

1. Obliteration of the Pouch of Douglas.

Marion, who invented this operation for certain cases of prolapse with exaggerated deepening of the pouch of Douglas, advises it to be done as follows:¹

The abdomen being opened, the pelvis emptied of its intestines, he draws the uterus forward and then proceeds to the obliteration of the pouch of Douglas by means of four purse-string sutures of increasing diameter in the peritoneal cul-de-sac.

In order to insert these sutures he begins by seizing the floor of the cul-de-sac with forceps which draw it upward, and then places completely around it a subperitoneal suture which he ties after having taken off the forceps. The first suture is drawn upward in its turn, which permits of placing a second, and one can then successively dispose of a series of four or five sutures according to the depth of the cul-de-sac.

These sutures should take hold not only of the peritoneum on the posterior surface of the vagina or the uterus, but equally on the sides, the serous membrane that clothes the pelvis below the white line.

The insertion of the deepest stitches is quite a delicate undertaking; to do it best, the operator should take hold of the peritoneum with a long pair of forceps for holding tampons and then insert into the fold thus produced the suture needle. The inserted sutures should go as high as the posterior face of the uterus. The only precaution is to guard against completely perforating the coats of the rectum.

Thus the pouch of Douglas is obliterated. The cervix is drawn backward and adhesions between it and the rectum and peritoneum of the postero-lateral portions of the excavations are produced (Figs. 354 and 355).

This procedure, to us, seems above all applicable to "false prolapse,"

¹ Rousseau, Treatment of Certain Cases of Prolapse by Obliteration of the Pouch of Douglas. *Th. de Paris*, 1908-1909, No. 7.

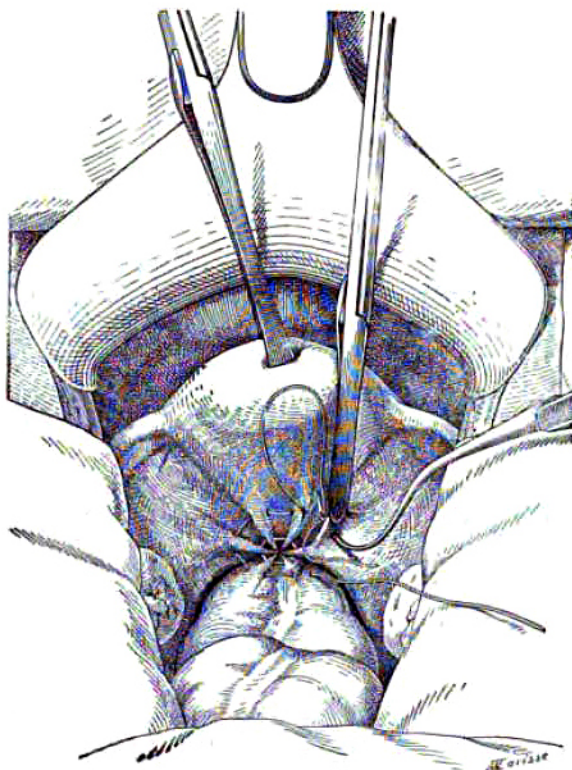


FIG. 354.—Obliteration of the pouch of Douglas.

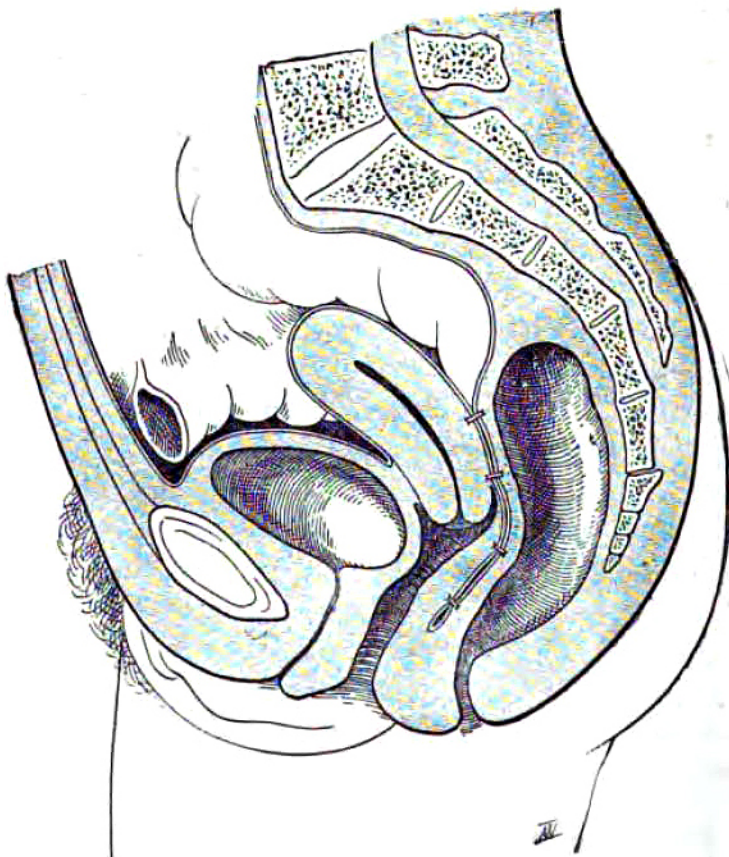


FIG. 355.—Obliteration of the pouch of Douglas.

those cases in which there is a real hernia of the pouch of Douglas, sometimes confused with true prolapse. It is good, we believe, to combine it with a posterior colporrhaphy.