

by complicating conditions that overcome the resisting power of the ligaments.

The chief action of the round ligaments is not suspensory, but rather to guide and limit the excursions of the fundus. In their quiescent state they hold the fundus to the front, and thereby secure the impingement of the intra-abdominal pressure upon the *posterior* surface of the uterus. With an overfull bladder the fundus uteri is carried quite to the promontory of the sacrum, and the intra-abdominal pressure is found to impinge upon the *anterior* surface of the uterus. The round ligaments prevent the uterus from being gradually crowded down into a permanent retro-displacement.

The main functions of the broad ligaments are to furnish a support for the uterine appendages, which are hung upon its posterior face, and to furnish safe conduct to the blood vessels in their course to the uterus.

The chief purpose of the utero-sacral ligaments if not their sole function, is to retain the uterus in its normal position. The two sets of ligaments—the utero-sacral and the utero-vesical—taken together, form a sling of tissue reaching from the promontory of the sacrum to the symphysis, in which the uterus hangs suspended by their attachments just above the internal os. The utero-sacral ligaments prevent descent of the uterus as a whole, while the utero-vesicals control the to-and-fro, or antero-posterior motion.

VARIOUS OPERATIONS.

A great many operations, some fifty in number, have been devised for correcting retro-deviations of the uterus. Some of these are worthy of mention, although many of them have practically fallen into disuse.

The operations of vaginal fixation of the uterus, operations upon the anterior and posterior vaginal walls, as well as operations done *through* the anterior and the posterior cul-de-sac; for example, on the utero-sacral ligaments and on the round and broad ligaments, do not properly come within the range of this paper, so will only receive a passing notice.

We now come to the consideration of the two most reliable operations employed for the relief of these backward displacements of the uterus—the two which have successfully stood the test of time and experience—the two which receive greatest prominence in our most recent text-book literature. I refer to (1) Alexander's operation of shortening the round ligaments, and to (2) ventro-suspension of the uterus. Most, if not all,