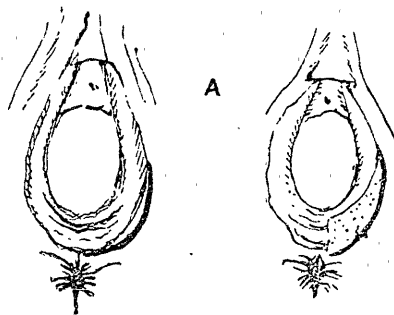


a dose of castor oil, and she is ready to be stitched up. Then follows a description of an operation that is difficult to understand, and difficult for a novice to perform. It is ingenious, but has the one fault of most of these operations, namely, that too much stress is laid upon points that are of slight importance.

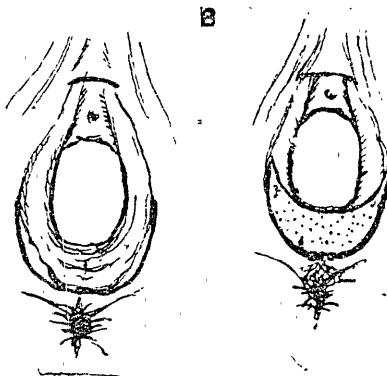
Then let us turn to Fritsch's work. Here we have diagrams more terrible still. The old time operations are given in goodly number. Hegar's double-winged denudation; Hildebrandt's figure for denudation; Freund's complicated figure. Then the author, as does every author, gives a long description of "my method," to still further mystify the hard-working student and hard-worked practitioner. Why all these writers will stray off for another method when the operations already known fully fill the requirements, I fail to see. In this way medical literature is increasing enormously in quantity, but of an inferior quality.



Useful time is thus wasted by both writer and reader. To invent a new perineum operation, or a pessary, seems to be the desire of many. The change of a suture or peculiar curve of an incision at once, in the present era, necessitates a change in the name of the operation. We hear men continually saying: "I did a Jones' operation yesterday"; or, "I will tie a Smith-Hopkin's knot"; or, "I will make a Jones-Smith incision." Certainly this nomenclature is to some extent necessary; but it has been, of late years, carried to such an extent that the student of medicine will have so much name to remember that he will forget the principle involved in the operation itself.

We now turn to Doran's work. He believes with Dr. T. G. Thomas that one week of purgation is not sufficient, and that two weeks could be consumed for this purpose. It may take two

weeks to clear out twenty-five feet of intestine, but any one who has taken a large dose of castor oil feels sure that the alimentary tract of an ordinary healthy man is about empty by the time that the bowels have ceased moving. Perhaps it is different with a woman. "Discharges from the uterus are to be carefully attended to," he says, "and hemorrhoids also require attention. For my part, I snip off any hemorrhoids at the time of the repair of the perineum, and the cases do very well. A good vaginal douche before the operation, and twice a day subsequently, is sufficient to keep the parts clean, even in the presence of a uterine discharge." He then relates Bantock's operation, the flap of which is identical with that of Hegar's, without the small vaginal prolongation above. Then we have a purse-string operation described—a



new application of an old principle—ingenious, but unnecessary, with all the good methods already at our hand.

Skene, in his work on diseases of women, gives the most common-sense directions. He says the denudation depends on the peculiarities of the case—tracing the extent of the original tear by the outline of the scar. He does not fill his book with plates of a great many methods, but gives some useful plates for the student, even if he is wedded to any special operation. He gives some valuable advice regarding secondary hemorrhage. This troublesome complication is completely overlooked by most writers on the subject. Many authors say that union by first intention is necessary, or the operation will fail. If the flap-splitting operation is done with silk-worm gut sutures, the operation will be successful, even if union takes place by second

DIAGRAM EXPLANATIONS.—A and B incomplete laceration; A, dark line, shows line of incision, which must be deep, and shows effect; tissues to be well stripped back with fingers. B, same, with addition of other side, incision completed, and separation complete. C, D, E, through sphincter ani. C shows angular incisions, to make flaps to complete torn anal orifice. D, method of peeling down flaps and of holding in position. E, same, with sutures tied, forceps still attached; raw surface left to be closed by two or three interrupted skin sutures.