the appearance of the ulceration the pain would become much more severe, and the patient would show distinct constitutional depression at this time. The ulcer would then gradually enlarge, and the epithelial tissue appear to slowly dissolve and melt away—the lesion growing always superficially and in a serpiginous manner. After a time there would be a tendency to healing in some areas but this was never complete.

The proteus, in pure culture or in association with other organisms, in pathologic conditions has been isolated from time to time by various investigators since 1889. While this organism is ordinarily regarded as nonpathogenic there is ample evidence, according to Wenner and Rettger, to show that it may assume a pathogenic rôle, and thus occupy a position analogous to the pyogenic micrococci.

CONCLUSION

There would seem to be no doubt that this case corresponds to the lesion first described by Huguier in 1849. There would also seem to be no doubt that in this instance the persistence of the lesion was due to the presence of the proteus bacillus, which through its toxins or in some other manner brought about a solution and destruction of the tissues, which persisted despite all local medical and surgical measures until the proteus vaccine was administered. This brought about prompt relief from pain and the rapid healing of the raw surfaces.

REFERENCES

Huguier, P. C.: Mem. Acad. Nat. de Med., Paris, 1849, xiv. *Wenner, J. J., and Rettger, L. F.*: Jour. Bacteriol., iv, 331.

525 PARK AVENUE.

A NEW SUTURE HOLDER FOR VAGINAL PLASTIC OPERATIONS*

BY HERMAN GRAD, M.D., F.A.C.S., NEW YORK CITY

IN plastic operations on the female genitalia or bladder it is essential to place a large number of sutures in position before they are finally tied. The usual procedure is to place the suture in position and with a clamp hold the free end of each individual stitch. If a large number of stitches are taken the number of clamps necessarily accumulates and cause considerable annoyance to the operator. Furthermore, the clamps become entangled with each other and there is loss of time in separating them when the sutures are finally to be tied.

In trying to overcome this difficulty, I had several devices constructed for the purpose of holding the sutures apart before they are tied, and finally settled down to the use of the holder shown in the picture. As depicted here the suture holder has each stitch on a separate peg and thus the sutures are kept from becoming entangled with each other.

*Presented at a Meeting of the New York Obstetrical Society, May 9, 1922.

The device consists of two vertical parallel bars attached to a horizontal bar upon which they slide. On the vertical bars are found small buttons, upon which the suture and clamp can be hung until the surgeon is ready to tie them.

The picture is really self-explanatory.

The contrivance has been used by me for the past two years with a great deal of satisfaction, and I am sure that it has saved me a good deal of time in operations. It will aid the surgeon in plastic operations, as it helps to keep the sutures separated from each other, and the suture really remains where the surgeon places it, and

Fig. 1.—Grad suture holder in position, showing manner in which clamps and sutures are kept away from the operative field.

is readily available when he is ready to tie. The clamps holding the end of the suture are out of the field of operation at all times, which is a great advantage.

Fig. 1 shows the suture holder in position and held by two towel clamps at either end of the horizontal bar. A sterile towel is firmly fastened over the anus, attached by a suture through the skin over the perineum. The various sutures, *A*, *B*, *C*, *D*, and *E*, are kept apart by the buttons which are arranged in rows. The weight of the clamp on the free end of the suture holds it in place.

The device may be procured from the Smith Bone Clamp Co., Watertown, N. Y.

40 E. FORTY-FIRST STREET.