ZINKE (Gus)

With Compliments of the Author.

EMMET'S OPERATION.

WHEN SHALL IT, AND WHEN SHALL IT NOT BE PERFORMED?

BY

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CINCINNATI, O.

Read before the Section of Obstetrics and Diseases of Women of the American Medical Association, at New Orleans, La., April 1885.

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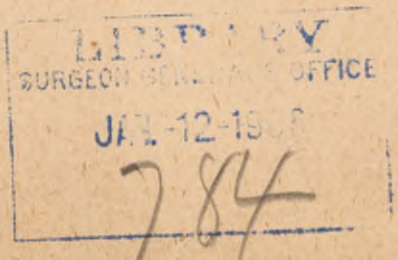
Mr. President: Trachelorrhaphy, or Emmet's operation for the cure of laceration of the cervix uteri, and its consequences, is recognized by many, in this country at least, as a measure productive of much good, and a great advancement in gynecology. Though the English and the Germans are slow in accepting it, and although in France we find as yet not one who will openly endorse it, the operation seems to be, nevertheless, a legitimate and permanently fixed resource for the relief of some lacerations of the cervix and their results. And how could it be otherwise? The injury is readily diagnosed, and its mischievous influences easily appreciated and recognized as such by skillful men. What treatment could be more simple, more rational, and more effective? There should not be any doubt upon this question. Still there are some, even in this country, who are disposed to look with disfavor upon the operation. So much has been said and written on this point by the ablest gynecologists of this country, that no argument of mine is needed here. Experience and time will accomplish what argument has so far failed to do. With the knowledge I have upon this subject, in my judgment there is but one



point left to be discussed, and that is: *When shall we, and when shall we not perform this operation?* Upon this there is great diversity of opinion. To aid in the removal of this dissension and establish greater harmony, is the object of this paper. For this purpose I have addressed to a large number of our most prominent gynecologists and surgeons of this country and abroad, a letter containing a number of questions, calculated to elicit their latest opinion regarding this subject. I sent it in printed form, with sufficient space after each question to allow a concise answer. I adopted this course to obtain an answer from all as nearly alike as possible, and to the point. I also took pains to send these questions to those known to be more or less opposed to the operation, or, if you please, "not much impressed with the importance of trachelorrhaphy."

The following is the letter which accompained the questions as seen in the record:

CINCINNATI, O., February, 1885.

DEAR DOCTOR:

Owing to the great diversity of opinion respecting the beneficial effects and proper sphere of usefulness of EMMET'S OPERATION, I have concluded to write an essay upon this subject, which is to be read before the AMERICAN MEDICAL ASSOCIATION, convening at NEW ORLEANS, LA., the latter part of April next. In order to make the paper complete and valuable, I have deemed it wise to obtain the latest opinion of those men in the profession, in this country and abroad, who, by reason of their position and professional attainments, are best qualified to judge. I am well aware that this subject has been discussed and written upon from every aspect by many; but it must also be admitted that it has never been fairly decided, indeed, that to-day it is shrouded in greater uncertainty than ever. It is my desire to put on record the statements of all who will be kind enough to answer and present the same in concentrated form, from which those interested in the matter now, and hereafter, may draw their own conclusions, which, I hope, will harmonize more than at present. Hoping that you will consider the importance of the subject, and favor me with an early reply, by answering briefly the questions in the accompanying blank, I remain,

Yours fraternally,

413 Elm, Cincinnati, O. DR. GUSTAV ZINKE.

The letter, as well as the questions, will need explanation in so far as they refer to the beneficial effects and proper sphere of usefulness of Emmet's operation, and not directly to what the caption indicates. Any one looking over the questions and answers, however, as given in the tabulated record, will be convinced that I could not have adopted any other way to arrive at conclusions at once unbiased and free from the suspicion of being one-sided. I could not have asked simply and solely: When do you and when do you not operate? The answers to the questions, as propounded, put each one on record fully, by giving his reasons why he would in one case, and not in another, or, perhaps, never perform the operation. (See Record.)

Let us now consider these replies and see if from them we may gather sufficient evidence to decide when we should and when we should not operate.

1 *Question. Do you believe lacerations of the cervix uteri to be an important factor in uterine and pelvic disease?*

Twenty-two out of thirty-four answer with an unqualified "yes," or "I do;" while some modify an affirmative reply by "most emphatically, especially if there be eversion," or "subinvolution," or "chronic congestion," or "when extensively lacerated," or "only when a persistent focus of irritation," etc. Only one replies with "no." There does not seem to be much difference of opinion here, and one is safe to conclude that laceration of the cervix uteri constitutes an important factor in uterine pathology, notwithstanding that we have one dissenting voice.

2 *Q. Do you believe fissures of the cervix uteri a cause of uterine and pelvic disease?*

The majority answer "sometimes," or to that effect; eleven, by "yes;" seven, "rarely;" two, "if deep;" four do not answer at all, and three with "no." Judging from these answers, fissures of the cervix are apparently productive of evil results under certain conditions.

3 *Q. State your theory in what manner a lacerated cervix will or may cause disease of the uterus, its surrounding tissues, and in parts remote.*

The substance of these answers is about as follows:

1. Septic poisoning at the time of its occurence.
2. It causes pelvic cellulitis.
3. " " " peritonitis.
4. " prevents involution.
5. " acts as a point of irritation.
6. " causes pelvic congestion.
7. " " cervical and corporeal endometritis.
8. " " profuse leucorrheal discharge.
9. " " displacements of the uterus.
10. " " erosions and eversion.
11. " " hyperæmia } of cervix as well as body.
12. " " hyperplasia }
13. " " cystic degeneration.
14. " " numerous reflex symptoms, especially from irritating cicatricial contraction.
15. " " menorrhagia.
16. " " sterility, by preventing conception, and by causing abortion.
17. " " lays the foundation of epithelioma.

No one present, familiar with this subject, will expect me to discuss the manner or the order in which one or all of these consequences may arise; every one of them seems to be conceded as being a natural result of laceration of the cervix uteri, and have been discussed at length in the latest text-books (especially by Emmet & Thomas), in the American Journal of Obstetrics, and in the reports of the American Gynecological Society; also numerous original articles (read before the various societies all over the country) can be found together with the discussion that followed their reading. So profuse is the literature regarding the results of this accident that it would be imposing upon good nature to cite the names of all the authors, and therefore I chose simply to refer to the books and journals in which most of the writings on this matter can be found.

4 *Q. Do you believe laceration of cervix a cause of sterility?*

Seventeen answer with "yes," and three with "no" simply, while the others qualify an affirmative reply by adding "if extensive," "sometimes," "if there is profuse catarrh or cicatricial contraction of the canal," etc. Sterility as an effect of laceration, has been violently assailed and ridiculed by some, but V. A. Hardon, American Journal of Obstetrics, 1881, in an excellent paper, describes in a striking manner how a lacerated cervix may be the cause of disease and sterility, and require sewing up for a cure, and how a cervix slit open by the knife to cure sterility, remains inert as a factor in disease and accomplishes the end desired. There is no doubt that we see instances, occasionally, of even extensive lacerations of the cervix in which pregnancy occurs and is continued to the end of gestation; but these are, seemingly, exceptional cases. I have seen such cases; they all had aborted before, however, and did abort again, though they used great care, during gestation.

5 *Q. Do you believe that Emmet's operation, if performed early and properly, will, to some extent or entirely, prevent uterine and pelvic disease?*

This question is responded to affirmatively by about twenty; one answers "it may do immense good;" some, "to a great extent;" some, "in well chosen cases;" and others, "if existing complications have to a great extent been cured by preparatory treatment;" only one gives a positive, "no."

These replies are sufficient to prove that the question could not have been put to greater advantage, for it simply forces one to the conclusion that they are nearly all agreed that when the operation is performed early and properly, in well selected cases, it will, and in many cases entirely, prevent such uterine and pelvic disease as usually arise therefrom.

6 *Q. Do you believe that Emmet's operation is absolutely necessary in certain cases? If so, specify the class of cases.*

The sum total to all replies received on this inquiry, is that the operation should be carefully and perfectly performed:

1. When pathological changes exist which depend upon the laceration, and which can not be disposed of by other treatment.
2. When the laceration is deep, bilateral or stellate with a history of cancer, even before secondary changes occur.
3. When in advanced age it prevents senile involution.
4. Where subinvolution and cervical disease exists.
5. Where there are large gaping rents.
6. When there is villous degeneration of endometrium.
7. In menorrhagia.
8. In habitual abortion.
9. To lessen the danger of cancer after child-bearing period.
10. Where there is cicatricial tissue in the rents, causing reflex symptoms.

7 *Q. Do you believe that every lacerated (not fissured) cervix will cause, eventually, uterine and pelvic disease?*

The greater number answer "no," or "not necessarily." A few believe that the majority of lacerations will. One states that "some escape by reason of unimpared ligaments;" another that "some will heal over and never produce any symptoms whatever." Only 2 answer with "yes;" and some with "only when extensive."

This seems positive evidence that we have exceptions, and that all lacerations do not contribute to uterine and pelvic pathology. Those who have observed the greatest number of cases, and who have practiced longest and most skillfully in this department, are found among those who believe that not every laceration produces diseases of the uterus and its surroundings.

8 *Q. If not, state approximately how many such cases you have observed?*

The answer from about five is, "quite a number, but by far

the minority;" not a few have, "kept no statistics, but have seen quite a number;" three, "never;" one, "6;" two, "100 or more" each; another, "about 40;" one, "over 50;" one, "impossible to do so;" four do not answer; and one "has seen many hundreds."

This is one of the most important questions, and yet one which has been replied to very unsatisfactorily. A certain degree of uncertainty is manifest; most of my correspondents guess at it, only one or two make exact statements. Yet it must be considered that in the practice of nearly every one, numerous cases have occured, in which a lacerated cervix excited none of the affections that usually are said to arise therefrom.

9 *Q. State approximately or exactly, if you can, how many times you have performed the operation?*

To know about how many operations have been made by those who favored me with an answer, would give, I thought, weight and strength to their opinion. Unfortunately, some who have had a very large experience, and who are known to have operated hundreds of times, can not, even approximately, state the number of their operations. Dr. Emmet refers me to his last edition, and there I find that up to the time of its publication, he has apparently operated over 600 times. It is safe to presume that Dr. Gaillard Thomas has probably performed the operation an equal number of times. Lyman, of Boston, simply states that he operated on a considerable number. Byford, of Chicago, and Taylor, of Cincinnati, do not respond to this question at all. Not willing to be accused of exaggeration, I have rated the combined experience (although I am satisfied it is too low an estimate) of—

Emmet, Thomas, Lyman, Byford and W. H. Taylor, of Cincinnati.	as comprising about	1500 Cases.
G. T. Engelmann about (40-50)		45 "

A. Reeves Jackson	about	200	Cases.
Ellwood Wilson	exactly	128	"
C. M. Wilson	" "	12	"
Herbert M. Nash	"	22	"
R. S. Sutton	"	100	"
Paul F. Munde	"	200	"
Ely Van DeWarker	"	120	"
Jos. Taber Johnson	"	30	"
James B. Hunter	at least	200	"
David Prince	" (6-8)	7	"
Willis P. King	exactly	7	"
C. D. Palmer	" (35-40)	37	"
Wm. Goodell	exactly	263	"
M. D. Mann	"	90	"
W. H. Baker	"	400	"
E. W. Jenks	"	200	"
Thad. Reamy	"	324	"
T. B. Harvey	"	200	"
P. J. Murphy	"	50	"
J. Byrne	"	200	"
W. T. Lusk	"	300	"
Chrobak	"	10	"
W. T. Howard	"	100	"
A. H. T. Barbour	"	0	"
J. Mathew Duncan	"	0	"
W. Gill Wylie		100	
		4,745	

Here we have, then, in condensed form, the experience of 31 operators, nearly all of whom have a reputation throughout the country, some over the whole civilized world, men who are known to be conscientious, active and zealous workers in the profession; all of which, I think, will go far to substantiate the conclusions given at the end of this paper.

9*a* Q. *How often for the restoration of the cervix simply?*

This question I asked for the purpose of ascertaining how many there are who believe in restoring a lacerated os, before pathological changes have occurred, and about how many times the operation has been performed for that purpose alone.

Nine answer "never;" one, "can not separate causes;"

one, "often as a prevention;" one, "3 times;" one, "1 time;" one, "25 times;" one, "50 times;" one, "1 time after delivery, for hemorrhage from circular artery; six do not answer the question at all; and others, from various reasons, can not state how many times.

9b Q. How often for the relief of pathological changes and reflex disturbances depending thereon?

This, of course, includes all the other operations, with the exception of those that may be contained among those who did not answer questions 9 and 9*a*.

Dr. Emmet and Dr. Thomas have confessed, on more than one occasion, that to-day they do not operate as frequently as formerly, because experience has taught them that oftentimes the operation had been performed unnecessarily (of Byford, and Lyman, and Taylor, Cincinnati, I have no knowledge regarding this point); but whether by that they mean to say that they operated in cases of laceration without complication, as well as in cases in which the complications were looked upon as following a torn cervix, can only be conjectured. For this reason I wish they had answered at least question 9*a*. Since I have estimated the number of their operations so low already, I will permit them to stand, and count them with those cases in which the operation was performed only for the relief of pathological changes, local as well as general; and if afterwards it is discovered that some of them were performed in cases of uncomplicated lacerations, let them be counted with those for which they were not credited.

10 *Q. What have been your immediate results respecting union and relief?*

Most of my correspondents answer "good;" one had union fail four times; one failed to obtain union in his early practice, occasionally; another mentions failure of union in five per cent., but that he had always good results when the cicatricial tissue was thoroughly removed; in one instance failure of union occurred five times out of 200 cases; and the

same author makes the statement that relief followed, not immediately after the operation, but about three months thereafter; one states that he always secured union, but not always relief; one speaks of cellulitis following in one instance; another mentions one death from septo-pyemia, and one from phlebitis.

From this we learn that, as a rule, good will follow the operation; not always immediately, yet oftentimes in the course of three to six months thereafter; that union but rarely fails, and that it is more apt to be obtained when the cicatricial tissue has been well taken out, or the parts have been effectually treated for the relief of certain diseased conditions prior to the operation. The answers to this question also furnish evidence that the operation is accompanied by some danger, since in one instance death occurred from septo-pyemia, and in one from phlebitis.

11 *Q. What have been your remote results respecting union, relief and sterility?*

One answers "Pregnancy occurred in 20 per cent."
" " "Pregnancy occurred in 5 per cent."
" " "Pregnancy occurred in 25 per cent."
" " "Pregnancy occurred in some."
" " "Believe it cures instead of causing sterility."
" " "12 confinements out of 128 cases, one twice with recurrence of tear."
" " "Sterility cured in small number."
" " "Conception frequently followed."
" " "Relieved large number of sterility."
" " "Conception usually followed successful operation."
" " "Not positive."
" " "Highly satisfactory."
" " "Impossible to say."
" " "Very generally good."
" " "Good."
" " "Largely beneficial."
" " "Can not say."
" " "Good in early, failure in old cases."
" " "Remote results better than immediate."
" " "Excellent; conception quickly followed."

One answers "Saw 10 cases in which sterility lasting several years seemed to have been cured."
" " "Good."
" " "Not been able to follow all my cases, some have become pregnant."
" " "Relieved a large number of sterility."
" " "Two out of my seven cases have again borne children."
" " "Sterility cured in small number."
" " "Can not state definitely."
" " "Good in overcoming sterility."
" " "Good, so far as a check upon tendency to abort."
Two " "Unable to answer."

The answers to this question must of necessity be more or less indefinite, from the fact that most of my correspondents devote themselves entirely to gynecology, and receive many patients from different and very distant parts of the country. They know not what the remote results have been, in probably the majority of cases; on the other hand, one can easily observe that the answers from those whose practice is more limited, or rather local, are much more definite. In general, the replies are favorable respecting relief of symptoms, cure of sterility or unfruitfulness, as Dr. Wm. Goodell prefers to call it, and will aid considerably in permanently establishing Emmet's operation.

12 *Q. When, in your opinion, is Emmet's operation contra-indicated?*

The answers to this may be summed up as follows:

1 "In acute and sub-acute inflammations."
2 "In pelvic cellulitis."
3 "In pelvic peritonitis."
4 "In lymphadenites."
5 "When ovaries and tubes are diseased."
6 "When uterus is very irritable."
7 "Never the rent, eo ipso."
8 "Pregnancy."
9 "After menopause, if no eversion or hypertrophy exist."
10 "Manifest hydro or pyo salpinx."
11 "Where there is no ectropion."

12 "Where there are no Nabothian bodies apparent."
13 "When there are no symptoms of uterine origin."
14 "Not needed in limited lacerations, anemia or fissures."
15 "When local treatment gives relief."
16 "When peri-uterine adhesions exist."
17 "When uterus is immobile."
18 "When there is neither eversion, local congestion nor reflex disturbance."
19 "When there is cancer of neck or body of the uterus."
20 "When patient is suffering of pulmonary consumption or other fatal malady."

The summing up and condensing of all the answers to these questions has been a laborious yet interesting work. I might here abandon my inquiry and rest content with what can be learned from it, and leave my audience, as well as those who may chance to read it in the future, to draw their own inferences; but I feel that my effort to create more harmony will have been in vain, if, after studying the different views of the various operators, I should not attempt to answer the question that has called forth this essay. I do not flatter myself that my views of this subject, gained from the above, will agree with all of you, nor with those who will read it hereafter, but I present them with the hope that they may aid to clear the way to a better understanding. The above inquiries certainly furnish abundant proof of a great difference of opinion among gynecologists as to when it would and when it would not be proper to perform the operation. They may be divided into three classes: those who advocate operative interference in every lacerated cervix; those who do not endorse the operation at all; and those who deem it a necessity in some "well selected cases" only.

That the operation is too often performed; that cases are operated upon in which no indications for it exist; that as a consequence the results looked for are not obtained; that the patients, so far from being relieved, are subjected unnecessarily to procedures not free from danger, and are occasionally even followed by unfavorable results, rendering the patient

worse instead of better, is the opinion of many. *The abuse, not the use of the operation, has done the mischief.* In the heat of debate many will defend the grounds they have taken, and fortify their position by apparently plausible arguments. But the quiet looker on—the unprejudiced and diligent student of this question—will come to the conclusion that the charges made are only too true. The accompanying tabulated record, as well as Dr. Emmet's letter, will testify to this statement; and I do believe that many of the gentlemen who have performed this operation are willing to admit the same.

Like any other new remedy, this operation has been resorted to because of its evident utility, and too much has been expected from it. That, however, might have been looked for from its first announcement. The same fate has followed every newly invented operation. But while this is no reason that the operation should be abandoned, as some, especially from abroad, would have us to do, there is certainly to-day no longer any excuse for performing this operation for every laceration we find. We all have heard the remark, and probably have made it ourselves, I know I have, that if a lacerated cervix is the cause of all the ills text-books and authors attribute to it, then every rent in that portion of the womb ought to be sewed up.

Here it is that we must pause and reflect upon the experience of others as well as our own; and when we do so, one is compelled to admit that *it is not true that every tear in the cervix is productive of evil, and that it is not good practice to stitch up every os, simply and solely because it sustains a slit; nor is it fair to assume that because of certain diseased conditions co-existing in, around, or near the cervix or uterus and its appendages, an operation is necessary to a cure.*

To be better understood, I have drawn two diagrams to illustrate the various degrees of lacerations as we observe them in practice. Figs. 1 and 2 almost explain themselves.

Fissures are, indeed, lacerations—lacerations which, in my opinion, have been more or less extensive, but have failed to heal perfectly, leaving a depression or gutter in the cervical

Fig. 1.

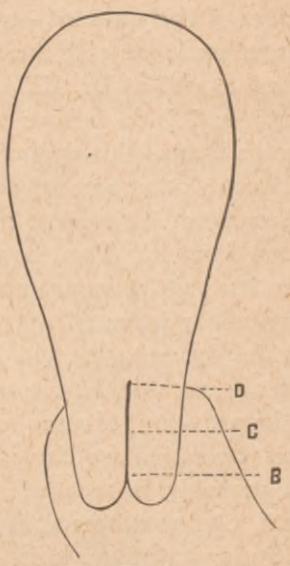


Fig. 2.

canal, to which the name fissure has been applied. *a* (Fig. 1) represents my idea of a fissure. From *a* to *b* constitutes a laceration of the first; from *b* to *c* a laceration of the second; and *c* to *d* a laceration of the third degree. Lacerations extending through and beyond the cervico-vaginal junction, if not amounting to a rupture of the uterus, may be considered lacerations of the fourth degree.

The following are my conclusions, drawn from the above tabulated record, from text-books, from the numerous articles referred to, and my own clinical experience, extending over a period of seven years as assistant of Prof. C. D. Palmer's Clinic, at the Medical College of Ohio:

1. It is evident that *the operation has been performed unnecessarily for symptoms similar to but other than those arising from lacerations of the cervix.* Further, that *it has been done imperfectly, even without preliminary treatment, in many more;* and *the failure to give relief,* as reported by several, *is due to these two causes.*

2. That from our present knowledge we can not, at this time, arrive at any definite conclusion, from the fact that many of the so-called consequences of lacerations of the cervix uteri are not settled beyond doubt.

3. That every one engaged in this department should carefully select his cases, and try every known means to give relief before resource is had to an operation.

4. The operation should never be performed *eo ipso* in cases of simple fissures or lacerations of first and second degree.

5. In cases of eversion and disease of the cervical or corporeal cavity, or both, although attended by hyperplasia and displacement, it has been observed that all the symptoms abated and the parts returned to their natural condition, and that no laceration was discoverable after alleviative measures were instituted first, which alone caused the parts to return to a normal condition.

6. That there are some cases of extensive lacerations of cervix that seldom give rise to any inconvenience, and that, therefore, an operation should be deferred until symptoms arise that will call for its performance.

7. The operation, although indicated, should never be performed until, by preparatory treatment, the parts have been brought into a healthy condition.

8. Near, and during, the climacteric period the operation should be postponed as long as possible, and the patient not exposed to any risks, since in many cases all the symptoms subside under proper treatment, and never return on account of senile involution.

9. The operation is justifiable in cases of lacerations of the

third and fourth degree, without complications, if there is a history of malignant disease in the family.

10. The operation may be performed with perfect propriety in young women, as a preventive, if the laceration is bilateral and extends up to the cervico-vaginal junction, or beyond it, even though there are no pathological changes; indeed, it seems to be the duty of every one, who observes a lesion to that extent, to urge the operation.

11. The operation is justifiable in any degree of laceration, and in rare instances even in fissures, when there exists cicatricial tissues, productive of reflex disturbances, annoying in character, and not tractable to any other treatment.

12. The operation is absolutely indicated in all extensive tears of the os, in which the cervix is everted, its mucous membrane and Nabothian follicles diseased, and especially if there be granular or cystic degeneration present, provided, the parts have first been restored to a healthy condition by palliative treatment.

This letter received too late for insertion with the others:

DR. GUSTAV ZINKE:—I have the highest regard for Emmet, and have learned much from his works. But "Emmet's operation" I look upon as entirely unnecessary. I perform the same only when, by retroflexions, the laceration of the cervix interferes with orthopædic treatment. I can furnish many cases in which women, in spite of extensive tears, were and remained perfectly well, that pregnancy was not interfered with, and that the rents caused absolutely no complaint. For this reason I do not perform this operation, and I am firmly convinced that in a few decades it will be forgotten.

With many respects, FRITSCH.

BRESLAU, MARCH 27, 1885.

TABULATED RECORD OF OPINIONS ON EMMET'S OPERATION.

By GUSTAV ZINKE, M.D., CINCINNATI, O.

Name.	1 Do you believe lacerations of cervix uteri to be an important factor in uterine and pelvic disease?	2 Do you believe fissures of the cervix uteri a cause of the same?	3 State your theory in what manner a lacerated cervix will or may cause one of the uterine surrounding tissues, and in parts remote.	4 Do you believe laceration of cervix a cause of sterility?	5 Do you believe that Emmet's operation, if performed early and properly, will, to some extent or entirely prevent uterine and pelvic disease?	6 Do you believe that Emmet's operation is absolutely necessary in certain cases? If so, specify the class of cases.	7 Do you believe that every laceration, (not Emmet) of cervix will cause eventually uterine and pelvic disease?	8 If not, state approximately, or exactly, if you can, how many times you have performed the operation.	9 State approximately, or exactly, if you can, how many times you have performed the operation.	9a How many times for the restoration of the cervix simply?	9b How often for relief of pathological changes and other disturbances, corresponding thereto?	10 What have been your immediate results respecting union and relief?	11 What have been your remote results respecting union, relief and sterility?	12 When, in your opinion, is Emmet's operation contraindicated?
T. GAILLARD THOMAS, New York, N. Y.	Yes, decidedly so.	Yes, but to a less degree.	By creating local hypertrophy and glandular disease and by reflex influence.	Sometimes, unquestionably.	In most cases.	Yes, in all of great laceration.	No.	Impossible to do so.	Can not do so even approximately.			Almost uniform success.	Very generally good.	In cases of subacute pelvic peritonitis and cellulitis which may be excited into acute action during pregnancy, or after delivery, or during the act of version and hypertrophy exists.
GEO. T. ENGELMANN, St. Louis, Mo.	It is one of the conditions which facilitate the further development of certain diseases directly leading to other.	Rarely.	Destruction of sphincter muscle leads to subinvolution—the open surface—excessively sensitive and irritable—leads to reflex symptoms by reason of friction—and inflammation by absorption.	Frequently.	It will certainly prevent such diseases as are dependent on laceration.	It is necessary in all cases in which symptoms—which can not be allayed—depend upon the laceration.	No.	I have seen quite a number of such cases, but by far the minority in cases of laceration.	40-50 times.	Never.	Always.	First intention.	Excellent; conception rapidly followed.	Acute and subacute inflammation or exacerbation of chronic trouble.
A. REEVES JACKSON, Chicago, Ill.	When sufficiently extensive, yes.	Yes.	The exposure of the intra-cervical structures to the vaginal secretion exciting inflammation, first of the endometrium, secondly of the parenchyma.	Yes.	Yes.	Yes. Cases in which the lacerations extended beyond the normal limits of the cervix so as to permit eversion of the lining membrane. In laceration of less extent after childbearing has ceased, in order to lessen danger of malignant disease.	Not necessarily.	In many cases could not say how many the symptoms were dependent upon the laceration.	About 200 times.	About 20 or 30 times.	All the others.	Only know of 4 cases of non-union. Relief of symptoms did not always follow the other cases.	In a few cases (perhaps 10) sterility lasting several years seemed to have been cured by the operation.	When there are present evidences of pelvic inflammation.
W. H. BYFORD, Chicago, Ill.	I do when attended with chronic subinvolution or chronic congestion, not otherwise.		I believe it perpetuates subinvolution and its consequences.	Only when attended with the morbid conditions mentioned before.	Yes. After its complications have to a great extent been cured by preparatory treatment.		Not always, but often.							
ELLWOOD WILSON, Philadelphia, Pa.	Yes.	Sometimes.	By allowing the uterus to sag downward in the pelvis and by the ectropion of the cervical mucous membrane in acts as a constant source of irritation, preventing involution. The general reflex symptoms are more marked than the local ones	Yes, if extensive.	Yes, usually.	Yes, where the rent is more than a quarter of an inch in length and where hypertrophy of the cervix exists with ectropion.	As a rule.	Six.	128.	About 20 per cent.	About 80 per cent.	Always good, non-union in only one case. Never have had serious results follow.	Excellent, have delivered 12 women on whom I had previously operated, one twice. Recurrence of tear in 2 cases.	Where peri-uterine adhesions exist, and when the general health of the patient militates against the operation.
CHARLES MEIGS WILSON, Philadelphia, Pa.	Yes.	Yes.	By preventing involution, acting as a constant source of irritation, and causing the disordered general health, as manifested by the gravity of reflex symptoms.	Yes.	Yes	Yes, if the rent is extensive, and if the symptoms, local or reflex, are of a serious nature.	As a rule.	None.	12 times.	1 time.	11 times.	Good.	Good.	In cases where other surgical procedures are contra-indicated, and where the uterus is passable.
HERBERT M. NASH, Norfolk, Va.	My observations in the past 20 years forces me to the confirmed conclusion that the indurated cervix uteri is frequently a most important factor in bottom.	May be a cause.	In the majority of cases it seems to be the cause of irritable falling of both pelvic and peritoneal endometria; consequently of pelvic and peritoneal cellulitis from these conditions generally ensue cellulitis and even pelvic peritonitis. Displacements are common, and they are sometimes attended by numerous and annoying reflex symptoms.	I do, in some cases I have known abortions to occur from this cause.	I do, hence advocate an early operation, though my cases have all been operated on for the relief of distressing results.	Yes, especially those accompanied by eversion and subinvolution, which, if cured or improved invariably return unless the operation is made; those accompanied by menorrhagia, dysmenorrhœa, etc., is especially useful in a hypertrophic condition of the cervix, favoring complete involution.	The great majority, Some may escape by reason of an unimpaired uterine filaments and strict hygiene, but very few.	About 40 cases.	22 cases, about one-half for bilateral laceration.	Never.	Always. In five cases operation for lacerated perineum was done at same sitting.	They have all been successful in union, and were relieved nearly all of the symptoms for which the operation was done. One invalid suffering years could now walk 200 yards, relief entire.	I am not able to report positively on this matter, in many instances in the childbearing age are now under observation as to the bearing of the question.	
G. H. LYMAN, Boston, Mass.	I do most emphatically, especially if there be eversion.	I do, but to a less degree than the former.	Local congestion of the body and mucous lining of the uterus, with neuralgic pains, hysteroneurosa, by reflex action on distant parts, etc. I believe all such should be treated, if only as a safeguard against epithelioma.	Not necessarily, but often so.	I know it will prevent such diseases as would supervene if left untouched, and in consequence of the laceration itself see answer 1.	In cases of reflex disorder, in small body of endometrium and ovaries, tenorrhœa and general nervous derangement.	Perhaps not universally, but in the great majority of cases.	Very doubtful, certainly a small number.	Have kept no record, but a very considerable number.	Often, as prevention of impending trouble.	More often for this class.	Have been very rarely obliged to repeat the operation. The relief has in every instance been satisfactory.	Impossible to say, as a large number have been hospital cases.	When there is neither eversion nor subinvolution, reflex disturbance, or whenever the only excuse for it would be the possibility of growth, and of this the patient should decide for herself.
R. S. SUTTON, Pittsburg, Pa.	It is very frequently so. It is often the prime factor.	If deep.	It arrests involution, causes catarrh of the canal, prolapse of the lining of the canal of the cervix, congestion of the body of cervix, prolapse of the uterus, retroversion, drag upon the round ligaments, congestion of the cellular pelvic tissue, constipation, nervous phenomena, vesical irritation, indigestion, backache, pains in the groins, etc.	Yes.	It may do immense good.	Yes, in cases where subinvolution and cervical disease exists.	Yes.	None.	About 100.	Never.	Always.	In my early cases I had union of both sides fail occasionally. In the last two years failure to make union has occurred only once.	I have not been able to follow many of the cases. Some have become pregnant.	When the ovaries or tubes are diseased; when the uterus is very irritable; when the laceration is not associated with symptoms of uterine disease.
PAUL F. MUNDE, New York, N. Y.	Most decidedly. None more so in certain selected cases.	The smaller the rent or fissure the less as a rule, its pathological significance.	First, subinvolution of the uterus, then hyperæmia, then menorrhagia; or, first, subinvolution, then hyperplasia, or attendant on subinvolution and hyperplasia, chronic eversion, hyperæmia and hyperplasia; or, immediate or remote pelvic cellulitis, peritonitis or lymphangitis. Finally, epithelioma of eroded lips.	Yes, if there is profuse cervical catarrh as usual; or cicatricial contraction of cervical canal.	Without doubt, in well chosen and proper cases.	Yes, absolutely necessary in large gaping rents with everted and eroded lips, and freely secreting cervical canal; in subinvolution and retroversion with chronic degeneration of endometrium and menorrhagia, dependent on the laceration; in habitual abortion and conditions given under question 3.	No. Many a case, even of large laceration, will heal over and never produce any symptoms whatever.	100 or more. I have no positive notes on this particular point, but have often declined to operate.	About 200 times.	?	Much more often than for question 90.	About 92 per cent., union, certainly 75 per cent. relief from symptoms for which operation was done. Success depends on following proper antiseptic indications.	25 Per cent. of cases under my knowledge conceived after the operation; undoubtedly many more did so but were not reported.	
ELY VAN DE WARKER, Syracuse, N. Y.	Only when of such extent as to become a prominent focus of irritation.	I have rarely seen mere fissure cause pelvic symptoms.	By acting as a persistent focus of local irritation, thus inducing a morbid degree of uterine and pelvic hyperæmia.	I do.	Where the operation is indicated, I believe it to be curable.	Yes, when it results in conditions stated in question 3, and when in advanced age it prevents senile involution.	Only when of the extent named in 3d question.	A very large number in which I do not believe the operation called for.	About 120.	Never for the cervix simply.	Always.	Union has never failed. Sometimes have been disappointed in general results.	And large number of cases relieved of sterility.	In lymphadenitis in pelvic inflammation and its products, phlegmon and ulcers.
JAS. TAYER JOHNSON, Washington, D. C.	I do.	I think the pathological and reflex disturbances are in proportion to the extent of laceration, but not always.	It causes endometritis, chronic cellulitis, favors subinvolution and all its evil effects. Displacements on account of increased weight and size, and relaxed supports. Leucorrhœa, cervical and uterine catarrh, menorrhagia, and in short all the uterine diseases. By irritation and congestion favors abortion; predisposes to epithelioma, and causes many reflex nervous disturbances.	In many cases by producing conditions named in answer to 2d question. In many cases no effect seems to follow.	I believe it will to some extent, entirely prevent such uterine or pelvic diseases as are often sure to follow the occurrence. We see, however, all the above named and other uterine and pelvic diseases where no laceration exists.	I do. In cases where the above named (question 3) and other pathological conditions follow its occurrence, and are not curable by other means. If local treatment would cure, don't operate.	No	I have seen many cases where no symptoms were complained of.	About 30 times.	Never for the sake of operating, only for the cure of symptoms.	About 30 times.	Good. I had one case of acute cellulitis follow, and in one case sutures at first were removed again and cured the case so far as I know.	My remote results have been satisfactory instead of predicting it.	When no symptoms exist which demand it, and where any cellulitis exists.
JAS. B. HUNTER, New York, N. Y.	I do—one of the most important.	Not necessarily —unless there is cicatricial tissue.	By impairing the circulation. By keeping up engorgement of uterus, and thus causing congestion.	Often a cause of miscarriage.	Most emphatically.	When there is much hypertrophied and cicatricial tissue.	Not necessarily.		At least 200 times.	About 25 per cent.	About 75 per cent.	Very satisfactory. Non-union rare exception. Relief comes later, six months to a year.	Highly satisfactory.	Chiefly in cases of recent cellulitis.
DAVID PRINCE, Jacksonville, Ill.	Yes.	Yes.	By constant irritation inducing local chronic inflammation, and by reflex action, hyperæmia and hypersæsthesia of near and sometimes distant parts through reflex action.	Sometimes.	Yes.	Yes, when the conditions in question 3 exist.	No.	Have not kept statistics, but I have seen numerous lacerations unattended with inconvenience.	6-8 times.	Never.	Always.	Benefit.	Can't say.	Never, only it may not always be necessary.
WILLIS P. KING, Sedalia, Mo.	Yes.	Not necessarily, but in some cases I have known a small fissure with granular erosion to cause severe reflex pains.	1st, By causing septic poisoning when recent. 2d. By acting as a point of irritation, causing pelvic congestion, 3d. Granular erosions, by failure to heal. 4th. Laying the foundation for epithelioma by degeneration of granular tissue.	Yes.	Yes, excepting when disease of the pelvic organs immediately follows the laceration.	Yes. In any case where disease of the pelvic organs immediately follows the laceration. Also in cases where symptoms are serious enough to demand it, and where there is hereditary cancer.	No.	Not many, I believe that 98 per cent. of real lacerations will, ultimately, cause disease of some kind.	7 times.	None.	Seven.	Had perfect union in all, and all gave relief.	Two out of seven have borne children, one of them two since the operation.	When reflex troubles are traceable to other causes, with manifest indurated ovaries or pyo salpinx, it should not be done. That is, Emmet's operation is contra-indicated, when Tait's operation is manifestly indicated.
CHAUNCEY D. PALMER, Cincinnati, O.	I most certainly do.	Yes.	By delaying and preventing complete involution, by engorgement, by hypertrophic generation, of the cervix, and eversion of the cervical lips; and finally, hyperplasia, cystic degeneration, uterine displacement, and it may be epithelioma.	Yes.	Yes, in properly selected cases.	Absolutely necessary, in most cases of deep sealed, bilateral or bilateral lacerations, even before secondary changes have taken place. Also, in less marked lacerations, if those changes are present as results.	Not necessarily.	But such results (mentioned before) are so constant as to be the rule. The exception upon results is very small and exceptional.	Some 35-40 times.	To restore cervix before pathological changes have occured—3 times.	Some 35 times	In the great majority of cases the immediate results have been satisfactory as to union and local relief.	Largely, very beneficial.	When there is no ectropion or intra-current chronic peri or para-uterine, granular condition may be found, but the para-metritic complication is the chief contra-indication.
WM. GOODELL, Philadelphia, Pa.	I do.	Fissures, if sluggish or irritable, never do any other harm, and rarely touch them.	By its keeping up an irritation of the uterine organs, and by amount of blood to them; causing growth, hypertrophy, etc.	I do not.	I think it will, to a great extent, do so.	Cases of ectropion; cases of tender and neuralgic cicatrix; cases of hypertrophy; cases in which cancer is hereditary in the family.	I do not think that every tear will, but I think that the great majority do cause pelvic troubles of some kind.	263.			I have very rarely failed to secure union; but I have sometimes failed to get relief.	On the whole, I think that operation does not cause more distress as a rule to the patient, as its most results have been better than the immediate ones.	In fissures of no great magnitude; and in all cases in which the ectropion is small and yields to local treatment.
M. D. MANN, Buffalo, N. Y.	Very important and common.	If by fissures you mean slight lacerations, I do not. May be only slight laceration, but I do not call it much deep scar tissue which will do great harm.	If by fissures you mean slight lacerations, I do not. May be only slight laceration, but I do not call it much deep scar tissue which will do great harm.	Most certainly.	Yes, unless cellulitis has occurred in child-bed.	In all cases where symptoms are serious enough to demand it, and where there is hereditary cancer.	No, by no means. Many cases seem to suffer very little from it, or not at all.	About 90 times.	Can not separate causes.	Can not separate causes.	Nearly failed of non-union. Relief is at least 95 per cent. of cases.	Sterility cured in small number, but have not been able to follow cases.	When pelvic cellulitis and peritonitis are not well cured, or cancer is developed.
J. MATTHEWS DUNCAN, London, Eng.	No.	No.	It may be the seat of local irritation—so called ulceration.	No.	No.	No.	No.	Never observed except immediately—not eventually.	Never.	Never.	Never.			Almost always.
WM. H. TAYLOR, Cincinnati, O.	Yes.	By "fissure" I understand less than "laceration," therefore less important.	Keeping up engorgement, irritation, or pressure upon nerves, exhausting discharges.	Only if extensive.	To some extent.	In extensive lacerations.	No.	Can not answer definitely.	Can not answer definitely.	Can not answer definitely.	Can not answer definitely.	Can not answer definitely.	Can not state definitely.	Not needed in limited laceration.
W. H. BAKER, Boston, Mass.	Yes.	If sufficiently extensive I do.	By occasioning pelvic cellulitis, subinvolution of the uterus, hyperplasia of cervix, and increasing the tendency to the development of cancer of the cervix uteri.	Yes.	Yes.	Yes. In extensive laceration, with eversion and cystic degeneration.	No necessarily.	Can not state number of such cases which have been observed.	About 400 — four hundred times.	Can not divide them without weeks of work in going over records of cases.	Can not divide them without weeks of work in going over recorded cases.	Almost universally good. Union by first intention in nearly every case, and no complication save pelvic cellulitis in one case, death from pyæmia in one, and phlebitis in one.	Good in overcoming sterility.	When there is any acute, or sub-acute inflammatory action of cellulitis of uterus or peritoneum around the pelvis.
E. W. JENKS, Detroit, Mich.	Yes.	Yes.	Ectropion and attention of the everted lips furnish a constant source of irritation, causing congestion, connective tissue growth, and retarding involution and reflex symptoms, immediate and remote. A laceration which has healed wholly or in part, may cause symptoms like those on account of cicatricial tissue in which nerves are involved.	Yes.	Yes.	Yes. In cases where local and constitutional symptoms indicate uterine or pelvic disorder, and examination reveals the fact of existence of cervical tissue, with more or less connecting tissue growth, the neck enlarged, and particularly if the subvolian glands are notably developed.	No.	Unable to say how many. I have seen hundreds.	Can not state exactly. About 200.	Can recall to mind but one, and that was a month after childbirth. In this instance there was almost constant pain from the time of circular artery.	Have always operated on account of pathological changes in the uterus, or reflex disturbance, pending therefrom.	Have usually had union, but not immediate relief; look for the latter in about three months. I have been unable to follow up all of my cases. Have failed to secure union in five cases. I desire to add as a partial result that I have had a great importance to secure union in plastic operation about the generative organs of women, that a condition of health must be attained. This is done in many cases only by local and constitutional treatment.	I am unable to answer, except as above, as the patients have been from various parts of the country.	Where there is no ectropion, few or no cicatrices, no particular enlargement of the uterus, no Nabothian bodies apparent, and if there are no symptoms that can be considered of uterine origin.
THAD. REAMY, Cincinnati, O.	Yes, without doubt.	Yes, to some extent.	Arrests involution by two or more processes. 1st, the mechanical fact of its function. 2d, the production of that of the injury which nature has to set up demands so much blood in the tissues as to prevent the fatty degeneration essential to involution.	In many cases.	In many cases prevents. In some cases cure. Will always do good in properly selected cases, properly done. But the most experienced gynecologist may now and then be deceived as to which are proper cases.	Whenever the laceration has left marked deformity, as ectropion, or when hard cicatricial tissue is in the field of repair, whether the tissue causes pain or reflex irritation or not. I consider the removal of it necessary in order to guard against cancer.	No. Anterior laceration frequently heals without operation, leaving scarcely a trace, and in other forms of moderate degree evil is manifest.	Quite a number; can not say how many.	324.	Never, become they all require the operation and its presence and ultimate consequences.	Union in almost every case.	Properly done does not interfere with sterility, but rather favors it. Only in large percentage of cases. Have had failures as to relief of reflex and other symptoms. It is not a "cure all." The lesion does not cause all, nor will the operation cure all pelvic disease nor yet all reflex nervous symptoms.	All cases where lacerations of the cervix uteri followed by symptoms referable to it—during pregnancy, during presence of acute or subacute metritis, "cure all." The lesion does not cause all, nor will the operation cure all pelvic disease nor yet all reflex nervous symptoms.
T. B. HARVEY, Indianapolis, Ind.	I do.	I do so far as pain and nervous disturbance are concerned, but not attended with so much displacement.	Fissures and slight lacerations cause irritation, congestion and exacerbation at the menstrual epoch. More extensive lacerations cause congestion, hypertrophy, induration, displacements, and all kinds, cause cellulitis, reflex irritation, in remote parts, and predispose to epithelioma.	I do, although many conceive.	I do, where no other causes supervene, and I believe that slight lacerations in time produce the so called "Cervical Metritis" ulceration and subinvolution and that the earlier it is operated on the greater the success.	In all cases where uterine disease exists in a woman to consult a physician.	I do.	If upon examination of a case laceration is found, I know of no means of explaining it away as a factor in the etiology.	I can not state exactly, as I have none of hospital cases, over 200.	In about one-fourth the cases.	Probably one hundred and fifty.	Good as to union in most cases. Failure in about five per cent. Good in most all where all cicatricial tissue was cut away. Not good when this was not done.	Very encouraging and successful in recent cases, and where there has not been too great a degree of induration. Some failures here by the opposite conditions exist.	I can not see why it should not be done in all cases where laceration or fissures exist, provided cicatricial tissue has not invaded the parts to any great extent. We can not hope for union.
P. J. MURPHY, Washington, D. C.	The deeper lacerations owing to impeded circulation may be the cause of pelvic disease.	No.	A deep laceration of the cervix uteri interferes with the circulation of that organ, gives rise to hyperplasia, prevents involution, and by these means will induce pelvic cellulitis, and by the irritation of the displacements frequently accompanying a lacerated cervix.	No.	I believe that uterine and pelvic disease always accompanies laceration of cervix, and that to a great degree can be relieved before the operation is performed.	It is necessary in deep lacerations of the cervix uteri, and ought to be performed for the reasons above stated.	No, because as above stated pelvic and uterine disease usually accompany a lacerated cervix.	About 50.	About 50 times.			Union by first intention has followed in almost all cases.	My observations have been few, theoretically I believe it induces sterility.	
J. BYRNE, Brooklyn, N. Y.	I do.	Not invariably but frequently.	Directly by its retarding involution, and more remotely as a cause (frequent) of abortion.	Yes.	Yes.	Only in cases where the injury has been considerable, and where eversion of the cervical membrane exists, or dense cicatricial tissue occupies the seat of injury.	I do not.	Very many—perhaps hundreds.	Probably two hundred times.	Can not say, but not a majority.	In most cases operated upon.	Almost universally successful.	In cases of sterility from this cause, conception has usually followed a successful operation.	In chronic pelvic cellulitis and anæmia or other general symptoms of the system.
WILLIAM T. LUSK, New York City.	In certain cases. Yes.	No.	By leading to disease of cervical and often corporeal mucous membrane. Hence catarrhs, hemorrhages, uterine enlargement, etc. Many patients suffer from forms of general reflex neuralgias, but these are not constant.	Not as a rule. May lead to abortions.	Don't know—Many patients with lacerations have no disturbances resulting, and not covering the answer I have only operated when symptoms made it necessary.		No.		About 300 times.		Always.	Failure to unite has occured perhaps a half dozen times. Amount of relief in most cases complete and always sufficient to repay for the operation.	Good, so far as a check upon tendency to abort.	
CHROBAK, Vienna, Austria.	Ya.	Ya, aber in anderer Weise.	Die Wirkung der Laceration besteht sowohl in der Zerrung, als in Entzuendung des parain. bei beschaedigtem Riese, als auch in den Veraenderungen, welche die dem Vaginalsecrete und den Insulten ausgesetzte Cervix schleimhaut erleidet.	Ya, doch hauptsaechlich durch die Complicationen.	Ich halte die Emmet'sche operation fuer eine der besten und sichersten Uteruskrankheiten vorzubeugen.	In einigen Faellen, hochgradigen Ectropiums und schweren Symptomen unbedingt noethig	Verhaeltnismaessig wenige Lacerationen machen so schweren Symptome, dass Operation unbedingt noethig ist.		Die reine Emmet' sche Operation etwa 16 mal.			Ja sedem Falle, absolute gutes Intentio und vollen Erfolg.	Kann ich nicht beantworten.	Halte die Operation fuer seltener noethig, als sie gewoehnlich ausgefuehrt wird; contra-indicirt ist sie nur von allgemeinen contra-indicationen abgesehen bei beschraenkter fischer Entaeendung.
W. T. HOWARD, Baltimore, M. D.	I do.	As distinct from lacerations, only exceptionally.	When a laceration is accompanied by cicatrical ectropion of the cervical mucous, and this is increased by the attrition of the inflamed surfaces during respiration and locomotion; and this constant source of irritation creates reflex disturbance.	In some cases, certainly, but not in all.	I do. But if done too early it is apt to fail, and may even increase the mischief while if badly done, it had better not be done at all. No opinion as to time advised, or oftener badly done.	I have fully given my views under this head in the report I send you. See Nos. 8, 9 and 10. (See his report.)	I do not.	I can give no accurate idea of the number of cases I have seen not requiring operation; but they are not infrequent.	I have kept no record; but I must have operated 100 times.	I can not say.	I can not say.	After I gained experience almost always good.	I have not followed up many cases as they were generally from a distance, and I have long curtailed obstetric practice.	You will find this answered in my report. (See his report.)

Dr. I. E. Taylor.

NEW YORK, March 10, 1885.

DEAR DOCTOR: I had not forgotten the circular you addressed to me on the important subject you contemplate writing—a paper for the American Medical Association. I could not answer your questions categorically—in the manner you have put the questions—from the standpoint of my own experience, for over forty-five years, having given close attention to the diseases of the cervix uteri, as you will perceive from the monographs I have sent you. I had therefore to enlarge somewhat on some questions as explanatory of the views I held, so diametrically different from those of Emmet on this *single point* of his experience. I hope you will be able to extract from the information I have attempted to communicate to you an expression of the views I hold on this important subject. I do not know your views, and they may be entirely opposed to my own. I have written and given utterance to long before Emmet's views, and I believe his views will in a few years demonstrate the error of the frequency of the operation. I hop you will pardon the seeming neglect, and that you will see that I had not forgotten you. Believe me, my dear sir,

Yours very truly,

I. E. TAYLOR.

1 *Question.*—Not necessarily. By removing the pathological condition of the cervix uteri, whatever that may be, by the treatment your own judgment and experience may dictate, the laceration will be either perfectly overcome, or so much so that the laceration will not sustain the pathological state previously existing, and whether it is a deep unilateral one or not, will be restored, and the length of the os tincæ will be diminished as much as to present almost a natural appearance.

2 *Question.*—The same as above.

3 *Question.*—Laceration of the cervix uteri, when treated by closure before attending to the treatment of the pathological condition, must be it is directly after the laceration an acute laceration will not succeed; and even then I have my doubts whether it will not produce more trouble than when the operation is deferred till after convalescence. If the laceration is severe, as to produce a secondary hemorrhage—which I should consider as exceptionally rare, then a closure may be attempted. If not, then the operation should not be performed, for in very many cases if there has been a slight laceration the patients have perfectly recovered, especially if proper treatment is adopted.

4 *Question.*—By no means. I have several cases at present in my private practice whom I have attended in several confinements, and who had partial laceration, and a few up to the vaginal junction have had children, and one of them every fifteen months. They were safely delivered, and no further laceration occurred. In some of the patients who became widows, and others not having any more children, the laceration has healed and the cervix presented a more natural appearance. In a few the cervix has become in form and appearance natural. This morning two cases were seen, and it would be a question with some whether the women had a child from the appearance of the cervix. The os tincæ has either assumed the round, small opening, or a small transverse slit.

5 *Question.*—If it is in a recent case, I do not. If the laceration is *bilateral* or *tripod*, without overcoming the diseased condition of the cervix, to some extent, or completely, then the operation for closure I do not believe will prove as successful, and as beneficial till the pathological condition is treated and restored. When this is accomplished, the laceration will be reduced in size, if it had been deep long, a more just estimate could be formed whether the bilateral should be treated by closure or not, and the tripod in the same manner. If the lacerations, bilateral or tripod, should have reached the vaginal junction, which is very rare, I have found the diseased condition of the mucous membrane not heal perfectly, and there is a reversion of the labia of the cervix, which is most generally the case, although eversion may occur from a positive or relaxed condition of the cervix, without laceration. In the case of such cases I have preferred amputating the anterior and posterior labia, or the three points of the cervix (the tripod). Believing that this surgical method is far better, and more simple than the operation at closure for the bilateral or tripod lacerations. After the removal of the parts the cervix heals up, and leaves a perfectly natural appearance of the cervix, cleanliness being only resorted to, and not covering the amputated stump as Sims has done. I will not enlarge on this point, but refer you to my monograph in Bellview and Charity Hospital Reports for 1876, on amputation of the cervix uteri in procidentia uteri, and to the complete eversion of the cervix uteri;" also, Vol. I. American Gynæcological Society, for remarks "on Emmet's Paper on Flexions. Emmet himself was much opposed to amputation of the cervix, except in special pathological conditions, and adopted a method of covering the stump by the mucous membrane. In a clinical lecture reported by Coe in the American Journal of Obstetrics, February number, 1885, page 174, he says, in reference to the treatment of lacerated cervix: "I desire to say here that I greatly misunderstood concerning amputation of the cervix. I find about twelve or fifteen cases of lacerated cervix every year, in which the injury has been so extensive that it would be bad surgery not to amputate. It should be only thought of in the case of women who are pretty well advanced in life. "His objections have always been directed against the removal of an apparently elongated cervix, when the real condition has been not an elongation but a prolapse." Now, my friend Emmet has not considered the subject on this point—see my paper on Physiological lengthening of the cervix uteri, etc. I have been present at operations for laceration of the cervix uteri which, I must confess I should never have considered of this nature. Emmet himself does not perform the operation as often as he has done. The very proposition to repair a laceration for rent by the delivery of the child, has won many and many a professional gentleman to consider that was the correct and true and proper treatment. My own experience with the views I entertain and for long experience and a large practice is that this is only justifiable in a few cases. The frequency of the operation is to be condemned. The operation will, I believe, in a few years not be performed as many times as it has, and possibly to only a few cases. It will be delegated to the same tomb that the posterior division of the cervix, or the bilateral incision of the cervix uteri, for they are things of a day. Any new operation on the cervix or uteri must run the gauntlet and be tested by time. But, alas, these important and vital organs have been cut and sawed up so much and in such great numbers that it is, from the injury it has undergone, not to be considered an organ that conservation is required, but must always be treated surgically, as one author has said, "It is only to be treated surgically."

6 *Question.*—This has been answered above.

7 *Question.*—By no means. Many cases have been seen to adopt that view.

8 *Question.*—Answered above.

9 *Question.*—Not by closure, but by amputation as above referred to.

12 *Question.*—It is contra-indicated in a large number of cases, and only necessary in the case of cases I have referred to as above.

NEW YORK, March 1, 1885.

DR. ZINKE.—DEAR SIR: I regret that I have no statistics to aid you in your very valuable inquiry as to the merits of Emmet's "op." I have operated very little. My patients do not come to me from abroad, and consequently will not submit to the severe measures, as those will who go to men of more reputation. I have seen some cases in which I thought it desirable—many where it would have been done by others, I think. I have too few data to feel satisfied in my own mind, but my impression is that there are cases of unhealed laceration (ectropion) *demanding* the operation, and for those cases it is a great improvement.

As to the *cicatricial tissue* doctrine, I felt very doubtful, and so expressed myself in review of 1st edition of Emmet's work (Am. Jour. Med. Sci.) Yet in last edition he brings many *facts* in support. I operated in a case week before last—repaired cervix and perineum at same time. I had exhausted local and general treatment in the case, and nearly two years ago advised the operation which she then refused. Three days after operation, she was free of backache for the first time in months. Of course I am waiting with great interest the ultimate result, for the ache had restored somewhat when I last saw her.

There has been a wonderful change of doctrine by Emmet as to the operation to which I call attention in review of 3d edition, to appear in April No. American Journal.

If you use this, please use no name.

I am very truly yours,

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89 MADISON AVE., N. Y., March 5, 1885.

DR. GUSTAV ZINKE, Cincinnati, O.—DEAR DOCTOR: I have so recently gone over the whole subject of laceration of the cervix in the 3d edition of my book, just published, that I have nothing more to add. I have there answered all the objections that have been brought against the operation. Little more is to be said on the subject until the profession has carefully carried out my directions as based upon over twenty years experience and close study. Where there has been failure to gain the results I have claimed, the burden must rest on the operator to show the cause.

The operation has long since passed out of my hands, and so fully endorsed that I have no fear for its future. The great point is to check the abuse, which is fearful. Everyone feels competent to perform it; it is done without the proper perparatory treatment, and with no aseptic purpose. I believe in nine cases out of ten where it is attempted, the execution of the operation is defective and without any benefit to the patient. You have been a most fruitful field for your paper, but to discuss the merits of the operation within its proper range, is futile.

Yours truly,

T. A. EMMET.

ROME, GA., March 2, 1885.

DR. GUSTAV ZINKE, Cincinnati, O.

DEAR DOCTOR: I have not as yet been impressed with the great importance of laceration of the cervix—excepting where they are extensive. My operations have been confined to the latter class, and the results have been satisfactory.

Respectfully, ROBERT BATTEY.

EDINBURGH, March 17, 1885.

DR. GUSTAV ZINKE, Cincinnati, O.

DEAR SIR: As I have had no occasion myself yet to perform Emmet's operation, I feel scarcely justified in giving an opinion, and am not in a position to answer the queries in the form which accompanies your letter. My experience is drawn only from a few cases in which I have seen Prof. Simpson operate, and would watch the progress of the cases.

There is no evidence that a lacerated cervix is in itself a condition of much importance, in its relation to cervical metritis and cellulitis it is of importance. I fancy that the cellulitis we often see, especially in the left broad ligament, is due to slow septic absorption from the laceration; so also the ectropion will keep up, if not cause cervical catarrh. On the other hand, lacerations are so frequent that we must look on them almost as a physiological occurrence, just as we do a *slight* perineal laceration.

Yours faithfully,

A. H. FREELAND BARBOUR.