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Original Communications.

OBSTETRICS AND GYNECOLOGY.

By A. LAFTHORN SMITH, B. A., M. D., Gynecologist to the Montreal Dispensary, Surgeon to the Women's Hospital, Montreal.

Alexander's Operation.—This operation, as you are aware, consists in cutting down on the external inguinal ring and finding the round ligament of the uterus as it emerges from the inguinal canal. The ligament is then drawn out until the uterus is brought forward close to the symphysis pubis where it is maintained by sewing the shortened ligaments to the inguinal canal. The operation is only suitable in cases of retroversion and retroflexion, in which there are absolutely no adhesions. It has also been employed in cases of prolapsus uteri, although the function of these ligaments or muscles is not to hold the uterus up but to tilt it forward, so that abdominal pressure will fall on its back and not on its anterior surface. The operation has met with varying success, being discarded by some while others have found it very successful. Alexander himself directs that the ligament should be sought for at the external abdominal ring, but at this point it expands into three thin tendinous bands and several operators have failed because they have caught up one of these expansions instead

of the whole ligament. Dr. H. P. Newman, of Chicago, has a very interesting paper in the *American Journal of Obstetrics* for March, in which he advocates a modification of Alexander's directions, cutting down on the middle of the inguinal canal and hooking the round muscle out with a strabismus hook. Dr. Edebohls, of New York, read a paper at the Berlin Congress last year advocating the same method, and Dr. Newman calls his attention to the fact that it originated with Dr. J. Frank, of Chicago, a year and a half previously. I would call the attention of both Dr. Newman and Dr. Edebohls to the fact that I travelled all the way to Battle Creek, Michigan, to witness this same modification of Alexander's operation practised by Dr. Kellogg three years previously, the operation being done moreover under cocaine anæsthesia. This case was Dr. Kellogg's sixtieth.

Laying aside the question of priority, which is a small matter after all, Dr. Newman gives a detailed report of seven cases in every one of which the results were very satisfactory, the patients having remained in good health up to the time of writing, two years having elapsed. The indications for the operation were as follows: Retroversion and prolapsus of both the uterus and ovaries in cases IV, V, and VII; proci-dentia with enlarged and tender ovaries in