tion of the cervix uteri. In a given case, the possibility of infra-vaginal elongation may be settled easily by placing the patient in the knee-breast position, when the uterus of its own weight will fall towards the diaphragm and the reduplicated vaginal walls will unfold, utero-vaginal attachment appearing in the normal place, instead of being as it seemed high up on the walls of the uterus. Those cases in which reduplication of the vaginal walls does not almost entirely explain the apparent great elongation of the cervix, are rare exceptions. When formerly these mechanical conditions were attributed to hypertrophic enlargement of the uterus itself and were regarded as adequate indications for the removal of the cervix, the surgeon in the attempt to remove what he supposed was the elongated cervix uteri sometimes invaded the bladder anteriorly and the rectum posteriorly.

Surgical Treatment. In passing, it may be well to mention for the purpose of condemning it an operation perhaps more frequently performed than any other for the cure of complete descent, namely, the operation which generally passes under the name of Stoltz. This operation is designed to narrow the vagina and thus to maintain the uterus somewhere in the pelvis above the constriction. Operations of this class usually consist of the removal of an elliptical piece from the anterior or posterior vaginal wall, or from both, and of closing the exposed surfaces by means of a purse-string suture. No effort is made to restore the normal axis of the uterus and vagina. The whole purpose is to make the vagina so narrow that the uterus cannot pass through it. Such operations generally fail because they leave the uterus and vagina in the same axis, and because the restricted vagina cannot resist the downward force of the uterus which almost invariably dilates the vagina a second time, forcing its way through with reproduction of the hernia. Moreover, the operation always does permanent harm because it shortens the vagina thereby making it draw the cervix away from the sacrum towards the pubes, so that the body of the uterus may have room to fall backward to the position of incurable retroversion. We may, without discussion perhaps, throw out all operations belonging to the Stoltz group. The same may be said of all plastic operations in which the vaginal surfaces are exposed by superficial denudation and brought together by sutures.

After a prolonged trial of the principle surgical procedures which have been made use of for the cure of complete descent, I am prepared to lay down certain essential principles as follows:—

An efficient operation on the vaginal walls should have for its object, not the narrowing of the vagina, but the restoring of the normal direction of it with a double purpose so that (a) the upper extremity, together with the cervix uteri, shall be in its normal location within an inch of the second and third sacral vertebras, just where the utero-sacral liga-