uniting by first intention, at the end of a few days, where no suturing has been done at all, nature apparently handling the case satisfactorily. One naturally asks the question, to what extent may we leave these things to nature? The risk undertaken for the purpose of stitching perineal and vaginal tears is so infinitesimal, while the consequences of failure to secure a good pelvic floor are often so disastrous to health and happiness, that I feel that one is not justified in leaving a damaged pelvic floor unstitched.

The time at which these repairs are best done is deserving of some little consideration. It is the practice of most physicians to proceed with the stitching of the perineum, etc., as soon after the delivery of the placenta as possible. There is room for improvement here, I think.

Pelvic and perineal injuries may be divided into two great classes, viz., those which are severe, and those which are not. I would call a tear which involves the vaginal wall to a greater extent than would necessarily be torn by a tear of the perineum, or a tear of the perineum which involves the sphincter, as a severe one, and I would advocate that severe lacerations be left for one or two days before being stitched, while those which are not severe should be done before the placenta is expelled, and while the patient is still drunk with the chloroform administered throughout or toward the termination of the second stage of labor.

Slight lacerations are stitched for the purpose of closing a possible channel of infection, and possibly, too, from one's natural desire to leave things as nearly as he can in as good a condition as he found them. Slight tears, as I have defined them, do not in any way weaken the pelvic floor, so that it makes little difference whether one succeeds in getting everything just in the place it belongs or not, hence difficulties of light, etc., are of no great moment. It is my practice in stitching slight tears to insert the sutures before the placenta is expelled, for two principal reasons. First, because the patient is still sufficiently under the anæsthetic that she will not feel it, and secondly, because so long as the placenta is still attached there will be little if any bleeding to obscure the field of operations. The sutures are not tied till the placenta is expelled, and the wound thoroughly cleansed. Furthermore, by the time the placenta has come away, ordinarily the patient will have recovered from her anesthetic, and the bruised and torn tissues will to a large extent have recovered from the local anæsthesia due to stretching, while if you give more chloroform after the