

Pryor<sup>11</sup>—"Does not endorse Alexander's operation. The operation has two disagreeable sequelae; hydrocele of the ligament and inguinal hernia. He has collected 54 cases of hernia resulting from the operation. He says curettage and properly performed plastic work will cure uncomplicated retroposition whenever Alexander's operation can, and without its accidents. Pregnancy is not influenced by it."

Dr. E. C. Dudley<sup>6</sup> says, in the last edition of his Gynecology, that "Alexander's operation is only permissible when the operation is not complicated by a tumor, inflammation of the uterine appendage, adhesions or other impediments to replacement. The field therefore is not very great."

#### *Ventro-suspension.*

The operation of ventral suspension of the uterus<sup>10</sup> will be always inseparably connected with the names of Ohlshausen, of Berlin, and Kelly, of Baltimore, for having the genius of proposing, executing and describing a systematic operation; although a similar operation had been previously performed by other surgeons in isolated cases and with indefinite plans. For a description of the technique of this operation I would refer you to Kelly's Operative Gynecology or to some other of the many excellent works on the subject.

Herman<sup>9</sup> says that retroflexion with descent, in which pessaries fail, ventral *fixation* is the only treatment that will cure. He has known patients who have been invalids for years made able to lead active lives by this operation.

Reed<sup>1</sup> speaks of *fixation* and not of *suspension* and says it is limited to those cases in which pregnancy is impossible, and to cases of very severe prolapse with great relaxation.

Penrose<sup>5</sup> says the operation that at present seems to possess most advantages for the cure of those cases of retroversion of the uterus that cannot be cured by the pessary is the operation of ventro-suspension of the uterus. If this operation is properly performed, the course of subsequent pregnancies and labors seems to be in no way impeded.

Montgomery<sup>8</sup> asserts that ventro-fixation permits the inspection and treatment of intra-peritoneal conditions which is of great advantage. A disadvantage is that it has been found to interfere in some degree with gestation and labor. He also mentions a case where a large portion of intestine slipped behind the band of adhesion, became strangled and caused death.

Garrigues<sup>7</sup> says it is better to shorten the round ligaments than to fasten the body of the uterus to the abdominal wall as the pseudo-ligament has more than once led to ileus and death.

Pryor<sup>11</sup> thinks ventral *fixation* objectionable because it pulls the body of the uterus out of the pelvis into the abdomen. He also says it