

The operation employed by M. Schuh is not new, nor does it present any special peculiarity; but it is minutely described, as if written down at the operating table, and the celebrated professor, having, in fact, succeeded ten times in ten operations, is entitled to some authority in the case.

The woman is placed upon her back, in the position for the operation of lithotomy, the thighs and legs flexed and separated by a pillow placed between the knees. The operator commences by denuding the superior angle of the division, that is to say, the part formed by the union of the vaginal and rectal walls, by thrusting a pointed bistoury above this angle, and dissecting from each side a small strip including the entire thickness of the cicatrix. These incisions extend to the summit of each lateral triangle. The parts to be divided are kept on the stretch by the left hand of the operator. The next step is to remove the cicatrix which forms the lateral triangles. The tissues being well stretched, the posterior border of one triangle is circumscribed by an incision commencing at the end of one of the preceding, and following exactly the rectal mucous membrane. This incision should terminate externally, four to six lines below the level of the anus. If a portion of the cicatrix still remains, not included in that to be removed, or if there is a prolapsus recti to be treated at the same time, the incision should be inclined still further backwards, so as to fall from four to six lines below the anus. The same incision is to be made upon the vaginal mucous membrane of the triangle, care being taken to bring it well forward, so as to encroach upon the labium, in order that the new perinæum may extend further forward than the old one, and the external orifice of the vulva be diminished. Lastly, the two outward extremities of these two incisions are to be united by a third, which extends along the base of the triangle. It is this which determines the length of the new perinæum, which ought immediately after the operation, greatly to exceed that of the normal one. Thus, the three sides of the lateral triangle are circumscribed by three incisions, commencing by the posterior, or rectal; next, the anterior, or vaginal; lastly, the inferior, or perinæal. The same operation is to be repeated upon the other lateral triangle.

The second state of the operation consists in removing the triangles circumscribed by the preceding incisions. Above, they are formed by the cicatrix; below, by the healthy skin of the internal part of the nates. This section should be made as evenly as possible. In the neighborhood of the anus, the layer to be removed will be thicker, so as to expose the muscular fibres of the sphincter. Observing the extent of the wounds, and placing them in contact by bringing the nates together, they appear much too large—it seems as if they would unite the nates to a very great extent. This, however, is necessary, for after a few weeks the cicatrix contracts to a surprising degree, and the perinæum becomes much shortened.

The third stage, the coaptation of the parts, may be executed in different ways. If the rupture does not extend upward beyond the recto-vaginal triangle, the two lateral triangles touch at their superior angle,