quite a formidable operation for their denudation, and when a special confinement in bed for two weeks or more will be needed.

My own method is, immediately after the delivery of the placenta, to pass deeply two or more wire sutures, securing each one by merely twisting its ends together. In bad rents, the first stitch is entered not quite half an inch below the lower angle of the wound, and about an inch from its margin. When the sphincter ani is torn, the cutaneous points of entrance and of exit of the first needle should then be nearly on a level with the lower margin of the anal orifice, and the suture should pass around the whole wound. This purses up the tissues from below upward, and secures complete coaptation. Enough opium must be given daily to keep the bowels quiet for a week.

In severe lacerations the woman's knees must be kept bound together for a week, and her urine drawn off for three or four days. On the third or fourth day, but not earlier, lest the process of immediate union should be interrupted, vaginal injections of weak so utions of carbolic acid, or of the permanganate of potassa, are made twice in the twenty-four hours. These soothe the parts, and correct the bad odor of the di-charges. Without reference to any special time, the sutures are removed as fast as they become loose, usually from the seventh to the ninth day. On the eighth or tenth day a seidlitz powder, or one dessert spoonful of castor oil, is given every four hours until an inclination to go to stool is urgent; then an injection is given in order to liquify the contents of the lower bowel. This method of uniting the parts, both in the immediate and in the secondary operation, after the cicatrized surfaces are denuded, I can warmly recommend, as I cannot recall but one case, and that a very unruly one of puerperal mania, in which there was failure in obtaining a very good union. It ought, however, to be stated, that in secondary operations superficial sutures should be placed between the deep ones, and that the latter should be clamped with perforated shot. In order, also, to pare each side of the rent with unerring uniformity after freshening the surface of one side, its exact print in blood can be got on the other by pressing the nates together for an instant. A very troublesome symptom in these cases is flatus. If it does not yield to valerian, a gum catheter should be very carefully passed up into the rectum.

Many lacerations are, in my opinion, owing to the very common mistake of making so firm a pressure upon the perineum as to prevent it from undergoing an equable dilation. The portion thus compressed cannot take its share of the general tension, and the strain is thrown on the fourchette. Further, the pressure of the hand, by obstructing the free circulation of blood, impairs the vitality of the perineum. Bruised and benumbed, it is no longer a living tissue, capable of responding intelligently, so to speak, to the requirements of the occasion—when to repel, when to solicit, the advance of the head—and this nice point nature can very generally determine far better than the physician. Again, the word "*support*," as applied to the perineum, is a misnomer. No "support," in the ordinary acceptation of the word, is afforded to the perineum by direct pressure. If such a method ever accomplishes any good, it is by retarding the advance of the head; in other words, by *supporting* the head through the interposed perineum, and not by supporting the perineum itself. Why not, then, support the head by pressure directly applied to it, instead of through a medium which requires perfect freedom from all restraint in order to undergo the requisite and inevitable amount of dilation? Finally a majority of the advocates of "support" contend that it is most needed at the very moment of expulsion. But the woman, in the agony of the final throes, is very likely to jerk herself away from the hand of the accoucheur. Of course, then, the perineum, being abruptly released from counter-pressure, is the more liable to yield to a strain suddenly sustained, for which its fibres are unprepared. Obstetric teachers recognize this danger, and in vivid language caution the student against it.

Although I believe that in a vast majority of labors the perineum does best when let alone, yet cases do undoubtedly arise which demand an intelligent assistance; nor can the line of demarkation be always drawn between natural and morbid conditions. Whenever the head in an occipito-anterior position is too much flexed, the vertix bears on the perineal center, threatening perforation; whenever, in an occipito-posterior position, the head is too little flexed, the forceps are urgently needed. For cases of extreme rigidity, or of an under-sized vulval opening, ether will be found a potent remedy. Apart from a direct and retarding pressure upon the presenting part itself, the only manual aid that I permit myself to render is as follows: Insert one or two fingers of the hand into the rectum, the woman lying indifferently on her side or on her back, and hook up and pull forward the sphincter ani toward the pubes. The thumb of the same hand is then to be placed upon the foetal head, scrupulously avoiding all contact with the fourchette. For this method I claim the following advantages; (*a*) By pulling up the sphincter ani towards the pubes not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilation is diffused over its entire surface, causing a corresponding relaxation of the strain on the posterior commissure, in the line of its raphe. In addition, its muscular fibres are crowded up to, and consequently strengthen, the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (*b*) The same force which dilates the sphincter ani compels the occiput to hug the pubes, and favors extension, especially if the fingers in the rectum are hooked over the prominences of the foetal face, or over the chin. (*c*) This aid is not liable to sudden interruption from the movements of the woman. (*d*) The thumb of this hand, together, if necessary, with the fingers of the free hand, can, by direct pressure upon the presenting part, restrain its too rapid advance, without exciting that reflex uterine action which is so frequently evoked by the irritation of