popular of all operations, but it is limited to the few cases of simple retro-displacement in which there are no complications. To overcome this objection Goldsphon advocated and practiced enlarging the internal inguinal ring and through this opening attacking any pelvic lesions which might be present. This method has, however, been pretty generally condemned on account of the greater liability to hernia following the operation, which according to Goffe, results in from 5 to 15 per cent. of all cases after the simple Alexander operation. What would be more mortifying to an operator than to have a patient upon whom he had operated for the relief of a simple displacement of the uterus return to him in the course of a year or two with a single or double hernia through the Alexander incisions?

The very latest advocate of the Alexander operation, Reuben Peterson, in the July issue of Surgery, Gynecology and Obstetrics, gives the following resumé of its disadvantages, viz.:

1. "The operation is limited in its scope, since it must be reserved for perfectly movable, non-adherent uteri. This is a serious disadvantage, since besides limiting the operation to a comparatively few cases, it opens the way to failure should adhesions be overlooked prior to the operation. Every operator must admit such mistakes in diagnosis. Fine adhesions about the appendages and posterior part of the uterus and rectum sometimes escape the most expert examiner. They do not prevent the reposition of the uterus, but they exert a strain in the opposite direction when the uterus is held forward by the shortened ligaments. Pain and discomfort are the result and not relief of the symptoms.

2. Each ligament has to be shortened by a separate incision in the inguinal region. Hence there is a double chance for suppuration. Because of the location of the incision and its liability to contamination, there is more of a tendency to suppuration after Alexander's operation than after other procedures. This has been testified to by many operators and has been borne out by my own experience.

3. Alexander's operation cannot be used as an adjunct to other intropelvic work, since it would necessitate three skin incisions, which for obvious reasons, cannot be considered."

To obviate the last disadvantage, Dr. Peterson recommends using either a vertical or transverse skin incision close above the pubes, through which he not only opens the abdomen by a median incision, for the pelvic work, but also draws the skin wound to either side and