performs the Alexander operation secondarily, thus virtually making three wounds in the abdominal wall through the one skin incision. This method certainly makes a very complicated operation and in no way overcomes the danger of post-operative hernia.

Goffe has advocated making a preliminary vaginal incision to free the uterus and to relieve pelvic conditions.

The main argument in favor of the Alexander operation is that it does not complicate future pregnancies. In performing the operation, however, one is liable to meet with certain unforeseen complications.

Adhesions are sometimes encountered in the inguinal canal, which effectually prevent the drawing out of the cord. The cord is sometimes so delicate that it is unable, when separated from its attachments, to resist the strain and breaks. The rupture sometimes occurs at the horn of the uterus. In few cases the cord has been found not to run through the inguinal canal. All of these complications make it necessary to resort to some other procedure to complete the operation.

The vaginal operations for shortening the round and utero-sacral ligaments, as advocated by Duhrssen, Mackenrodt, Goffe, Bovee and others, is very difficult to perform by one who does not possess the highest skill in vaginal work. While its advocates claim that they are able to relieve all pelvic complications by this route preliminary to the main operation, there are still many disadvantages, as well as unforeseen dangers. Even in a case without any complications the vaginal vault has to be seriously mutilated and the bladder attachment separated from the uterus, the pelvic peritoneum torn off the face of the uterus and out into the broad ligaments which cannot be repaired from the vaginal opening, and thus leaves a raw surface which is liable to cause new adhesions as well as a permanent fixation of the uterus.

Suppose we have a case in which there are firm adhesions between uterus, tubes, broad ligaments and perhaps bowel, with a possible involvement of the appendix, which is rather frequent, and you have a condition that would tax the ingenuity of the most skilful vaginal route advocate. Add to the above a perforation of the bowel by an old abscess, so that when the adhesion was freed between tube and bowel an opening was left in the latter, which occurred in a case of mine a few months ago, or a severe intra-abdominal hemorrhage, and the probabilities are that not even the