

do more than forcibly stretch the sphincter so as to paralyze it for a short time while union is going on. After having done this I split the recto-vaginal septum with this obtuse-angled scissors until I have reached quite an inch above the upper portion of the fistula. I now pass silk-worm gut sutures in such a manner as to draw down that portion of the split anterior rectal wall above the fistula, over it, and thereby seal it. At the same time the sides of the perineum are drawn together with the sutures. After having thus demonstrated to you the operation on this model, I will perform it on the patient which has just been brought in anæsthetized. I would say, however, that complicating the recto-vaginal fistula, this patient has an old bilateral laceration of the cervix, which I will first repair by means of Emmet's trachelorrhaphy, occupying but a few moments.

In performing these flap-splitting operations you will often find large dilated veins running across the surface of cleavage. It is best to cut them through completely, as, if left and are afterwards transfixed by the needle, may give rise to a troublesome hæmatoma in the wound. This patient's bowels will be, from to-morrow, kept very loose by saline purgatives, and the sutures removed on the ninth or tenth day. Rest in bed, however, will be enforced for another week.\*

The next case, gentlemen, is an exceedingly interesting one. Her history is as follows :

M. L., aged 48, married twenty-eight years ; thirteen children, youngest five years of age. Frequent and painful micturition, dysmenorrhœa, and profuse menstruation.

In brief, the conditions here are bilateral laceration of cervix, enormous hypertrophy of posterior segment of cervix, ectropion and cystic disease. The uterus is lying in the well of the pelvis, in the third degree of retroversion ; easily replaceable, though enlarged and hard—old-standing chronic metritis. The perineum is destroyed down to the sphincter and the vaginal walls prolapsed. We have, considering all these conditions, a

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\* Perfect union, with complete closure of fistula, was found on tenth day after operation.