

of its *modus operandi*, both of which may be far better obtained by reference to any standard work on the subject.

Garrigues<sup>7</sup> says: "This should be the operation of choice, but it is contra-indicated if the uterus is held back by adhesions, or in old women in whom the ligaments become atrophic."

Herman, of London, says: "Alexander's operation permanently cures retroflexion of the uterus, but it does not cure prolapse. If cystocele is associated with retroflexion, your patient will not be cured. It is not without danger, which comes from the difficulty of the operation, difficulty in finding the ligaments. In many cases operators have failed to find them, and fatal injury has been inflicted in the search. The pulling on the ligaments interferes with their blood supply, and resulting inflammation may lead to deep suppuration which may spread to the peritoneum with fatal results; or the suppuration may come toward the surface, leaving a weak canal. Later, the ligaments may slip back and the uterus become displaced again. A canal thus weakened by suppuration favors hernia; in fact, the inguinal canals cannot be wholly or partly opened up without favoring hernia.

Reed<sup>1</sup> considers Alexander's operation indicated in any backward or downward displacement in which there are no adhesions. Where the uterus is greatly enlarged and the utero-sacral ligaments are also relaxed, very little benefit can be expected to follow Alexander's operation alone.

There are several complications to be taken into account. Adhesions in the inguinal canal sometimes effectually prevent the drawing out of the cord. We may encounter a delicate cord. In a few instances the cord will break. In some instances it has been found not to run through the inguinal canal.

Penrose<sup>5</sup> says the field of this operation is very limited. It is not applicable when there are adhesions, nor when there is disease of the tubes or ovaries requiring operative treatment.

Montgomery<sup>8</sup> mentions the disadvantages of Alexander's operation as: (1) Two incisions have to be made. (2) The operation is limited in its application. It is only in those cases in which the uterus is mobile that we can practise the procedure. (3) The round ligaments are sometimes so attenuated as to be of little use in maintaining the organ. In one operation of his the ligament on one side was entirely absent. (4) In cases of infection the infected ligament may slip back, carrying infection in beneath the peritoneum.