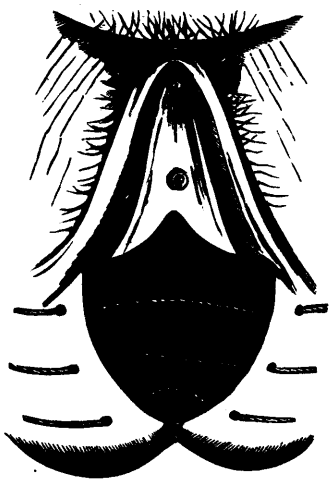
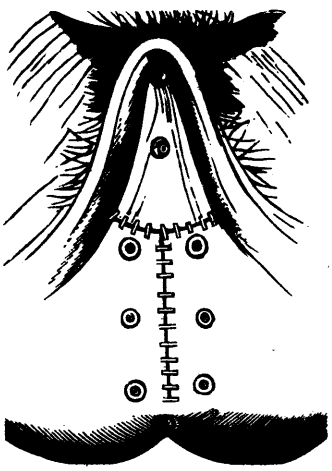
body being the central, and the lateral surfaces the outside leaves of the trefoil—each sulcus represents the lateral borders of the vagina and rectum. Perfect union of these surfaces leaves but little more to be desired. What remains to be attained is the object of what I now offer. In



No. 2.

the first place, the loss of any tissue is to be avoided, and sure union by first intention, the desideratum to be attained. My operation is based upon the recognition of the immense value of the perineal body. I denude the surfaces to the fullest extent of the parts injured. This denudation is accomplished by the removal of the covering of the parts to be denuded in the cicatricial surface in *one* piece. For this purpose the first incision is made at the upper part where the edge of the skin coalesces with the cicatricial surface—the dotted line in sketch No. 1 shows this—the knife is entered at the highest point on the right side, and the incision brought down to the lowest part of the fourchette, when it is met by a similar incision on the left side. The lowest part of the angle is then seized with the forceps and carefully dissected upward, taking special care to remove the whole surface without incising the flap — this dissection is carried on till the surface represented by the original wound is uncovered. This flap, when raised with the hook, is seen in drawing No. 2. The next step is the introduction of the sutures, (which should be of catgut, as they cause very little irritation and usually come away in 6 or 8 days) and upon this point I would say a word in favor of the use of the clamp shield suture, which I adopt. It is by far the best one. This is because it gives the greatest possible extent of surface to surface—much greater than can be secured by any other means. Two deep sutures usually suffice, and these—whether silver, silk, or catgut—are passed in and secured by clamped shot upon an ivory shield. The first suture should be inserted low down, and about $\frac{3}{4}$ of an inch from the edge of the wound. It must be passed under the denuded surface so as not to appear, and brought out on the opposite side at a point corresponding to that of insertion. The second deep suture is similarly introduced higher up—the last deep suture should catch the flap, and the interrupted suture will do for this. The edges of the wound are coapted by horse-hair sutures, while the upper part of the flap on the right and left side are secured by the running catgut suture—this leaves the united surfaces in the shape of the letter T. The vaginal surface of the wound is perfectly covered, and in no way can a drop of fluid enter the wound or interfere with union by first intention. There is very little pain, inasmuch as the deep sutures are clamped and allow of distention. Interrupted sutures should not be used. Where the rupture extends into the rectum the flaps are carefully brought together by running catgut sature, and the operation completed as in this case.



No. 3.

The objection felt to all former modes of operating was that it left the vaginal incision open, which sometimes therefore interfered with union by first intention. This, by my method, is now impossible, and when catgut is used the results of the operation