Goffe divides them into two classes: First, those which utilize the ligaments of the uterus, and, secondly, those which fasten the fundus or body of the uterus directly to some sustaining tissue. The first class are shortening the round ligaments by pulling them out of the inguinal canals, the Alexander-Adams method, with modifications, and the intropelvic shortening of the round ligaments by folding them on themselves and stitching them in that position. This may be done through an abdominal incision, as per Wylie, Mann, Dudley, Webster and others, or through a vaginal incision, as per Duhrssen, Mackenrodt, Byford, Goffe, Bovee and others, or by the plan of attaching the round ligaments to the abdominal wall, as per Noble, Ferguson, Simpson, Gilliam, Barrett and others. In the second class are: Suspending the fundus uteri from the anterior abdominal wall, as per Olshausen, Tait, etc., suspending the fundus uteri from the abdominal peritoneum, ventrosuspension of Kelly, stitching the fundus to the anterior vaginal wall, vaginal fixation of Schucking and Duhrssen, and shortening the utero-sacral ligaments, either through the abdominal or vaginal incision as practiced by Goffe and Bovee. Out of this list one must choose a method according to his best judgment and with a knowledge of his own skill, thinking always of the ultimate result on the patient.

Before any operation is undertaken a correct diagnosis should be arrived at, if possible, for upon a correct knowledge of the pathologic condition in each case depends the success to be attained by the procedure. We must remember that but very few cases of retro-displacements are simple; in fact, I have almost come to believe that none are, for "co-existent with the displacement, we may have adhesions of many kinds, inflammations, pustubes, cystomata, fibroids of the uterus, varicose conditions of the uterine veins, and numerous other complications. Many of these may bear the relation to the retro-displacement of cause or effect, and any operation which does not at the same time relieve these complications will not only fail to cure, but may leave the patient more uncomfortable than before."

Fixation methods either by the abdominal or vaginal route are mentioned only to be condemned, for it means the change from one pathologic condition to what is probably a worse one, and is never justifiable except in women with a severe prolapse, and that only after the child-bearing period.

The Alexander-Adams operation has probably been the most