

rest on structures much less sensitive than the skin, and the woman thus experiences comparatively little discomfort from the stitches. The anatomical relations are restored *ad integrum*, which is scarcely possible, except in superficial lacerations, when the suturing is done from the skin-surface. Notwithstanding the risk of infecting the wound by passing the finger into the bowel it is scarcely possible otherwise to guard against occasionally carrying the needle into the rectum. When in doubt I introduce the little finger of the left hand into the bowel as the needle is passed. This finger is rinsed frequently in the antiseptic solution, and is kept from contact with the wound and the sutures.

The suture material which has given the most satisfactory results is silkworm gut. The ends are left of full length, and at the close of the operation they are bundled and tied together and enveloped in cheesecloth to prevent irritation from friction. The nurse changes the dressing as required. Stitches of silkworm gut, if properly applied, may be left from fourteen to seventeen days. No suppuration occurs, and, with the exception of, perhaps, a slight lochial discharge, and the natural secretion, the suture-line will at the end of that time be found dry. It is, of course, necessary that the stitches be not tight. To make allowance for swelling I usually leave them so that if drawn up after tying, the pointed ends of a hemostatic forceps can be passed beneath the lifted portion of the loop.—*Brooklyn Medical Journal, Brooklyn Gynecological Society.*

[For several years in the Burnside Lying-in Hospital we have waited until the second or third day after labor before repairing injuries to the pelvic floor, with very satisfactory results, i.e., the operations have been better performed and have less frequently been followed by sepsis.]

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

Acute Septic Rhinitis of Childhood.

Lewis P. Somers (*Laryngoscope*, September, 1899). In adopting Tissier's classification of rhinitis of childhood, into simple, membranous and septic, Somers records a case of the latter. It occurred in a boy aged four years. There was a history of purulent discharge from both nostrils of only a few days' duration, accompanied by stuffiness of the nose and development of vesicles of the nares and upper lip. The vestibules were lined with little pustules, and the discharges were very irritating, consisting of yellow pus. The epithelial lining of the septum