

3. Is the elevation and suspension of the uterus by shortening the round ligaments alone sufficient, and is the result permanent? Or does the latter operation require an additional one on the vagina or pelvic floor to insure a complete and enduring recovery?

In answering the first of these propositions, Dr. Munde states that after several trials and some reflection he has come to the conclusion that his great difficulty in the beginning of his experience was due to a too great observance of detail in the minute anatomy of the part, and that when he learned to cut down boldly from the spine of the pubis, reaching the ring with one stroke, he found no difficulty of discovering the ligaments. This method of Munde's is quite natural, as we can easily understand how a careful and prolonged dissection through the overlying parts would cause the ligament to be pulled to one side by a retractor or forceps, or parts taken up and pulled upon, and in this way made to look like the ligament to an inexperienced operator. "As soon as the ligament on each side has been found, the uterus is anteverted by a repositor. The ligaments are sutured with silk-worm gut into the wound and the latter removed in fourteen days. Before closing the last suture a split-bone drain is inserted into the lower angle of the wound, which is then dressed with sublimate gauze and a spica bandage applied. After the patient assumes the erect posture a Hodge pessary is worn for six months.

*Can the uterus always be elevated and anteverted by drawing upon the round ligaments?* Dr. Mundé answers this question decidedly in the affirmative, and requires but fifteen minutes to accomplish the operation on each side.

In answer to the second proposition, the author mentions long-standing retroversion or retroflexion especially when associated with descensus. Very old women, he thinks, do not form good subjects for the operation.

In answer to the third proposition, the author is of opinion that whenever the perineum had been destroyed or the pelvic floor injured, involving prolapse of the vaginal walls and uterus, it is advisable to increase the efficiency of Alexander's operation by narrowing the vagina and restoring the perineum.