

part of the cremaster muscle in the male. Now we know that the cremaster, though not so often as the round muscle, sometimes becomes so weak or the testicles become so heavy that it is unable to support them, and then we have the testicles hanging down, a very painful condition of things. What do we do in these cases? Do we cut down on the cremaster and pull out an inch or two of it and cut it off? No, we ascertain why the testicles are dragging. If it is because they are permanently too heavy from some foreign growth, we remove it; or if only temporarily too heavy from acute or chronic inflammation we support them for the time with a suspensory bandage, until we can reduce the inflammation. But if the testicles are dragging because the cremaster muscles are in an atonic state, due to the patient's general health being run down, we should rather place him on a local and general tonic treatment. And just as the man's general health returns, so will his testicles rise and cease to pain him.

You all know how the testicles may drop at examination times. In fact pain in the testicle is almost as common as diarrhoea at that time. I have over and over again known the same thing to occur to the womb, in women, under similar circumstances. Many times women have come to me with prolapsus, stating that their womb had come down suddenly as the result of a fright; while several old stagers come to me regularly every summer, during the very warm weather, when everybody and everything seems relaxed, to have their womb replaced.

Should I perform Alexander's operation then? No, indeed I seldom ever introduce a pessary, any more than I would put splints on their legs to cure the weakness in their limbs, which nearly always accompanies the prolapsus in such cases. On the contrary I order then to remain in bed a few days with their hips higher than their heads, and I give them the strongest preparation of iron quinine and strychnine that their stomach will bear, good air, good food, and cold frictions to the abdomen.

Besides it must be remembered that the uterus is not held up by the round ligament alone, even if it is held up by it at all, which many anatomists deny. In fact, to treat displacements of the uterus scientifically, we should have a very clear idea of the manner in which it is held in place. Pardon me if I remind you that the supports of the uterus

are very varied. First of all there is the vagina which in a muscular well-developed woman is a strong tube or column alone capable of holding up a healthy uterus. But in the miserable weak woman of modern education it is very much weaker.

Again the vagina itself is supported by the perineum, and if there is rupture of the perineum, there will be prolapsus of the vagina, and, consequently, displacement of the uterus. Perhaps the two most important supports are the anterior or utero vesical and the posterior or utero sacral ligaments. The former contains bundles of fibrous tissue only, but no muscle, and hold the uterus fixed by its neck, to the bladder. The posterior or utero sacral ligaments extend from the lower part of the body of the uterus, to the other side of the sacrum, enveloped by peritoneum, and are composed of non striated muscular fibres which spring from the uterus. The experiments of Malgaigne would seem to prove that these ligaments constitute the principal obstacle to the falling of the womb towards the vulva. When traction is made on the cervix these ligaments are immediately seen to be tightened, and when they are divided the uterus sensibly drops, but it is soon arrested by the broad ligaments and the resistance of the floor of the pelvis.

The broad ligaments are muscles covered with peritoneum, and do not support the weight of the organ but merely oppose flexions of the body on the neck, and resist lateral deviations. In fact, as Barnes Senr says, "The so-called ligaments of the uterus exert but a small influence in preventing prolapsus," and he has frequently seen the uterus in the vagina brought down to the vulva by expulsive efforts at defecation.

As I have above stated, the greatest admirers of the operation admit that it is not at all suitable for displacements with adhesion; and as these are precisely the most troublesome cases to cure by any other means, they are just the ones we are most in need of an operation to come to our aid. But in these we turn in vain to Alexander's operation. The round ligaments would either break before the displacement would be corrected, or else we would have a severe attack of peritonitis or perimetritis.

The only case after Alexanders' operation that I have seen, was not a successful one; as in addition to all the troubles of which she complained before going to hospital, she had a month after-