of the corpuson this axis will when corpus and cervix assume a straight line will be (*a*) retro-versio uteri; if the corpus moves dorsalward on the transverse axis until the cervix and corpus assume an angle with each other, the position is a flexio uteri. 3. On a dorso-ventral axis through the isthmus uteri, there can arise a latero-flexio uteri, and (*b*) latero-versio uteri. Flexions, versions and torsions uteri may be combined, presenting complicated positions. In gynecologic practice no importance is to be attached to any uterine position unless it has progressed to such a degree that pathologic symptoms arise from it. Flexions, versions and torsions may represent normal uterine positions when perfect mobility exists. Dislocated uteri (*e. i.*, uteri permanently fixed) are pathologic.

Various conditions influence the position of the uterus, as age and functional relations. In every phase of a woman's life the uterus assumes a different position, as in (1) pueritas, (2) pubetas, (3) menstruation, (4) puerperium, (5) climacterium, (6) senescence. The distention and contraction of adjacent viscera influences uterine positions. Dislocation of the uterus should not be mistaken for uterine disease, as disease (myometritis, peritonal exudates and pathologic adjacent structures) produces the dislocation (fixation).

Development: 1. It arises from the coalescence of the middle segment of the pronephritic ureters (Muller's ducts). 2. Almost stationary in Pueritas. 3. Rapid development when the utero-ovarian artery springs into activity (in Pubertas). 4. Complete development of myometrium after menstruation, gestation and puerperium.

Number: Single from bilateral coalescence.

Form: Pear shape.

Sphincters: (1) internal os; (2) external os; (3) uterina oviductus

Flexures: Cervico-uterine.

Borders.

The borders refer to the middle of the external wall—ventral, dorsal and bilateral. (*a*) The ventral and (*b*) the dorsal borders are free, covered by peritoneum and come under surface, facies uteri, description. (*c*) The lateral border, margo lateralis uteri, is of extreme practical importance in gynecology, as the neuro-vascular uterine pedicle (mesometrium) is inserted on this border line. Vessels and nerves find ingress to the uterus and vessels, with the oviducts round and ovarian ligaments find egress from the uterus at the lateral urine border.

The lateral border is the line of reflection of the mesometrium whence it receives the uterus between its separating blades. The connective tissue, parametrium, which lies between the