

tient prefers to drag on, as in truth she does from day to day, rather than undergo what appears in her unprofessional eyes a very formidable operation. But if the patient on the other hand can be spoken to lightly on the subject, and told that the operation is a very simple procedure, only occupying two or three minutes, with the result of giving her perfect comfort absolutely without a failure, if the details are properly attended to, she weighs the danger with the duration of the operation, and willingly consents to its performance, with the result of satisfaction to surgeon and gratitude from the patient for the marked benefit afforded her. That the operation is as successful in extreme cases of laceration through the sphincter, etc., or extreme prolapse from relaxation, I can attest from experience in many cases. I will endeavor to give a clear explanation of it at the meeting of the Ontario Medical Association in June, as it is very difficult to grasp the *modus operandi* of any of these operations from merely written descriptions. This one in particular will prove a great boon to the general practitioner, who can easily perform it when its simplicity is understood and the details properly grasped.

No two of the descriptions I have read, written by men who have witnessed Mr. Tait perform the operation, agree; and it would be very difficult, I confess, to perform it successfully from any of the descriptions. Its very simplicity prevents the reader grasping the idea, or the writer in making its simplicity sufficiently clear. I do not see that I can describe it more clearly than has been done by others, but as each one has his own way of describing what he has seen, the hidden facts may appear from a multiplicity of reporters. I refer to simple laceration not extending through the sphincter ani, as the details of that complication might confuse matters. Instruments required: pair of side-bent scissors, perincal suture needle on fixed handle, four or five silk-woven gut sutures, and a sponge. The patient on her back at side of bed, in lithotomy position, with knees apart; insert point of scissors to depth of quarter to half an inch at lowest angle of laceration, indicated by a white line of cicatricial tissue, and cut up on the left side of vagina where the mucous membrane joins the external skin until you come to

the end of the old rent, gradually reducing the depth of the incision to the point of exit. Exactly repeat the procedure on the right side, when you will have a wide gaping wound at the base tapering on each side to a point; bring these two raw surfaces in close apposition, and the operation is complete. To do so properly is the secret of success. The sutures, three or four in number, are to be altogether within the raw surfaces, so as to prevent the skin intervening to prevent adhesion. The result is, you have the perineum reformed to its original condition, triangular in shape, being thick at the base. Where the sphincter is torn, the original operation is the same, with the addition that a cut is made on each side of the bowel to the extent of about half an inch, exposing merely the lost ends of the sphincter, and these low surfaces are brought together in a similar way to the above procedure. The patient to remain in bed for a week or ten days, the parts kept clean by syringing with warm water, a pad of absorbent cotton applied to the wound, and changed as required; the stitches may be removed in a fortnight, or later, as they afford no inconvenience.

REMINISCENCES OF ENGLISH SURGERY.

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PERHAPS no subject is of more interest to the student or of importance to the practical man than a comparison of English and Canadian surgeons. At a superficial glance, considering how far separated the countries, how unlike are their ages, their population and their wealth, we would not be surprised to find them differing widely in their mode of treatment and in all probability in favor of the mother country; while on the other hand, among the numerous hospitals in London, where not one of these factors can influence them, while their representative heads constantly exchange ideas at their societies, we hope to find some approach to unanimity of opinion. Let us see how this conclusion is affected on closer examination and illustrate our points by a few practical examples.

In the treatment of the common fracture of