

*Sutures, and their Introduction.*—The approximation is to be effected by the interrupted suture—one series termed the *deep*, and the other the *superficial*—the materials composing the thread being silver wire. The deep ones are to be first introduced, commencing with the posterior or one next to the rectum. Three or four of these will generally suffice, even in extensive cases. The superficial ones are to be inserted intermediate to the others.

The needle, being threaded, is made to penetrate one side, entering one inch exterior to the denuded border, and coming out on the mucous membrane of the vagina. It is then unthreaded, and the needle withdrawn, and the same end of the wire again passed through its eye, when it is made to penetrate the opposite side at points corresponding with the first. After this manner the other deep sutures are to be inserted.

*Adjustment.*—The blood being carefully sponged away, the nates are to be pressed toward each other by the assistants, and the ends of the suture first introduced (the one nearest to the anus) are to be passed through the whole in the adjuster, at the end of the forceps, and being strongly drawn upon as the latter is carried down, the parts are brought together with great accuracy. To maintain and secure the approximation, a perforated shot is next run down over the wires, and firmly clamped between the jaws of the compressor. After the treatment of the other sutures in a similar manner, the operator proceeds to deposit the superficial threads. These must be placed between the others, to effect which a good-sized curved needle, armed with silver wire, is entered three-eighths of an inch from the edge, on one side, made to penetrate the skin and some little into the cellular tissue, and emerge an equal distance from the edge on the opposite side. These may be secured by twisting the ends about each other. This done, the sutures are to be cut off—the superficial ones at the twist, and the deep ones on a level with the shot. A strip of adhesive plaster, two and a half inches wide and twelve or fourteen inches long, may now be placed across the nates, to give additional support, and the woman put to bed, with the knees bound together with a roller, taking care to interpose a napkin between, to prevent excoriation. The position to be maintained is either on the back, or the side, the patient not being rigidly confined to either."

The treatment after Dr. Agnew's operation is much the same as after other methods, except that he removes the sutures on the third day, taking them out in the same order as their introduction and immediately after has a stream of tepid water containing a small quantity of the permanganate of potash thrown upon the parts. If all goes on well, he allows his patients to sit up on the sixteenth or seventeenth day. Dr.