

Prize Competition, See Pages 158 and xxxiv.

Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXII.

TORONTO, MARCH, 1904.

No. 3.

Original Articles

VENTROFIXATION OF THE UTERUS WITH SUBSEQUENT NORMAL DELIVERIES.

BY A. LAPHORN SMITH, M.D.,

Surgeon-in-Chief Samaritan Hospital for Women, Montreal.

Having performed the operation of ventrofixation close upon two hundred and fifty times, and having almost invariably seen it followed by the most satisfactory results, I prefer this operation above all others in all cases of retroversion, or prolapse of the uterus accompanied by disease of the ovaries and tubes. If there is no disease of the ovaries and tubes present, and there are no adhesions, which prevent me from easily placing the uterus up, I invariably perform Alexander's operation of shortening the round ligament in all those cases which I have not been able to cure by non-operative procedures, extending over from three to six months, including the wearing of a pessary for most of that time. I think it wrong to open the abdomen, and perform ventrofixation on a woman whose ovaries and tubes are healthy, and whose displacement can be cured by an operation which has no mortality. If the woman has been complaining of pain for a long time, especially at her periods and during sexual intercourse, and if I am unable to get the uterus out of the hollow of the sacrum, I feel convinced that she has had pelvic peritonitis, and that she will have it again and again until the cause of the peritoneal infection has been removed. In