

least during convalescence. When there is retroflexion as well I always insert a galvanic stem to keep the uterus straight during the healing of the wound. This I look upon as essential. By keeping the stem in for a month or so, the cure may be with certainty affected. An important question with regard to the third stage of the operation is, how far are the ligaments to be pulled out? My reply is to put the uterus in position and pull out the slack. The after-treatment of the operation consists in rest. The wound I generally dress on the second day, when I remove the tube, the small aperture left where they were removed being sufficient to maintain the necessary drainage in most cases. The ligaments should be allowed time to unite to the wound, to the pillars of the ring and to the canal, and for this purpose three weeks is quite short enough time. Several of my private patients have taken a longer rest and with benefit, as thus all the pelvic organs have become accustomed to their new position. The rest need not be in bed—a sofa and the sitting posture may vary the monotony of lying in bed; whilst sewing, reading, and other feminine arts may be indulged in after the first few days."

Such is the operation, and while all are agreed that it is a most ingenious one, there is a great difference of opinion among the highest authorities as to its harmlessness, efficiency and usefulness. I shall not attempt in the time at my disposal to recapitulate all that has been said about it by its leading friends and enemies. Neither shall I venture to say dogmatically that the operation may not prove a useful one. It has not been on its trial long enough for that. I shall merely endeavor to prove that Alexander's operation is not the scientific or rational treatment for displacements of the uterus. And I base my contention on several more or less well known facts.

1st. The round ligament is not really a ligament, but a bundle of muscular fibres derived from the transversalis and uterine muscle, and it follows, therefore, that it is capable of undergoing fatty degeneration, like any other muscle. This we know it does, for several of the very ablest operators who have performed the operation tell us that, in a certain number of cases, they found the so-called ligament so soft, so pliable, and so attenuated that they did not dare to draw on it; or when they did, it broke in their fingers. And these are just the cases where the uterus is likely to be displaced. In a fine, previously healthy subject dying

from some acute disease, we will find the round muscle well developed and easy to discover. But this kind of woman does not have displacements; or if she does, she does not know it, because the organ is healthy. So we may conclude that when the patient has neither ache or pain, we will find the pelvic organs and the abdominal walls in a healthy state, and there will be no trouble in reaching the round ligament and pulling it out, and cutting it off. While in a delicate, badly nourished woman, where the muscular system is ill-developed, and the circulation slow, you will find the uterus congested, heavy, displaced, and you will find the round ligaments thin and weak, if you find them at all.

Even supposing that you can easily find the round ligaments and cut half of them off, and so pull the uterus up into place, I maintain that it is not the right thing to do. If the round ligaments were really ligamentous structures it would be rational to do so; but they are small round muscles. Mr. Rainey has carefully studied their structure, and has shown that they are composed of striped or voluntary muscle. They arise by 3 fasciculi of tendinous fibres; the inner one from the tendon of the internal oblique and transversalis muscles near to the symphysis pubis, and the middle and external fasciculi from the inner and outer columns of the internal abdominal ring respectively, above Gimbernat's ligament. From these attachments the fibres pass backwards and outwards, soon becoming fleshy; they then unite into a rounded cord, which crosses in front of the epigastric artery and behind the lower tendon of the internal oblique and transversalis muscles. They then get between the layers of peritoneum, covering the broad ligament, along which they pass backwards, downwards and inwards, to the anterior and superior part of the uterus into which their fibres, spreading out a little, are inserted. Mr. Rainey, reasoning from the structure of the round ligaments, says that the presence of voluntary muscular fibres proves that they do not serve as mechanical supports to the uterus.

Sappey and Cruveillier say that the round ligaments are never on the stretch, and cannot resist displacements of the uterus. Some authors state that they tilt the uterus forwards during coition so as to deepen the seminal lake at the top of the vagina.

Judging from the origin and nerve supply of the round muscle, I should say that it was the counter-