

and it is very often the case that the skin only is united, and in all probability the skin is attached away up the vulvo-vaginal fissure, higher than it was in the natural condition; and in many instances the physician, finding that the fourchette is not torn, assures the woman that her symptoms are due to nervous exhaustion and that there is no laceration of the perineum. It has been demonstrated this morning that you may sew together the skin without restoring the pelvic floor, and you may have the pelvic floor entirely destroyed without any rupture of the skin externally. Those are points which have been emphasized in the paper, which are not appreciated generally by the profession in regard to these injuries. The great difficulty in regard to the popularity of Emmet's improved operation for restoring the pelvic diaphragm is that it is difficult to clearly appreciate the operation without seeing it executed, and that it is very difficult to do the operation without giving it thorough consideration.

Dr. W. H. Wathen, of Louisville, thought Dr. Price had made an important subject unusually interesting because of the practical manner in which he had presented it, and because of the vast experience he had had in doing successful work in this department of surgery, which makes all he says practical. In the main, he fully agreed with him in his ideas and in his suggestions as to the proper means of operating. In operations where the tissues are torn down near the sphincter, with the anterior rectal wall presenting down in the vagina, he was practically in accord with the suggestions of Dr. Price, excepting that the procedure might be simplified by splitting the tissues between the rectum and the vagina latterly instead of denuding the mucous membrane. The splitting process can be accomplished by an experienced operator in less than half the time of the denuding process, and with not less than half the inconvenience from hemorrhage. The cardinal principle which should control us in this operation is to expose the ends of the torn muscles and the ends of the torn fascia, superficial, middle, and deep, and a failure to expose all these so that they may be brought together and held in that position necessarily results in a corresponding failure in the result of the operation.

We ought to impress upon the general practitioner and the general surgeon, as well as the specialist, the importance of attending to these cases wherever they are met, but, above all, we ought to impress upon the profession the necessity of attending to these cases when they occur. There is no operation of any magnitude in the whole range of gynecic surgery that has the element of simplicity so perfect and the universal results so attractive as the operation for complete or incomplete laceration of the perineum, if done immediately after the accident has occurred.

Dr. J. F. W. Ross, of Toronto, believed that the denudation of the tissues outside is superfluous, but is necessary in the vagina, and that we can combine the operation of denudation in the vagina with flap-splitting in the perineum, exactly as Dr. Wathen had said.

Dr. Mordecai Price, of Philadelphia, spoke strongly in favor of the Emmet operation. He believed with Dr. Wathen that we have no business to know anything about secondary perineal work. It ought to be the business of the physician to have

his materials with him, even if the case is a simple one, because accidents will occur in the best regulated households in that particular; and it ought to be his business to at once apply his sutures, because union is almost invariably by first intention in these primary operations, and there is no better way than to use the silk-worm-gut sutures, passing them as Dr. Emmet recommends. The tear in nine cases out of ten is in the right or left sulcus.

Dr. H. T. Hanks, of New York, said he had been associated more or less intimately with Dr. Emmet in the Woman's Hospital for the last thirteen years, and had watched the development of the operation. He had been pleased to have the subject brought up for that very reason, because he has not only done good work in teaching us how to operate on a lacerated cervix, but has also given us some points on the operation on the perineum that we had not considered before, and which, when carried out to the letter as he has taught us, and as those of you who have seen him operate have been taught, give entirely satisfactory results. He believed the operation to be a successful one when well done and done as Dr. Emmet had taught.

Dr. Joseph Price, of Philadelphia, closing the discussion, said: Some of us do the operation perhaps a little more than Dr. Emmet does—just a little more—but it all belongs to him. He taught us how to denude and everything that is good in plastic surgery. Some of us go a little further than Dr. Emmet. Dr. Hanks has made a perfect illustration of Dr. Emmet's operation. Many of us differ in this particular. Dr. Emmet does not go as high in the sulci as some of his pupils with the denuding. Dr. Emmet makes a triangle with a tenaculum; we make it with a denudation, and go into the apex of that sulcus. We give the woman as much pelvic floor as possible. There are very serious doubts as to whether a flap-splitting operation ever restores a sphincter. I have yet to see the first one, and know at least half a dozen women in Philadelphia who have had the flap-splitting operation. They have incontinence of gas and feces when they have a diarrhoea. I have seen men do it and absolutely miss, in their denudation and everything else, the dimples of the retracted sphincter, or half-moon. There are very few men in this country that can map out the sphincter in a perineal tear through the sphincter. Dr. Emmet, if you will follow him, will place his fingers on the sphincter and make you trace a hard, iron-like sphincter all the way round. He again has taught us all we know about sphincter tears that is worth knowing. Emmet's inside perineal operation with the sulci sutures closed is an operation which completes the woman's comfort. He need not put in those inside sutures, as far as the perfection of the operation and the comfort of the patient are concerned. The operation is complete when he completes his sulci work.

The President then delivered his annual address (See page 494).

Dr. W. W. Seymour, of Troy, read a paper on

A CASE OF CHOLECYSTOTOMY AND CHOLELITHOTRITY; DEATH FROM "LA GRIPE" THE TWENTY-FIRST DAY.

The gall bladder was incised and fine stones removed from it, and one stone in the common duct crushed by forceps applied to the duct. The crush-