

is not strange that writers on this subject so frequently disagree as to what the normal position should be. In the first place, it should be remembered that no two women are exactly alike in this part of their body any more than that their faces are exactly alike. One woman has a long and narrow vagina with the uterus very high in the pelvis; another woman has a very short and broad vagina with the uterus very low in the pelvis. One woman with a large bladder fully distended with water will have the fundus of the uterus pushed over toward the sacrum, and very far forward near the pubic bone when the bladder is empty.

The connective tissue which attaches the uterus to the bladder, as well as the connective tissue of the broad ligament, undergoes, under certain circumstances, such as intra-abdominal pressure from muscular exertion, an amount of distensibility which permits a very great degree of motion to this organ.

Notwithstanding these statements, there seems to be one general proposition which can be safely agreed upon by all,—that where the bladder is entirely empty and contracted the fundus of the uterus should be in rather close apposition to the top of the contracted bladder, and the pressure of the small intestines should be behind the uterus instead of in front of it; in other words, in a condition that some writers would have us believe is one of anteversion, a condition which, in my opinion, is not a pathological one. For years I have been looking for a case where the symptoms and position of the uterus would warrant the belief that an anteversion of the uterus was the cause of suffering. Thus far I have been unable to find one.

Now as to the forces which retain the uterus in its normal position. The utero-sacral ligaments, attached as they are to the junction of the body and the neck of the uterus and passing almost directly upwards, one on either side of the rectum, to the anterior surface of the sacrum, are doubtless the principal elements in keeping the uterus in its normal position. So long as the neck and lower portion of the body are kept drawn upwards and backwards by these ligaments the fundus of the uterus tends to fall forward, and so the intra-abdominal pressure is exerted against the posterior wall, and thus tends to keep the uterus