operation has undergone many changes and modifications, till now we have a very simple and effective method, thoroughly tested and recognized as one of the useful and scientific operations, in properly selected cases. But it is now uterine suspension and not uterine fixation. There is a wide difference between these two operations.

I am decidedly of opinion that even uterine suspension should only be undertaken in persistent cases of retro-deviations which have refused all other methods of treatment and where the woman's health and personal comfort are seriously interfered with. I don't think sufficient effort is made to cure a retro-deviated uterus nor that sufficient time is given to the treatment. My experience is that there are very few cases of uncomplicated retro-versions or flexions that cannot be cured without any operation.

If after a legitimate trial of treatment, it may be for months, you fail to secure a relief to the symptoms and the woman continues to suffer from bearing down pains in the pelvis, a sensation of weight, constant backache, frequent micturition, inability to walk or work without increasing these symptoms, with an increase of suffering at the monthly period, several reflex nervous symptoms, such as headache, neuralgia, dyspeptic symptoms, then I have no hesitation in saying by all means suspend the uterus. If these symptoms happen in a working woman dependent on her own efforts to earn a living, then perhaps I would advise operation earlier.

If at time of operation the adhesions are found to be very extensive, it is questionable if the operation is advisable. Extensive raw surfaces necessarily are left, exposing the patient subsequently to intestinal adhesions, and if the adnexa are found diseased it would possibly be better to remove diseased and useless organs entirely. In my experience a woman with a uterus permanently fixed to the abdominal wall is an everlasting sufferer from constant pain and discomfort; and if she becomes pregnant is exposed to many dangerous complications. I could quote many authorities to bear me out on this point, but I will content myself with a few quotations from Howard Kelly, viz.:

Uterine Fixation During Pregnancy.

1. Marked retraction of the scar due to tugging of the adherent uterus.

2. Constant pain in hypogastrium.

3. With the advance of pregnancy the cervix retracts into the pelvis, and may even become displaced posteriorly, up into the abdominal cavity.