

SECONDARY REPAIR OF COMPLETE PERINEAL  
LACERATION.

*To the Editor of the "Journal of Obstetrics and Gynæcology of the  
British Empire."*

SIR,—

In an article with the above heading in the current number of the JOURNAL (November, 1905), Dr. C. G. Child, jun., of New York, refers in complimentary terms to a paper of mine published in the July number. Dr. Child, however, has misinterpreted the appearances in drawings 3 and 4 accompanying my paper. He says that in each of them "both vaginal and rectal flaps are vertically incised for a considerable extent." This is not so. What Dr. Child has taken for incisions are the tears extending for some distance up the recto-vaginal septum, and therefore visible as a more or less linear slit in both rectum and vagina when the two layers of the septum are separated by the process of "splitting" or "dissecting up" the flap. *I make no incisions whatever in either the rectal portion of the divided flap or the vaginal portion.*

As this is the pivot on which Dr. Child's communication turns, I shall be glad if you will allow me to make this correction.

Yours sincerely,

C. J. CULLINGWORTH.

Manchester Square, London, W.

*November 11th, 1905.*

P.S.—In the drawings accompanying Dr. Child's paper the sphincter alone is torn, not the recto-vaginal septum.