

is not necessary to mention its technique. Its object is not to fix the uterus to the abdominal wall, but to form suspension ligaments which will hold the fundus forward in its normal position.

The principal arguments in its favor are the ease with which it is performed and that in the majority of cases the results are good. It seldom interferes with the after pregnancies.

The arguments against it are numerous. It produces an abnormal adhesion, a pathologic condition which would be considered a menace to health in any other place in the abdominal cavity. A number of cases have been reported where it has caused intestinal obstruction or severe disturbance with the normal bowel function. The fact that, with the usual technique, two small bands result, makes the danger of incarceration of the bowel or omentum all the more liable. Even with the best of care, a firm fixation sometimes occur. Sometimes the bands stretch out so long that the fundus is again permitted to fall back into the hollow of the sacrum. The bands are practically devoid of muscular tissue, so that when once stretched out by a pregnant uterus they never retract to their original length.

The operation has been modified by the late Geo. F. Fowler, by suspending the uterus to the urachus; and by Martin, of Chicago, who uses a strip of peritoneum from the edge of the abdominal wound, which is passed through a small slit under the peritoneum on the fundus of the uterus. He thus obviates the use of any non-absorbent sutures.

The intra-abdominal shortening of the round ligaments was first suggested by Wylie, of New York, which he did by simply folding the ligament on itself once and stitching it together. This has been modified by Mann, who formed two folds, and by Webster, who made a single fold, and then passed this through the broad ligament and stitched it to the posterior wall of the uterus. Many of these operations give excellent results, but they all have the fault of using the good end of the ligament for folding and leave all the strain upon the very weakest part of the ligament, at the internal abdominal ring.

They do not interfere with pregnancy. Ashton, of Philadelphia, in bad cases recommends the combination of the ventro-suspension and the Wylie operation.

In order to secure the service of the strong end of the broad ligament, Gilliam, Ferguson, Grandin and others advocate the