most expert would recognize the condition, and the patient would either have to undergo an immediate abdominal operation or die from septic peritonitis or internal hemorrhage. No man has a perfect tactile sense or eyes on the ends of his fingers, hence where we have to deal with dense adhesions there is always danger of leaving some unrevealed accident buried in the pelvis. This brings us to the consideration of dealing with retro-displacements of the uterus, by the abdominal route, which, to my mind, is not only the most logical, but at the same time the best surgical door to the pelvic cavity. By it we can use our eyes as well as fingers, and absolutely know the conditions with which we have to deal, and if any part of the operation is left undone, or is wrongly done, it is the fault of the surgeon and not of the method.

"Koeberle, from observing that the uterus was influenced in its position in the pelvis by the attachment of the tumor pedicles in the abdominal incision after laparotomies, conceived the idea of fixing a portion of the uterus, or its appendages, in the abdominal incision as an operation of election for retro-displacements, consequently he was the first to execute such an operation, on March 27, 1869, when he stitched the pedicle of an excised ovary in the lower angle of an abdominal incision. Sims, February 22, 1875, cured a patient with persistent, painful retro-flexion by practically the same operation as that employed by Koeberle. Schrader reported, in 1879, a similar operation."

"On February 20, 1880, Lawson Tait, in closing an abdominal wound after removing the appendages in a case complicated with retroversion, allowed the sutures employed for closing the abdominal incision to include the fundus of the uterus and thus deliberately accomplished a ventral fixation. He reported this case, and another done in April, 1880, as cured in 1883. Sanger reported that Hennig performed this operation in 1881."

This operation has practically been abandoned on account of the difficulties which follow during pregnancy, and should never be resorted to except in cases of severe prolapse in women who have passed the menopause.

The operation of ventro-suspension which has had more ardent advocates than any other until recent years, was originated by Kelly, of Baltimore, in 1885, and will always be inseparably connected with his name.

It has been described so frequently in medical literature that it