The Canadian Practitioner and Review.

VOL. XXVII. TORONTO, SEPTEMBER, 1902.

NO. 9

Original Communications.

VENTRO-FIXATION, ITS VALUE AND RESULTS.*

BY J. ALGERNON TEMPLE, M.D.

Professor of Obstetrics and Gynecology Trinity Medical College, etc., Toronto.

Gentlemen,—I promised the President I would open the discussion on "Ventro-Fixation, its Value and Results," but this, of course, does not imply that I have to read a paper on the subject or enter into any description of the operation, for I am quite sure you are all familiar with the method of doing it. The idea is to have a discussion on the subject by those who have performed the operation, and get an expression of opinion as to its utility and after effects. For my own part, I may briefly say I entirely disapprove of abdominal fixation and I never perform it. There may possibly be some cases suitable for this operation but I think they are very few; while on the other hand I think that ventral suspension of the uterus is a very excellent operation for rebellious and obstinate cases of retro-version that all other treatment has failed to cure.

Ventro-fixation, hysterorrhaphy, abdominal fixation and hysteropexy are a few of the names given to this operation. The object of the operation is to replace a retro-deviated uterus which has refused all other methods of treatment and secure it by means of sutures so placed as to unite the anterior uterine wall to the anterior abdominal wall by the formation of a permanent adhesion, thus rendering the uterus a fixed body in its new situation.

Professor Olshausen, of Berlin, reported the first case in October, 1886, and Howard Kelly his first case in November, 1886. These were cases of ventral fixation, since which time the

^{*}Read at meeting of Ontario Medical Association.