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Original Communications.

REMARKS UPON ALEXANDER'S OPERATION.

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The attempt to shorten the round ligaments in order to correct displacement of the uterus was made more than a century ago, but failed. The operation was revived about two years ago by Dr. Alexander of Liverpool, and it now bears his name. It is a very ingenious operation, perhaps one of the most so in surgery, and one, which if it really does what it is claimed to do, will prove a short road to the cure of a numerous class of cases, the treatment of which has heretofore been tedious and troublesome. At the same time as the operation is on its trial, it is a fair subject of criticism, and I have therefore chosen it as the topic of my paper.

Before discussing the pros and cons of the case, it would perhaps be better to give a description of the operation.

Preparatory treatment.—The patient must be confined to bed for several weeks, during which time the vagina should be tamponed with glycerine and cotton, interchanged with hot douche with the Davidson syringe. No patient can be considered suitable for the operation in whom the uterus is not entirely free from adhesion, and the tissues around the uterus free from tenderness. The uterus must be perfectly and freely movable. Dr. Alexander thus describes the operation after warning anyone who intends to operate, no matter what their standing, to perform the operation a few times on the dead subject if they wish to avoid disappointment. "The pubic spine is the first landmark, and can be felt by an intelligent finger under any depth of superincumbent fat. It does not make any matter whether the finger can feel the spine clearly or not, provided the primary incision is made within a reasonable distance of it, but there need be no serious difficulty in feeling it."

"From this an incision is to be made upwards and outwards, in the direction of the inguinal canal for one and a half to two or three inches, according to the fatness of the subject. A considerable thickness of subcutaneous fat is now to be cut through by subsequent incision, until the pearly glistening tendon of the internal oblique muscle is reached. Midway through the fatty tissue an aponeurosis sometimes appears so firm and smooth as to cause the operator to think he is deep enough; and if he begins to poke about here as I have done and seen done, it is little wonder no ligaments can there be found. The first stage of the operation consists in simply cutting down upon the tendon of the external oblique muscle, until it appears clear and shining at the bottom of the wound. If the operator succeeded in hitting the spine, the internal inguinal ring with the intercolumnar fibres crossing it, can also be seen. If not, the aperture made down to the muscles can be dragged over an extensive area by retractors, so that the region can be searched until the ring is found. The finger passed to the bottom of the wound may be used to detect the spine and the ring outside, the former by its hardness, the latter by its lessened resistance, compared with that of the aponeurosis around it. The