

Pryor¹¹ does not endorse Alexander's operation. The operation has two disagreeable sequelæ; hydrocele of the ligament and inguinal hernia. He has collected fifty-four cases of hernia resulting from the operation. He says curettage and properly performed plastic work will cure uncomplicated retroversion whenever Alexander's operation can, and without its accidents. Pregnancy is not influenced by it.

Dr. E. C. Dudley⁶ says, in the last edition of his Gynecology, that: Alexander's operation is only permissible when the operation is not complicated by a tumor, inflammation of the uterine appendages, adhesions or other impediments to replacement. The field, therefore, is not very great.

VENTRO-SUSPENSION.

The operation of ventral suspension¹⁰ of the uterus will be always inseparably connected with the names of Ohlshausen, of Berlin, and Kelly, of Baltimore, for having the genius of proposing, executing and describing a systematic operation; although a similar operation had been previously performed by other surgeons in isolated cases and with indefinite plans. For a description of the technique of this operation I would refer you to Kelly's "Operative Gynecology," or to some other of the many excellent works on the subject.

Herman⁹ says: "In retroflexion with descent, in which pessaries fail, ventral *fixation* is the only treatment that will cure." He has known patients who have been invalids for years made able to lead active lives by this operation.

Reed¹ speaks of *fixation* and not of *suspension*, and says it is limited to those cases in which pregnancy is impossible, and to cases of very severe prolapse with great relaxation.

Penrose⁵ says the operation that at present seems to possess most advantages for the cure of those cases of retroversion of the uterus that cannot be cured by the pessary, is the operation of ventro-suspension of the uterus. If this operation is properly performed, the course of subsequent pregnancies and labors seems to be in no way impeded.

Montgomery⁸ asserts that ventro-fixation permits the inspection and treatment of intra-peritoneal conditions which is of great advantage. A disadvantage is that it has been found to interfere in some degree with gestation and labor. He also mentions a case where a large portion of intestine slipped behind the band of adhesion, became strangled and caused death.