before. Laceration generally permits eversion of the lips, and when it does an accurate idea of its extent may be obtained by hooking a tenaculum into each of the everted lips, and drawing them together. When this is done the raw surface diminishes as the inversion is accomplished until it nearly or wholly disappears. Sometimes little or no eversion exists until upward pressure on the vaginal walls at the cervical attachment pulls the torn lips apart and discloses the characteristic raw surface. This can be accomplished by using a large Ferguson's speculum and pushing it well up so as to make the desired upward pressure on the vaginal walls. The same may be done by using a Sim's speculum.

The various kinds of laceration are so fully described in works on the subject as to obviate the necessity of speaking of that part of the subject here.

Immediate operation, or that at the time of the injury I have not performed. Dr. Mundé, editor of the *American Journal of Obstetrics*, strongly recommends it, and judging from his results it is worthy of consideration and if union be secured would doubtless lessen the chances of septicæmia, just as immediate closure of lacerated perineum does. If not sewed up immediately it is necessary for involution to be completed before operating. Pelvic cellulitis, or indeed acute inflammation of any of the pelvic organs, contra-indicates an operation and should be overcome before attempting one. In all cases operated on by me I have resorted to a preparatory treatment consisting of the hot douche, tampons saturated with glycerine and tannin, local depletion, and in cases complicated with displacement daily repositions by postural method, aided by gentle pressure per vaginam and maintained by small medicated dossils of cotton batting. The use of the hot douche immediately before operating renders hæmorrhage less troublesome. I have

found the following the most convenient and satisfactory method of operating. The patient properly etherized is placed on a table of convenient height in the lithotomy position and before a clear but not dazzling light. One assistant administers ether while two others support the knees and feet keeping the thighs well flexed. One of these assistants also holds a Sim's speculum under the pubic arch, while the other, if necessary, uses the sponge.

The instruments required are a small vulsellum forceps, a long bistoury, scissors curved on the flat, sponge holders, needle forceps, wire twisting forceps, shield for limiting the twisting of the wires, two Emmet's needles threaded with silk and half-a-dozen No. 28 best silver sutures, sixteen inches long.

Having with the left hand seized the posterior lip of the cervix with the vulsellum forceps so as to have the upper jaw occupy the part that is to form the restored cervical canal the operator steadies the uterus and with a long bistoury divides the tissue on each side of the upper jaw of the forceps, first on the posterior lip then on corresponding parts of the anterior lip leaving a strip nearly half an inch wide in the centre where the forceps hold untouched and which are being brought into apposition from the continuation of the cervical canal. The removal of the tissue can be performed with great facility with the bistoury and in much less time than can be done with scissors, besides the internal boundary of the denuded surface can be more easily and accurately made with the knife. Care must be taken to remove all cicatricial tissue.

After bleeding has been stopped the wires are to be passed in the manner described by Emmet; the wires twisted and sheathed in a piece of rubber drainage tubing. Absolute rest in bed is necessary in some but not in all cases, the condition of the patient being the criterion. Union is often perfect in seven days, but as no harm results from the presence of the silver sutures they may be left in ten or twelve days if union be not complete before that time.

The following table gives a short statement of nine cases upon which I have operated.