and have had experience with it, do not hesitate to wait one or more days if they so desire. I have stitched as late as the seventh day after labor, and on the fifth day repeatedly, with good results, and it has been unnecessary to do anything more to freshen the surfaces, than to rub them with gauze.

I would deprecate the use of douches after perineal or vaginal tears, and I believe that the habit of tying the knees together is most objectionable, in that it must interfere very seriously with drainage from the vagina and maintenance of thorough cleanliness of the external genitals, to say nothing of the irksomeness of the position to the patient.

The perineal muscles have nothing to do with the thighs, nor has any thigh muscle any connection with the perineum, and I can see no reason therefore to believe that any movement of the legs can in any way affect the tension of the perineum. In stitching bad tears we usually have our patients in the lithotomy position, which would certainly put tension on the perineal tissues if such could be done by the position of the legs. Having brought the surfaces of the tear into apposition with the patient in such a position (which would increase tension if any would), no posture which is comfortable to the patient can, I am sure, be in any way detrimental.

Time forbids that I should go into details regarding the method of stitching, but I will mention just one point, and that is that great care must be observed that no pockets are left. The one that is most frequently overlooked occurs in the "Y" shaped tear, in which the main stem of the "Y" represents the tear through the perineum, while the two upper limbs run up either side of the vagina. It is important to see that the tip of the tongue-like piece between the two upper branches of the tear, is included in the second or third perineal suture, and thus drawn down into position.

I realize that in private practice one must at times be guided by expediency, even at the expense of efficiency, but where it becomes a question of a sound pelvic floor, half measures should not be considered. I have yet to meet with the first objection to the course advised, where the case has been fairly stated to the patient and friends.

75 Bloor Street East, Toronto.