

were covered by exuberant granulations which bled easily. The uterine cavity measured two and a half inches, and the sound passed backwards with a slight curve. Mr. Smythe asked me to operate and I did so in April, 1883. There was no special difficulty in the operation. I was able to raw the right side with one snip of the hawk bill scissors, as the tear on that side was small and required but one suture; three were put in on the left. Patient suffered from no pain or disturbance after the operation. When she left the hospital the cervix looked beautiful. The leucorrhœa was quite stopped, the backache somewhat better, and the pain in the groin as bad as ever. Now she is perfectly well.

CASE V.—Mrs. M., age 36, has not felt well for years, and since the birth of her last child, seventeen months before I saw her, had suffered from constant backache and leucorrhœa, and frequently from facial neuralgia. On examination, the perineum was found to be partially torn, and what was left of it was lax and soft. There was a considerable rectocele, and this caused great straining at stool. The cervix was low down, large, hard, torn, and the lips were much everted, the posterior being fully twice as thick as the anterior. The uterus was slightly retroverted and the cavity measured three inches. In May, 1883, I pared and brought together the everted lips. There was some difficulty in doing this on account of the difference in the thickness. Six sutures in all were put in. At the same sitting I cured the rectocele by repairing the perineum. Five weeks after the operation the cervix could not have looked better. The patient went to the seaside, and although she came back looking very anæmic and not fully well, there had been no leucorrhœa or face-ache, and the back did not pain her as much as formerly. In December the backache began to get worse, and I found that my patient had become pregnant, and about one-third of the cicatrix in the cervix had given way. She aborted, and I again pared and brought together the everted edges, this time with wire. A week ago the patient wrote to say that she was feeling much better.

CASE VI.—Mrs. L., age 21, was well until after the birth of her second child, four years ago. After getting up she suffered from bearing-down pains, which were relieved by wearing a pessary. Six months ago she was delivered of a boy baby,

with forceps, and remained in bed for five weeks. Since then she has suffered from constant backache and pain in the left groin, and she has a profuse yellow discharge. When I saw the patient last November, the uterus lay low in the pelvis. The cervix was deeply torn on both sides, and there was a great deal of rolling out of the lips. The vagina contained a large amount of glairy mucus. After two months' treatment as an out-patient, during which time the cervix decreased in size the leucorrhœa got less. I thought that the tear would not improve further as it was an irregular one and I therefore operated. On the ninth day the patient felt perfectly well and had no pain. She went home at the end of three weeks, nursed her two children with measles, and her husband, who was also ill, and felt perfectly well for three months. Since then she had profuse discharge with pain in the stomach, and I have heard from Mr. Malcolm, who has been at the Samaritan Free Hospital, that there is considerable suppuration along the lines of the cicatrix on the right side, though the deeper parts appear to be quite firm.

REMARKS.—The operation of Emmet, when properly performed, is certainly of benefit in suitable cases, but I do not believe that it ought to be a very common one, for there are few women who have had a child without having their cervix uteri more or less injured, and most of these injuries do little harm. In my notes of a year's out-patient practice in the Samaritan Free Hospital, I found that I have marked down that there was a well-marked cervical tear in forty-two cases, yet in five only did I recommend operation and two of these five were on account of induration due to excessive application of caustics. Careful application of a mixture of carbolic acid and tincture of iodine with the hot douche and support of the uterus when necessary was found quite sufficient to heal up the other cases. Even in the Women's Hospital, New York, Emmet's operation is not a very common one. In four and a half months of the winter of 1881-2 I saw it performed there 24 times, and I was present at all the operations during that time. Trachelorrhaphy is not a very easy operation, at least, in most of the necessary cases, for in those the tissues of the cervix are much harder than natural. Where it is safe to draw the cervix entirely outside the vulva there would be little difficulty, but as this cannot be done I have found