operation has, within the last two or three years, been performed a considerable number of times, with a view of permanently retaining the retroverted or prolapsed uterus in position. To Dr. William Alexander of Liverpool, it would appear, is due the credit of originating this operation, which he has performed many times, and on which he has written a short monograph. Every gynæcologist is familiar with the fact that there are many cases of retroversion and prolapse which prove very unmanageable in the hands of men the most experienced; for these the operation is proposed. An incision is made over the course of the inguinal canal, exposing the external abdominal ring, where the round ligaments escape. The ligament is pulled out for some distance, the uterus being replaced. Sutures are then passed through the edges of the ring, including the cord of the ligament. By these it is retained *in situ* till adhesion takes place. At the last meeting of the British Medical Association, papers were read reporting cases of the operation by Drs. Wm. L. Reid of Glasgow and George Elder of Nottingham. Dr. Reid reports three cases, and concludes his paper as follows:—

1. It is better to use the spray, and to keep the wound aseptic until it has wholly or nearly healed. There is hardly any hope of its healing by first intention; but, if kept aseptic, it heals more quickly than it would otherwise do.

2. The loose part of the cord should not be folded up in the wound, but the greater part of it cut off so as to avoid the presence of sloughing tissue in the wound. Properly secured by sound stitches, and the uterus supported by a good pessary, there is no danger of the cut-ends being drawn into the abdomen, they being soon secured by adhesion.

3. The ends of the ligaments can be most easily reached by standing on the side on which you are operating, as the outer edge of the ring is more easily felt by the finger when one stands on the same side.

4. Contrary to Dr. Alexander's recommendation, I have found that the end of the round ligament is more easily isolated by grasping it with a broad pair of dressing forceps. The cross fibres which prevent it from running out can then be cut, or torn