

crowded forward into a state of so-called anteversion. The round ligaments, acting as guys, probably tend also to keep the fundus of the uterus forward, but their force is small compared with that exerted by the utero-sacral ligaments.

As far as downward or backward displacements of the uterus are concerned, the broad ligament seems to exert very little influence. The normal condition of the perineal body and the pelvic floor, I am convinced, exercise considerable influence in keeping the uterus in its normal position. If the perineal body and the pelvic floor have been over-stretched and torn to a sufficient degree to allow a prolapse of the vaginal walls through the vaginal opening, the dislocation downwards of the bladder and the pelvic organs generally tends to place the uterus lower in the pelvic excavation, and the uterus, following the curve of the pelvis, tends gradually to become displaced downwards and backwards. This is especially true in women during the first few weeks following child-birth, when the connective tissues and the ligaments are left in a relaxed and over-stretched condition, and the uterus is large and heavy; and I am sure that many women date their uncomfortable pelvic symptoms, due to a retroversion of the uterus, to their first confinement.

The moment that the uterus becomes displaced downwards to a point where the pressure of the small intestines gets in front of instead of behind the body, a backward displacement is inevitable. I can easily understand how the combination of the wearing of tight corsets and the habitual over-distension of the bladder, occurring in the same woman at the same time, would be a very decided cause of displacements of the uterus backwards.

That backward displacements of the uterus may be congenital is well known. Soudry, in seventy-one post-mortem examinations of infants, found the uterus retroverted in fifteen cases and retroflexed in two cases; and I have so frequently found retroflexion and retroversion of the uterus in young girls who were suffering from dysmenorrhœa that I doubt not that a considerable proportion of all women have congenital retroversion or retroflexion of the uterus.

If the uterus becomes enlarged from any cause, and by its