

able case for Dr. Alexander's operation. Accordingly on the 19th February the operation of shortening the round ligaments was performed. About two and a half inches of the ligaments were withdrawn and removed. A glass stem and Thomas' cup pessary were introduced, and the wound dressed with iodoform and borated absorbent cotton. The stem had to be removed on the third day, as it caused most severe reflex pain in the hypochondriac regions and shoulders, and also rather profuse metrostaxis. A Hodge pessary was now tried, but had also to be removed in the course of a week. The last examination of the patient took place three months after the operation; the uterus was found in a normal position, the patient free from pain, and completely restored to health.

Patients to be considered suitable cases for this operation should be subjected to treatment such as the boro-glyceride tamponade for several weeks, in order that all inflammatory exudates be removed sufficiently to allow of perfect mobility of the uterus and disappearance of the slightest tenderness in the parametric tissue. This course of treatment includes absolute confinement to bed. To operate under any other circumstances will be liable to jeopardize the life of the patient and bring discredit upon the operation.

It will be necessary here to give a description of the steps in detail of the operation, and I cannot do better than quote from Dr. Alexander's article in the *British Gynaecological Journal*, November, 1885 (pp. 250 *et seq.*) He says:—

“ I will now point out what I think the best way to make sure of finding the ligaments; but I would warn anyone who intends to operate, no matter what their standing, to practise it first 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 matter very much whether the finger can feel the spine clearly or not, provided the primary incision is made within 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,