

4. Anterior portion of uterine body fails to expand and forms a large fleshy, tumorous mass obstructing the superior strait, while the posterior wall becomes very thin.
5. Abortion or premature labor is of frequent occurrence.

DIFFICULTIES DURING LABOR.

1. Labor has been delayed some weeks beyond term.
2. Labor has become powerless owing to the inability of the thinned out posterior uterine wall to expel the fetus.
3. The labor may be obstructed by the mass of tissue in the anterior uterine wall as by a tumor.
4. The proper expansion of the cervix is interfered with by its abnormal high position in the abdomen.
5. Malpositions are more frequent.
6. The uterus during labor may tear loose from its attachments, with the formation of a large hematoma at point of rupture.

I think I have advanced enough evidence to prove that ventral-fixation, at all events in a woman who has not passed the child-bearing period of her life, and who may become pregnant, is not a desirable operation, nor do I think I am putting it too strongly when I say I do not think it a desirable operation under any circumstance.

In conclusion, I wish to say a few words regarding ventral-suspension which I believe to be a very desirable operation, and one that may safely be done at any period of a woman's life, without exposing her to any of the inconveniences or risks of fixation.

In ventral suspension we aim at suspending the uterus, not fixing it, from the anterior abdominal wall through the medium of two newly formed ligaments, so that the uterus still has free play in a lateral and vertical direction, while at the same time it is unable to retrovert. By the old method of fixation the anterior wall of the uterus after extensive scarification was permanently fixed by broad adhesive surfaces to the abdominal wall and the woman's future comfort greatly interfered with, the action of the bladder much impaired and the dangers of pregnancy considerably increased. The sutures which are now inserted for suspension of the uterus in time draw out a thin muscular fibre from the abdominal muscles and a similar one from the uterine wall, so that eventually the uterus becomes suspended by the formation of two new thin ligaments from 2 to 3 inches long, and the uterus retains its natural mobility, in a lateral or vertical direction, while at the same time it is quite impossible to retrovert it, the distension of the bladder is not interfered with nor is the course of pregnancy.