

author had done nothing else to lay his profession under obligation, would indelibly write his name upon the records of Gynecology. No one contribution to this department which has been made in the period mentioned has exerted a more marked influence upon uterine pathology than this is now doing, and will do in the future. None will have more influence in abolishing useless and hurtful therapeutical resources."

Although laceration of the cervix was described by Dr. Bennett forty years ago, its importance as a pathological factor was only recognized by Emmet in 1862, when he at once set about a means of cure. He first published an account of his operations in 1869, but it was not until 1874 that general attention was drawn to the subject.

The existence of a laceration may sometimes be early recognized by the presence, after confinement, of an elevated temperature, indications of septicæmia, the absence of milk, and a general impression that the patient is not doing well. These symptoms are due to cellulitis which sometimes occurs with a laceration of the cervix, without which it would otherwise have healed, but which causes local obstruction of the circulation, and so arrests involution and the repair of the injury. It would be well, therefore, when such a condition occurs after labor to make an examination, not immediately when the parts are so soft that the tear could not be felt, but six or eight weeks afterwards, and then by appropriate means prevent a life of suffering.

Now, while on the one hand I believe some have laid more stress upon this condition than they should, and have even operated when it was not necessary, Emmet going so far as to say that "at least one-half of the ailments among those who have borne children are to be attributed to lacerations of the cervix"; on the other hand there is little doubt that this condition is often overlooked by the general practitioner, or it is mistaken for erosion of the os (so-called ulceration), or cancer, and either improperly treated or neglected. A middle course is the safest one, and the truth probably lies in the following propositions:—1. A certain degree of laceration of the cervix is the rule in all first labors.

2. A certain number of these are entirely recovered from, or else they exist without producing any symptoms.

3. A certain proportion form important factors of disease.

It is this last class of cases that alone require Emmet's operation, and in which relief of the symptoms may be expected. The tendency then of laceration of the cervix is to heal unless either septic poisoning takes place, or the tear extends beyond the crown of the cervix into the connective tissue, the accompanying cellulitis obstructs the circulation, interferes with involution, and thus prevents repair of the injury. It is most commonly met with on the left side, probably because the vertex usually occupies the right oblique diameter; and the next in frequency is the bilateral.

When a laceration of the cervix exists, there is a tendency, especially on standing, for the uterine tissue to roll out, while the obstructed circulation, the irritation of the vagina, and the resulting subinvolution increases the laceration; and as the vaginal outlet is usually patulous—owing perhaps to the use of forceps, or traction, or the accompaniment of a ruptured perineum—there is usually prolapse and retroversion. The reticulated mucous membrane, containing numerous Nabothian glands, undergoes cystic hyperplasia and granular degeneration, resulting in a condition closely resembling erosion (so-called ulceration,) or even cancer.

Then we have inability to walk or stand comfortably, backache, pains in the abdomen, irritability of the bladder, profuse menstruation, leucorrhœa, headache, insomnia and other nervous derangements, and lastly sterility; or if pregnancy should occur, it usually results in abortion. If, then, these symptoms which are so pronounced, can be relieved by trachelorrhaphy, surely a great advance has been made by this discovery, for there is little doubt that if neglected, this condition is sometimes a cause of cancer. In my own experience, which has been considerable, every case which I have operated upon has been completely relieved, and in two of them pregnancy followed, one of these having been delivered without a recurrence of the laceration or a return of the former symptoms. The method which I have employed during the past year, is to mark out the intended incision with a scalpel, then remove the angle or cicatricial plug (as it has been called) with Skene's Hawkbill scissors, then trim the edges with knife and long-handled scissors, and stitch up with chromic cat-