suspension of the uterus to the anterior abdominal wall by the use of the round ligaments, which are either stitched to the peritoneum or are brought out through a punctured wound made through the rectus muscle and sometimes the fascia.

This method gives excellent results, but is open to the criticism of simply hanging the uterus up by the ears, and leaves a narrow space through between the ligaments which is liable to invite a loop of intestines or a portion of the omentum to become incarcerated. One case was reported some time ago in which about one-third of the omentum got caught in this manner and had to be amputated.

One year ago, C. W. Barrett, of Chicago, reported an operation for retro-displacement, which is simple and yet effectual, and does not present many of the disadvantages of the other methods. It has been slightly modified by C. H. Mayo, so that the present technique is very simple.

After opening the abdomen by the usual supra-pubic median incision, and taking care of any pelvic or other conditions that may be necessary, a large curved Kelly clamp is passed under the aponeurosis of the rectus and external oblique muscles, over the rectus, and out to a point immediately over the internal abdominal ring, where, by raising the handles, the tip of the forceps is made to perforate the abdominal wall behind the exit of the round ligament. By raising the same side of the abdominal wall by a retractor, the point of the forceps can be made to pass inwards and backwards under the round ligament and between the two layers of its peritoneal covering until it reaches a point about 2½ inches from the angle of the uterus, where the forceps blades are opened and made to grasp the round ligament, which can be done either with or without opening the peritoneum at this point. The forceps are now withdrawn, bringing with it the round ligament, which is held firmly until the other one is treated in the same manner. Frequently the loops are long enough so that they can be brought out in the median line and stitched together. If this can not be done without too much tension the loop is sewed to the underside of the aponeurosis with catgut. The abdomen is then closed in the usual manner.

"Tracing the round ligament we now have it running from the uterus to its normal exit, the internal ring, and under the aponeurosis to the lower angle of the abdominal incision, close to the symphysis pubis, to the underside of which aponeurosis it is attached about