

CANADA  
**MEDICAL RECORD**

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MAY, 1898.

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**Original Communications.**

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**PREGNANCY FOLLOWING VENTROFIXATION  
WITH IMPROVEMENTS IN TECHNIQUE.**

AUTHOR'S ABSTRACT OF PAPER READ BEFORE AMERICAN  
GYNÆCOLOGICAL SOCIETY AT BOSTON, MAY 24, 1898.

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Surgeon in Chief of the Samaritan Hospital for Women; Surgeon  
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The following conclusions were based upon about 2,500 cases by 41 operators, including 111 cases of his own, reported in reply to a circular letter of inquiry.

1st. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteflexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2nd. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because

3rd. Although pregnancy only followed in 148 cases out of about 2,500, still, in 30 per cent. of these, or 36, there was pain, miscarriage or difficult labor, requiring obstetrical operations.