

and properly qualified and educated persons from the practice of medicine and surgery."

Moved by Dr. Seagar, seconded by Dr. Patterson, and carried,—

"That this meeting is of the opinion that it is the duty of our Legislature to grant a sufficient sum to meet the expenses of the General Council of the College of Physicians and Surgeons of Ontario, inasmuch as they under the Medical Act have the guidance and control over the necessary requirements of those seeking to attain to the responsible positions of guardians of the public health and hand-maids of nature, and that until such duty is recognized by our Representatives in Parliament, the general profession should sustain the Medical Council in their good work, and thus relieve the students, and at the same time demand that penal clauses be added to the amended Act, capable of restraining entirely the incompetent unqualified and uneducated from tampering with diseases and injuries.

Moved by Dr. Walker, seconded by Dr. Duncome, and carried,—

"That the Secretary be instructed to send a copy of the above resolutions to the Secretary of the Executive Committee, to the Editor of the the "*Canada Lancet*," and to each of the Representatives of this County in the Legislature of Ontario.

An uniform tariff of fees, Surgical and Medical, was then discussed, and the meeting adjourned subject to the call of Chairman.

ALFRED BOWLBY, *Chairman*.

N. O. WALKER, *Secretary*.

[The above resolutions are a fair reflex of the views of the profession in all parts of the country. Similar resolutions were adopted by a meeting of the profession in Toronto a short time ago,—and also by the Brant Co. Medical Association in June last.]—Ed. L.

Selected Articles.

TREATMENT OF LACERATION OF THE FEMALE PERINÆUM.

Dr. D. Hayes Agnew (*American Supplement to the Obstetrical Journal of Great Britain and Ireland, June, 1873*) speaks, after further experience, with great confidence of the value of his operation, described in 1867 (*Pennsylvania Hospital Reports*),

for the cure of lacerations of the female perinæum. The chief points of practical interest are the closure of the recto-vaginal septum, and the restoration of the perineal continuity at a single operation; the use only of the interrupted wire suture, and no lateral division of the sphincter. The bowels are freely moved early in the day previous to the operation, and one or two grains of opium are afterwards administered, in order to prevent the descent of the feculent matter into the rectum. After etherisation, the patient is placed on the back, in the lithotomy position, the limbs supported by assistants, and the sides of the laceration denuded to the extent of one inch in breadth, removing the thinnest possible layer of tissue. Next, the recto-vaginal septum is freshened. This is sometimes best done with the scissors. A long needle, supported on a handle—the eye being near the extremity—is armed with an iron thread, well coated with silver. Dr. Agnew uses for the first suture, iron, in order that it may not break. The needle is entered three-quarters of an inch from the margin of the wound, below its lowest point, at the interior part of the ischio-rectal fossa, and carried forwards and upwards, until it appears on the middle of the vaginal surface of the septum, just above the line of denudation; the thread is then picked out of the eye of the needle, and the latter withdrawn, and made to pass unarmed through the corresponding parts on the opposite side, emerging on the septum, close to the first. The wire is now passed through its eye, and, as the needle is withdrawn, makes the complete circuit of the wound, so that, when it is tightened, the parts are pursed together. Two or three other silver sutures are inserted, the blood carefully sponged away; or, what is better, washed away by a stream from a syringe, and the parts approximated, to favour which the limbs should be brought together. To maintain the apposition, perforated shot are run down the wires, and clamped with a pair of compressing forceps. A superficial suture is sometimes inserted with a curved needle between the deep ones. The subsequent treatment consists in securing the limbs of the patient together, removing the urine two or three times in the twenty-four hours, or by allowing a self-retaining catheter to remain in the bladder, having a small Indian-rubber tube attached to its extremity, in order to conduct the urine into a vessel properly placed. The bowels are to be kept quiet for seven or eight days with opium, and any painful accumulations of flatus in the rectum are to be removed by carefully introducing a female catheter. The diet should consist of milk, animal broth, eggs, cream, toast, and, after the fifth day, some solid food. The stitches are not to be removed until the seventh day; and on that day, or the day following, the bowels should be opened by small doses of castor oil, or some