

weight settles down in the pelvis much below its usual position, it is easy to understand how a retroversion would eventually follow. It is claimed that peritonitis and metritis are causes of backward displacements of the uterus. My experience does not warrant this opinion.

There is no doubt that tight-bandaging following confinement should be considered as a cause of retroversion, by crowding the enlarged uterus with its relaxed ligaments downwards and backwards into the pelvis. It is claimed by some observers that a backward displacement of the uterus is not of sufficient pathological importance to justify effort to correct it. It is true that I occasionally see a case of backward displacement of the uterus where no disagreeable symptoms prevail, but this is certainly a very rare exception. The symptoms, in some degree, of painful menstruation, of back-ache, of irritable bladder, of inability to stand or walk with comfort or ease, of constipation, of reflex nervous symptoms, either of the stomach or the head, one or all, sooner or later force the patient to apply to the physician for relief; and the very marked mitigation of the troublesome symptoms following the successful treatment of these cases proves past all argument the truth of the proposition that all backward displacements of the uterus, attended with local or general symptoms, should have the displacement corrected.

The cases that seem to show the least evil effect in backward displacements of the uterus, are women where the change of life has occurred. Here we may have a markedly displaced and atrophied uterus with no attending local or general symptoms.

The common causes of backward displacements of the uterus are, first, anything which weakens its supports. Thus the ligaments, in common with all the other structures of the body, may become weakened from any exhausting sickness. They are left relaxed following confinement, or the perineum, from being overstretched or torn so that a part of the support of the vagina and bladder from below is removed. Secondly, any intra- or extra-abdominal pressure exercised from above, whether from tight corsets or heavy skirts, or unusual muscular exercise, or the growth of some form of abdominal tumor. Any one of these