

secreted freely. A certain amount of ascites and albuminous urine continued for six months. He at the present date enjoys very good health.

II. A girl, twelve years of age, had a moderately severe attack of scarlet fever in December last. Two weeks after disappearance of rash, face and body began to swell. Urine scanty and smoky. Prescribed infus. digitalis. At end of four days patient much worse. Violent headache and unable to retain either food or medicine. Was given vapor baths and purgatives. Had a violent convulsion lasting half an hour, at the end of which she remained quite unconscious. In less than an hour another convulsion came on, and when I first saw her had lasted for an hour. Her face was livid, pupils contracted to a small point, frothing at mouth. Bled her from the arm to amount of eight ounces. The convulsion passed off. Was able to swallow a dose of chloral and potassium bromide. Slept four hours. Awoke quite sensible. Made a rapid recovery.

TRACHELORRHAPHY.

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Emmet's operation for the cure of laceration of the cervix uteri is on its trial before the medical profession at present, and it is desirable that its utility be correctly estimated.

In the hope of eliciting a discussion of the subject I present this paper, and by omitting as far as possible all points discussed in gynecological works and which are either familiar to or within reach of every one. I hope to limit it to a very few pages. In my experience laceration is found in forty per cent. of all uterine affections and is seldom uncomplicated, usually co-existing with areolar hyperplasia, subinvolution, endocervicitis or some form of displacement.

The predisposing causes are :—

- 1st. Rigidity of cervix.
- 2nd. An unhealthy state of cervical tissue.
- 3rd. Abnormal presentations.

4th. Disproportionate size of foetal head.

The proximate causes are :—

- 1st. Violence of uterine contractions.
- 2nd. Maternal efforts at expulsion when the head is about to escape from the os.
- 3rd. Artificial delivery unskillfully performed. The operation of the first-named exciting cause is often due to the injudicious administration of oxytocics, more particularly ergot. There are doubtless other causes but these are the chief ones. Lacerations may be divided into those that heal spontaneously and those that do not, and the latter into those that can be cured by topical applications and those that can only be cured by trachelorrhaphy.

Slight lacerations of recent origin get well quickly under the use of the hot douche, medicated tampons, local depletion, and stimulating applications of iodine, carbolic acid, &c. Nitrate of silver, if used at all, must be applied with the utmost caution as it is otherwise sure to produce contraction which may result in stenosis.

The gravity of the symptoms does not bear a direct relation to the extent of the laceration, but depends upon the condition of the whole organ, and of the pathological state of the torn parts.

Subinvolution, metritis, follicular enlargement, and displacements augmenting the suffering while without any of these the sensitive state of the torn cervix is alone sufficient to greatly impair the health and render medicinal treatment useless. Having had his attention directed to the uterus as the organ diseased in a given case, and having on examination found a laceration, how is the physician to determine as to the advisability or necessity of an operation? This is an important question and requires considerable experience to answer it correctly. If the cervical tissue is soft and the laceration small with little or no eversion of the lips, and there is reason to believe the injury to be of recent origin, the case is one offering a good prospect of perfect cure by topical applications. On the other hand, if the laceration be extensive, the eversion marked or the tissue hard and of a cicatricial character an operation is imperative, be-