

is situated so near the centre of this continent that it thus becomes so easily available to the profession in America.

CLINIC FOR OCT. 26.

I. Appendicitis with secondary infections of tube and abscess of right ovary. Extirpation and drainage.

II. Removal of chronic indurated appendix.

III. Anal fistula.

IV. Post-rectal sinus.

V. Appendectomy and internal Alexander.

In this operation a long curved forceps is passed between the rectus and its fascid from within outwards until the forceps enters the internal ring, then curving inwards along the round ligament until within two inches and a half of the uterus, where the round ligament is grasped and pulled through the internal ring and out to the median abdominal section. This is then done upon the opposite side and the ligaments fastened in the abdominal wound with catgut.

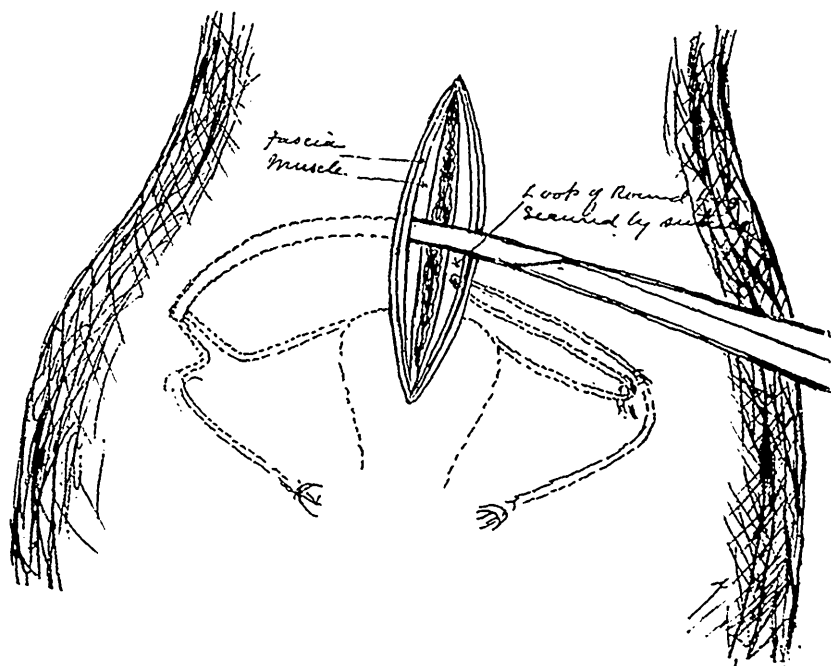


Fig. 1.—The Internal Alexander Operation.

This operation utilizes the strongest part of the round ligament and causes no artificial bands. Objections to the suspension operation are that it frequently fails to hold the uterus in position, it sometimes