adjust the rest of the wound as in the less severe cases.

The American Text-book of Gynecology says, "It is not proper, in view of our light and methods of to-day, to attempt the immediate repair of cervical tears," unless it is due to rupture of a circular artery, when the immediate operation must be undertaken.

Bolt says, "the ideal method would be, could it be done with propriety, to sew up all tears immediately after delivery, as has been done by Pallin and others; but if we consider the objections to this method it is obvious why it has so few advocates."

These objections we have already mentioned, but, perhaps, the real reason is more generally from carelessness or inability on the part of the general practitioner.

When we think for a moment of all the consequences likely to follow from a neglected laceration of the cervix, such as endometritis, abrasion of os, menorrhagia, subinvolution, reflex disorders, and even cancer, does it not seem very necessary to weigh this subject carefully and consider if we are doing our whole duty to the lying-in woman should we neglect to examine her carefully after labor, and if a marked laceration of the cervix is discovered, to accurately adjust its edges by sutures.

By thus acting we may prevent an occurrence of these serious consequences which are sure to result from our neglect.

Having now decided upon the necessity of always repairing recent tears of the genital tract, let us consider the best methods of doing this, for I am convinced the general practitioner is often ignorant of the proper method of operating.

1. *Perineal Tears.*—A few months ago I was called to see a woman, five days after confinement, who was suffering from septicæmia. On making a digital examination my finger passed between the labia directly into the rectum. I found the attending physician had used forceps, had torn through the perineum and recto-vaginal septum, and then closed the wound by two or three skin sutures. The result was, that fæces and lochia were held in the wound, giving rise to septicæmia. I at once opened up the wound, thoroughly irrigated the parts, and, fortunately, the woman recovered. A few weeks ago I did a flap-splitting operation which has been entirely successful.

An anæsthetic is not necessary, but if the patient is nervous or over sensitive, it is best to use it. Vaginal douches are not necessary afterwards, but I prefer some form of aseptic occlusion dressing. The bowels should be kept solvent in all cases.

2. *Cervical Tears.*—In a case of hæmorrhage, occurring after labor, where the uterus is firmly contracted, the source of it is usually a torn artery in the cervix, and the immediate repair of the injury is a matter of necessity. An alternative is the gauze tampon, but surely this is not to be compared to the other plan.

It is a question of election, however, when we find a severe tear which we know may possibly heal if the patient's recovery proceeds aseptically, but the chances are against such a favorable result, while there is danger of sepsis, subinvolution, and the necessity of a subsequent operation for its cure. Are we not, then, justified in doing this simple operation and thus leaving our patient in the best possible condition to regain complete health?

The operation is simple, requiring neither assistant, anæsthetic, nor even a speculum. By placing the patient on her left side and grasping the torn cervix with a volsellum, draw it down to the vulva, and pass a sufficient number of sutures to close the tear. The sutures should be tied tightly, otherwise when the œdema leaves the tissue they would loosen, and so result in failure.

While silk worm gut is the only material which should ever be used in closing perineal tears, either this or chromic cat gut should be employed for the cervix, and for several reasons I prefer the chromic cat gut.

In conclusion, then, I would urge that every woman after labor should be carefully examined for tears of the genital tract, using every aseptic precaution, and should they be discovered it is our duty to repair them accurately within a period of twelve hours after the confinement.

In this way we will be doing our whole duty to the lying-in woman, in assisting to restore her to a condition of perfect health, and preventing the evil results of such neglect which usually means that she must fall into the hands of the gynæcologist for a subsequent operation.