moderated. By the end of a week it even disappeared for many hours at a stretch. This, it must be borne in mind, was the first real relief which the lady had experienced from the visits of her terrible enemy for a number of years. Previous to the application of the stem walking was difficult and painful; whilst riding in a train or carriage always made her very ill. Now, however, all was changed, and she was enabled to practise locomotion again with comparative comfort. This lady is now enjoying fairly good health, though the stem was relinquished more than a year ago, after it had been in use about sixteen months.

Of late, it has been somewhat the fashion to speak of uterine ailments as mere neuroses, and accordingly to decry mechanical appliances as means of cure. Of such a view I declare emphatically that none of my experience is corroborative. If the neuroses I have been describing were not reflective of the specified uterine distortions, one certainly is puzzled to realise how a stem pessary would succeed in banishing nervous disorders which had obstinately resisted all medicinal methods of cure. What, may I inquire, are the alternatives to mechanical treatment? If they are to include an elaborate and costly system of nursing, with medical rubbing, carried on for a lengthened period under special surroundings, I would ask, *cui bono?* when the comparatively simple and inexpensive means I have indicated are capable of restoring the patient to health.

I do not, of course, pretend that the stem-pessary is an instrument to be put into the hands of practitioners who have not had the advantage of some special education. Nor do I desire to advocate its employment, except in such aggravated cases as have been quoted; but enough has, I trust, been advanced to warrant its occasional judicious application without fear of any very dreadful consequences ensuing.

TWENTY CASES OF EMMET'S OPERATION FOR LACERATION OF CERVIX UTERI.[1]

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THE results rather than the records of twenty cases of Emmet's operation of trachelorraphy would have been the more correct title for the short paper I have to read to you, as I do not propose to weary you with detailed notes of the individual cases. I have already read them at Norwich and Ipswich.

It may be, I think, reasonably granted that laceration of the os and cervix uteri occurring during labour was the primary cause of the abnormal conditions which rendered these operations necessary, as they were all performed on women who had borne children; and, although I can give no precise information as to the actual character of the various labours (as I attended but one of the patients), I have ascertained that of the twenty, sixteen were multiparæ and four primiparæ; of the latter, three had forceps applied. In a large proportion of the multiparæ instruments were employed during some of the labours, which were often described as difficult. In six, rapid delivery is noted; most of the patients remarked on their bad "getting up," that their milk was arrested or absent; five spoke of the fever they had had, four of inflammation of body, three of inflammation of leg,—all, in fact, giving more or less evidence of septic conditions, producing cellulitis in some, phlebitis in others, consequent on laceration of the cervix occurring during one or more of their various labours, and, owing to a septic condition, remaining unhealed.

In the one case which I attended myself, the patient suffered from pelvic cellulitis after labour, unquestionably septic in origin; there is good reason to believe that this was due to an extensive laceration of the cervix, which was subsequently cured by Emmet's operation.

Of their general symptoms, or those which led them to apply for treatment, the most marked were persistent backache, irritability of bladder, leucorrhœa, irregular menstruation, in some menorrhagia, marked anæmia, headache, sleeplessness, irritability of disposition or depression of spirits, and many reflex symptoms (such as facial neuralgia) usually associated with and referred to uterine disorders. When examined *per vaginam* (and here I may remark that by Sims' speculum, or its modification alone, aided by tenacula, can the true condition of a torn cervix be recognised), I found in all my cases evidence of laceration of the cervix uteri in various degrees, resulting in fissures more or less deep, unhealed and eroded surfaces, indurated tissue, what has been termed cicatricial ectropion from the rolling out of the tissues of the lacerated cervix, and the subsequent obstructed circulation. In the majority, the laceration was in the anterior lip, in others in the posterior, some in both, giving rise to a stellate appearance.

In most there was erosion—what used to be termed "ulceration," of the "rolled-out" tissues—in nearly all the uterus was abnormally large; in some very considerably so—from arrested involution. In many a considerable amount of cicatricial tissue existed, giving rise, as I have repeatedly proved, to many reflex symptoms, and due in some cases to the "healing powers of nature," but in by far the majority produced by the efforts of art, and certainly not of fine art. They were the natural result of the repeated use of irritants, caustics, or the cautery, by the various gynæcological artists through whose hands the patients had passed—and myself among their number—as I invariably pursued what may be termed the routine practice for that which I thought and had been taught, were uterine ulcers. I continued doing so until I saw Dr. Emmet perform his plastic operation, and heard his lucid description of its *rationale*, in the operating theatre of the Women's Hospital in New York, where this distinguished American gynæcologist demonstrated this and other of his special operations to several medical members of the British Association who, in the autumn of 1884, were passing through New York.

Of the twenty cases, ten have been performed in the Norfolk and Norwich Hospital, and ten in private practice; eighteen healed entirely by first intention; two only partially: of these, I repeated the operation in one, with a successful result; in the other, the patient left the hospital before I could do so, and has not since returned. I have examined several since the operation, and have found the condition of the os and cervix most satisfactory, and the uterus normal as to size and position. Two have become pregnant, one has been delivered since the operation, but I have not yet had an opportunity of examining her since her confinement.

As this operation has been recently discussed in the columns of the JOURNAL of this Association, I felt that there would be an especial advantage in seizing the opportunity of Dr. Emmet's presence for its discussion here; personally, I am quite satisfied with the results obtained, and I know my patients are. I have not performed it in any case in which the orthodox treatment by topical applications has not been first thoroughly tried; and, when compared with the old system, this plastic operation gives far more satisfactory results. A linear, and after a time almost imperceptible scar is left—instead of a considerable indurated cicatrix—frequently of itself the cause of many reflex symptoms, and often the origin of more serious organic disease. Dr. Emmet claims for his operation that it secures to the patient an immunity from epithelial and other malignant affections of the os and cervix uteri, so much more frequent in women who have borne children than in others. He told me, when in New York, that he had not yet seen or heard of a single such case occurring in any of the patients on whom he had performed trachelorraphy during the past twenty years. If such be the case—if direct effects so expeditious and striking can be accomplished, if remote results so satisfactory can be obtained, and after consequences so grave and serious can be averted—then this simple plastic operation termed trachelorraphy, but for which its author prefers to use the English expression, observing that "it would be but human nature for the uninitiated to dread the severity of an operation so termed" should come into more general use. If these things be granted—and the experience of gynæcologists in America, and so far as I know, of those who in this country have given Emmet's operation a fair and careful trial, amply confirms them—then it becomes our duty to select this means, rather than those hitherto adopted, for the cure of these accidental, but natural lesions, which under adverse circumstances lead to serious consequences direct or remote.

Emmet's Operation for Procidentia Uteri.—The object sought to be obtained by this operation is the construction, from the superabundant tissues of the upper part of the vagina, of a platform on which the uterus can rest, and the prevention of the yielding of this support by the formation of a natural buttress secured by the further removal of tissue from the anterior wall of the vagina, thus limiting the capacity of the vaginal cavity, and effectually preventing the descent of the uterus. I have not had the advantage of seeing Dr. Emmet perform this operation, but, according to the description of it in his work, I have done it three times. My first case was done a year since; it was one of complete procidentia of twenty years' duration. I had an opportunity of examining the patient very recently, and found the uterus *in situ*, the os resting on the vaginal *cul-de-sac* or platform. It had never once prolapsed, and the patient expressed herself highly satisfied with the result of the operation.

Dr. Beverley concluded his paper by a further reference to the cases

[1] Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association held in Brighton.

in which he had performed the operation which he described, with illustrations on the black board.

Dr. Howard A. Kelly, of Philadelphia, stated that the whole genius of any operative procedure upon the vagina, with a view to curing prolapsus uteri, lay in a careful consideration of several factors, and with these, the principles, borne in mind, success was attainable by various methods. Three of the most essential points were, first, retention of the uterus in a position of anteversion, as they knew, from experience, an anteverted uterus could not prolapse; secondly, placing such a bar of firm united tissue in the anterior vaginal wall that the vagina could not roll out, everting like the finger of a glove as before, but, if there was subsequent descent of the uterus, it must swing on this bar as a radius, extending from urethra to cervix. But, thirdly, even with these barriers, the vaginal outlet was still in many cases large enough, or, if smaller, yielding enough, to allow the uterus to swing out, and hence the necessity of building up, also, the perineum by some one of the many operations devised. M. Sims had achieved the second result by his well-known oval denudation on the anterior wall, which was in many places still practised, and with the modification of using Werth's buried sutures with excellent results. It was, however, found very soon that the strength of union was just as great if a broad band of the oval be denuded and united across, and that the tissue remaining undenuded in the centre practically disappeared with the involution the structures immediately underwent after restoration to their proper position. In the present operation, so well described by Dr. Beverley, two denuded areas, one on each side of the cervix, were drawn downwards and forwards, and united to an area of denudation in front of the cervix. The simple fact of thus pulling these points down from above created a slack between their point of attachment and the tissues below, and this slack was evident in two gently curved folds running from the points above, as now attached in front of the cervix to the urethra below. The denudation was made along these folds on either side, a half-inch in breadth, and the tissues were united from side to side, all the way down to the urethra. It would be seen that this operation was but a modification (in the opinion of the speaker a vast improvement) upon the older Sims' method. The difficulties were not, however, to be underrated, and the difficulty of securing satisfactory co-aptation of the spots at the sides of the cervix with the spot in front of it, were sometimes very great. In a short vagina it was impossible to put a "bar" in the anterior wall so long that it would not eventually swing down and out of an outlet, which had once been broken down; in a long vagina, however, the anterior operation alone might suffice. It had been most gratifying to the speaker to read a recent paper by Dr. Smith, of London, and to hear the present admirable description of Dr. Beverley, of his cases of laceration of the cervix uteri. The difference between the American and English practice in the matter was well known, and it was customary in England to explain the difference by stating that, owing to the peculiar conditions of the midwifery practice prevailing in many parts of America, lacerations were much more frequent. The speaker, however, differed from this opinion, and believed that there was no difference between the two countries as to the relative frequency of this lesion, but that the apparent difference rested in the diagnosis. Every case of erosion, without exception, in which the speculum revealed a cervix large, engorged, with more or less "papillary hypertrophy," and a weeping surface, and the finger detected the induration, depending upon the chronic stasis of the circulation—every such case in America is termed "laceration of the cervix, with infiltration of the lips and ectropion." As an illustration of the opposite views of the American, and the English and German gynæcologists, the speaker wished to select no better pictures for illustrating the different degrees of laceration than the well known plates published by Ruge and Veit, in the *Zeitschrift für Gynecology*, in their article on "Erosio und beginnendes Krebs." The test of a laceration had been stated to be, catching each of the extreme opposite points above and below the split with tenacula, and drawing them forward and together, when it would readily be seen that there was a broad tear; it would also then be evident that the appearances which have masked the true condition, rendering it so difficult of recognition, were due to infiltration of submucous and endo-cervical tissues, which pout, and thus force the lips into extreme eversion. This test was not, in many cases, immediately applicable. Wherever the cervix was large, of an angry red, or congested blue colour, and full of enlarged follicles, a period of careful preparation, including rest, with free local depletion once or twice a week, emptying of all the follicles, and the daily use of the hot douche, or packings, or paintings, must in all cases precede operation. Then, when the lips were thus greatly reduced in size, and of a normal soft consistency, the process of demonstration with the tenacula is one of extreme simplicity, and the inference was so obvious than no one would question the diagnosis. The question had been raised as to whether the knife or scissors were best adapted to denuding the flaps. His opinion was that, in skilled hands, the knife is best adapted to all cases, while the scissors, particularly those invented by Dr. Dawson, made an easier denudation, especially in cases where the lips had been well softened by preparatory treatment. Much has been said about the "plug of cicatricial tissue" in the angle; and Dr. Beverley had illustrated the reflex symptoms which might arise from its presence by detailing two beautifully typical cases, and to close the cervix without removing this would in effect be much the same as forcing the hand to the shoulder with a base-ball in the bend of the arm. How should they determine when this "plug" was present, and what means had they of deciding that it had been completely removed? The touch supplied the test. So long as any of the offending tissue was left in the angle, the sense to the touch was one of gristly or even bony hardness. When this was completely removed, the structures were soft and yielding.

Dr. Gordon (New York) said that Dr. Beverley might congratulate himself upon having seen Dr. Emmet operate. The cases he (the speaker) had seen operated upon in England and Germany had not, in his opinion, been operated upon by Dr. Emmet's methods. He was not surprised, therefore, that the operation was not generally well received. It should be a clean cut on each side from the extreme end to the angle, any diseased tissue being included in the angle. A pair of long-bladed scissors was a much better instrument than a knife, as ordinarily used.

Dr. W. Gill Wylie (New York) said he agreed with Dr. Emmet in many things, but could not accept all of his teachings. He had done the operation for laceration of the cervix many times, and considered it by far the best method of curing many cases. As long ago as 1881 (see *American Obstetrical Journal*, Jan., 1882), he had written a paper on this subject, differing from Dr. Emmet in the etiology, and especially in the pathology, of the disease. He held that the mere fact of the cervix being torn was of itself of little importance, unless the laceration extended very high up and impaired the sphincteric power of the internal os, except in those cases in which the cervix was imperfectly developed and the mucous membrane diseased, or in those in which the tissues were affected by disease (usually mild forms of sepsis) before the laceration had had time to heal. In other words, if a healthy cervix were torn, and did not become affected by disease soon afterwards, no operation would be needed; and it was not alone the sewing together of the flaps and restoring the shape of the cervix which cured the case, but the good results were chiefly due to the fact that the diseased glands and follicles were removed by the operation for repairing the lacerated cervix. He did not agree with Dr. Emmet about the cicatricial plug. He had too much respect for nature to think that cicatricial tissue alone could do much harm. It must not be forgotten that many of the glands and follicles of the cervix were deep-seated; and he was sure that the cicatrix would cause no trouble when free from diseased glands and follicles, tending to fill, distend, and cause disturbance by pressure. It would be found that the deep cicatricial plug of Dr. Emmet was merely the firm deeper muscular fibres indurated by inflammatory action kept up by the presence of diseased glands and follicles. Many of these cases could be cured in a short time by simpler treatment; but, as a rule, it was only a temporary cure. He was satisfied that many of the cases treated in England by astringents and caustics, and called "erosions," were really what in America were called and treated as laceration of the cervix; and that many of those cases of subinvolution, with enlargement and elongation of the cervix, that were operated on by manipulation of the cervix, were cases that could be completely cured by the simple operation devised by Dr. Emmet.

Insured Infants.—The facilities with which people can insure the lives of children almost from birth, apparently without any inquiry or medical certificates, or any of the precautions required in the case of adults, were rightly denounced by the coroner who held an inquest at Yeovil, on Tuesday last, on the body of an illegitimate child, aged 8 months, whose life was insured for £2. It had been delicate from birth, and was found one morning dead in bed, with the bed clothes half over its forehead. The jury, in returning their verdict, added a rider that they were of opinion that the present facilities given to parents for insuring infant children, especially illegitimate children, required some legal restrictions.

Measles at Padiham.—Owing to the large number of children suffering from measles at Padiham, it has been decided to recommend the day and Sunday school authorities to close the schools for a fortnight.