

above the constriction. Operations of this class usually consist of the removal of an elliptical piece from the anterior or posterior vaginal wall, or from both, and of closing the exposed surfaces by means of a purse-string suture. No effort is made to restore the normal axis of the uterus and vagina. The whole purpose is to make the vagina so narrow that the uterus cannot pass through it. Such operations generally fail, because they leave the uterus and vagina in the same axis, and because the restricted vagina cannot resist the downward force of the uterus, which almost invariably dilates the vagina a second time and forces its way through with reproduction of the hernia. Moreover, the operation always does permanent harm, because it shortens the vagina, thereby making it draw the cervix away from the sacrum towards the pubes so that the body of the uterus may have room to fall backward to the position of incurable retroversion. We may, without discussion, perhaps, throw out all operations belonging to the Stoltz group. The same may be said of all plastic operations in which the vaginal surfaces are exposed by superficial denudation and brought together by sutures.

After a prolonged trial of the principal surgical procedures which have been made use of for the cure of complete descent, I am prepared to lay down certain essential principles, as follows:

An efficient operation on the vaginal walls should have for its object, not narrowing the vagina, but restoring the normal position of it with a double purpose so that (*a*) the upper extremity, together with the cervix uteri shall be in its normal location within an inch of the second and third sacral vertebræ, just where the utero-sacral ligaments would hold it if their normal tonicity and integrity could be restored, and so that (*b*) the lower extremity of the vagina shall be brought forward against the pubes. The fulfilment of these two indications will restore the normal obliquity of the vagina, and will hold the cervix uteri so far back toward the sacrum that the corpus uteri must be directed forward in its normal anterior position of mobile equilibrium. With these conditions, the uterus being set an acute angle with the vagina and having little space posteriorly, cannot retrovert and turn the necessary corner which would permit it to prolapse in the direction of the vaginal outlet. In order to accomplish this two things usually are necessary:

1. *Excision of the Cystocele (Anterior Colporrhaphy).—*