

Garrigues<sup>7</sup> says it is better to shorten the round ligaments than to fasten the body of the uterus to the abdominal wall, as the pseudo-ligament has more than once led to ileus and death.

Pryor<sup>11</sup> thinks ventral fixation objectionable because it pulls the body of the uterus out of the pelvis into the abdomen. He also says it straightens out the utero-sacral ligaments, causing them to come together and constrict the rectum. He is of opinion that the operation has little effect upon pregnancy, but conduces to faulty presentations of the fetus and to dystocia.

Dudley<sup>6</sup> states that the contra-indications of Alexander's operation become at once the indications for abdominal section and suspension. Hence the field for this operation is much wider than for the round ligament operation.

Bland Sutton<sup>4</sup> says hysteropexy and the operation for shortening round ligaments are the two principal methods of dealing with this condition, but he strongly prefers hysteropexy, as it is the more satisfactory operation and gives excellent results. In a small percentage of cases of hysteropexy it has been followed by difficulties during labor. These risks are small when the attachments are properly made.

Howard Kelly<sup>12</sup> suspends the uterus only in cases of persistent retroflexion which refuse to yield to similar plans of treatment through the vagina, and then only when the discomforts of the retroflexion are sufficient to interfere seriously with health.

The two principal objections made against the operation of ventral suspension of the uterus are its supposed influence upon pregnancy and labor, and the risk of a portion of the intestine slipping behind the suspensory ligament, becoming obstructed and thus causing death.

Let us notice what some authorities say on the subject. Howard Kelly<sup>12</sup> remarks: "I have heard from 49 married women upon whom I have performed my suspensory operation at a date sufficiently remote to form a judgment as to the result. They reported 14 cases of pregnancy, and in only one of these was there any complication attributable to the suspensory operation. In that case the uterus was suspended, not by the fundus, but by the ovarian ligaments. The womb became infected, the ligatures were discharged, and the uterus was bound to the abdominal wall by *broad dense adhesions*. This woman had an instrumental delivery and recovered.

Penrose<sup>5</sup> and his assistants did ventro-suspension 310 times in seven years; 211 of these women made written reports of their condition. Of the 20 women who became pregnant and went to full term, the course of pregnancy was normal, and the