

mentary and attenuated that it was not possible to make any use of them. After this publication from so well known and able a surgeon there started a hue and cry that the ligaments only existed in women that had borne a large number of children, and who were the subjects of advanced uterine hyperplasia and hypertrophy of the round ligaments. During discussions at the British Gynæcological Society Mr. Lawson Tait and some others spoke against the procedure, saying that it was unscientific in principal and that he would not perform it. In Germany it has been altogether pooh-poohed, being, as it were, altogether too refined and delicate a procedure to suit the heroic tendencies of the average German surgeon—a feeling which is solely the outcome of an utter disregard for human life and a knowledge of their own personal safety. Ventral fixation or hysterorrhaphy has been freely performed in Germany for retro-displacements and prolapse, instead of Alexander's operation. It is, however, well known that the indications for these two operations are separate and distinct. Hysterorrhaphy is applicable to those cases only where old inflammatory remnants have caused the uterus and annexa to be fixed in their displaced position; and these are the very cases where it is distinctly taught that Alexander's operation is inapplicable. We hear that a certain Western surgeon is doing a large number of Alexander's operations without an anæsthetic, simply using hypodermics of cocaine. This use of cocaine cannot be too strongly condemned, and may be looked upon as a species of surgical gymnastics incompatible with scientific work. In a majority of cases, as Dr. Mundé shows, plastic operations require to be done on the cervix and vagina at the same sitting, and this fact alone would tend to show how absurd the employment of a local anæsthetic would be. In Dr. Mundé's paper he proposes to discuss Alexander's operation under three headings:

1. Can the round ligaments always be easily found, drawn out, and the uterus thus be elevated and anteverted?

3. In which form of displacement of the uterus is the operation indicated, justifiable, and likely to be followed by complete and lasting relief?