present and apparently on duty. In one of these three, the young lady had got married and had a child at term, the labor was normal, both mother and child did well. On opening her abdomen the second time, I had the opportunity of demonstrating to my private gynecological class a uterus in normal position and a suspensory ligament of between three and four inches in length, which had evidently participated in the involution of the uterus, which normally followed her delivery.

In only one instance, so far as I can learn, has redisplacement occurred. This was in a stout lady 44 years of age. The uterus was large and heavy—sound, passed 3½ inches. There was also prolapsus uteri; a long, thick lacerated cervix protruded 1½ inches outside of vulva. It was of long standing. She was curetted, cervix repaired and ventral suspension performed. Patient did well for over one year, when a sudden fall on the buttocks was blamed for causing redisplacement.

Personally, I feel that in her case the special operation was not well chosen. I should have amputated the cervix, tied off the tubes and performed a positive ventral *fixation*. A long cervix has not sufficient room in the vagina to lie comfortably across that canal, so aided by the action of intra-abdominal pressure on the long cervix, the latter gradually assumes a position in the axis of the vagina, the fundus uteri falling backward, so in this way retro-displacement and prolapse again occurs.

Choice of Operation.

In putting experience, practice, theory and study of the lilterature together, I come to the following conclusions:—

That the conscientious, resourceful operator will be bound by no rule, but will aim to suit the operation to the particular case in hand. If for any reason the posterior cul-de-sac has been opened, an attempt should be made to correct a retrodisplacement by one of the methods which fix the cervix well back in the hollow of the sacrum—Pryor's for example.

That Alexander's operation should be the operation of choice in all *uncomplicated* cases. That complications are the rule, consequently this method is very limited in its field of usefulness. That uncomplicated cases are those in which any operation is least indicated. That all methods of shortening the round ligaments by doubling them up from within the peritoneal cavity, utilize the strong portion of the ligament leaving on duty the weak, stretched portion within the abdominal wall to stretch again in course of time.