

children were all born alive. One woman had a prolonged and difficult labor, though the forceps were not used. In one case forceps were used to deliver a 10-lb. child, who presented in occipito-posterior position; in the remaining 18 cases labor was normal. Eight cases out of this series miscarried. The operation of ventro-suspension seems to have had nothing whatever to do with producing the miscarriages. The author still continues to perform this operation with equally satisfactory results, and says if this operation is properly performed, the course of subsequent pregnancies and labors seems to be in no way impeded. The operation should always be accompanied by perineorrhaphy and trachelorrhaphy when these operations are required.

Beyea¹³ makes the statement that there is scarcely an operation in surgery which has been subjected to more adverse criticism than ventro-suspension; no operation which has been more often incorrectly performed and its objects more often misunderstood.

We hear from one quarter that as a result of the abdominal adhesion, the course of gestation has been greatly interfered with; we also hear of the induction of labor, and even in a few cases Cesarean Section has been necessary, that labor at term is difficult and complicated, and that abortion or miscarriage often occurs. It is said that an intestine has caught behind the suspension ligament and intestinal obstruction, resulting in death, has occurred. It is also said that recurrence of displacement frequently takes place.

Beyea¹³ says: "Regardless of these criticisms, which must be accepted as facts, and which form the standpoint of the writer's condemning the operation, in my experience of eleven years in 465 cases, ventro-suspension of the uterus has ever proven an efficient operation, has never been complicated and never produced abnormal gestation or complicated labor."

I believe in the large majority of cases where failures occur or where serious complications arise, it is the fault of the particular method of ventro-suspension performed by the operator and not the fault of the operation itself. A positive fixation and not a suspension has been performed. Other operators fail to obtain a sufficiently strong suspensory ligament, and displacement or failure follows.

If the proper conditions of this operation are secured, then the complications of gestation and labor will not and cannot occur.

Dr. Beyea¹³ wrote letters to the 465 women operated upon