very bad state of affairs, though, fortunately, easily remedied. As regards treatment, we will do well to consider the various conditions *seriatim*. There is first to attract our attention the cervical laceration, which, from the extreme ectropion and hypertrophic disease, will not admit so well of Emmet's trachelorrhaphy as of Schroeder's supra-vaginal hysterectomy. Then we have to deal with the lacerated perineum and an injured pelvic floor. Tait's flap-splitting method will be most suitable here. Finally, we have to deal with the still prolapsed and retroverted uterus, and the two operations that I have spoken of will in no wise give this woman, with more than ordinary intra-abdominal pressure, relief. In order, therefore, to obtain a good result for her, we will have to perform Alexander's operation—that of shortening the round ligaments. By this latter procedure we draw the uterus, ovaries, and broad ligament-folds well forward, and we do away entirely with the injurious effects of intra-abdominal pressure, by changing the direction of its force from the anterior to the posterior face of the uterus and broad ligaments. Therefore, after the round ligaments have been shortened, the whole intra-abdominal pressure will have been directed behind the uterus, into the posterior half of the pelvic cavity, and will tend, if anything, to support the uterus and broad ligament.

We have now completed Schroeder's operation on the cervix and Tait's on the perineum, and my house surgeon tells me that we have absorbed twenty minutes in so doing; we will therefore have ample time to go on with Alexander's operation.

The field of operation, you see, is treated, as regards preparatory toilet, in the same way as for a laparotomy.

I stand on the opposite side of the patient to that on which I make the incision.

First find the spine of the pubis, and cut down upon it with one stroke of the knife, continuing the incision upward and outwards about half an inch to the inside of Poupart's ligament to the extent of one and a half to two inches in length. On finding the ring and separating slightly its pillars, the round ligament will rise up to the surface, covered with a mass of fat