

one inch from median line or to the middle, if long enough. The ligament now retraces its steps to the internal ring, from whence it follows its normal course to the labium majus."

The ligament thus uses the normal structures for a pulley where it leaves the abdomen, and there are no loops or openings of any kind for strangulation of the bowel. The uterus is now supported by the very best part of the round ligament, where it has the capacity for evolution during pregnancy and involution afterwards.

I have seen but one criticism of this operation and that is in case of infection of the wound the suppuration might travel out along the round ligaments in their new course and thus lead to deep abscesses, but of this I think there is very little danger. Its originator claims the following advantages for this operation, all of which I think are very justly made, viz.:

1. It may be employed where there are intra-abdominal complications of any extent, and through the best possible opening for dealing with them.

2. It is easy of execution through even a very small opening.

3. It creates the least possible pathology, forming no new ligament.

4. It utilizes the very best part of the round ligament, acting through the internal ring.

5. It has shown the highest efficiency in holding the uterus forward and yet allowing the normal range of movement.

In case it may be deemed necessary to supplement it by a shortening of the sacro-uterine ligaments, this can easily be done at the same operation.

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