

If, for any reason, the posterior cul-de-sac has been opened, an attempt should be made to correct a retro-displacement by one of the methods which fix the cervix well back in the hollow of the sacrum.—Pryor's for example.

That Alexander's operation should be the operation of choice in all *uncomplicated* cases. That complications are the rule, consequently, this method is very limited in its field of usefulness. That uncomplicated cases are those in which any operation is least indicated. That all methods of shortening the round ligaments by doubling them up from within the peritoneal cavity, utilize the strong portion of the ligament, leaving on duty the weak, stretched portion within the abdominal wall to stretch again in course of time.

That ventral suspension—not fixation—when properly performed in combination with other procedures, does relieve the malposition, and prevents, more surely than any other method, a recurrence of the same. Its dangers are small, if any, in subsequent pregnancy and delivery. It has the advantage of being quickly and easily performed, and is applicable in all cases where any other method is, and in very many cases it is the only method that offers a reasonable hope of permanent cure.

That those who criticize most severely the two time-honored operations, Alexander's and ventro-suspension, are those who have some pet operation of their own, or a modification of some one else's, to extol.

In conclusion, Mr. President, I am here to make the statement that while ventral suspension, in common with every other human endeavor, has its failures, it more nearly approaches a universally applicable operation for retro-deviations of the uterus than any other method known to the medical profession.

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