

lapsed and elongated uterus becomes truly extruded, the organ tends to return to its normal length.

With regard to treatment:—

Pessaries are not so much used now as formerly, because there are many good and safe operations in vogue for the radical cure of these conditions. But patients sometimes refuse operations or there may be reasons contra-indicating operation, and it is satisfactory to realize that many cases can be entirely cured by the judicious use of pessaries. Given a freely mobile uterus with no external complications—"external" being used as in relation to the uterus—a fair amount of tone in the vaginal walls and a perineum that is not deficient, a good result may be anticipated. The principle underlying treatment by pessaries is to afford mechanical support to the uterus until such time as the relaxed ligaments and pelvic floor recover their tone.

To insure success in any but the slightest forms of displacement the treatment must commence with absolute rest in bed for ten or twelve days, while means are taken to relieve pelvic congestion. Saline aperients, copious douching with water at 112° Fahr., and the continuous use of the glycerine tampon. This tampon, to be efficient, must be of large size and thoroughly saturated with glycerine. Left in situ for twenty-four hours it depletes the parts by causing a profuse watery discharge. It is introduced daily after douching. The next step consists in restoring the uterus to its normal position. This is best done by the uterine sound. Properly performed, with due precautions, reposition by this means is absolutely safe and is much less painful than the bimanual method. The end of the sound should not be curved but bent at an obtuse angle to the shaft. After it has been passed with the point backwards the organ is straightened and anteverted by making a turn of the handle through a wide circle. Mere rotation of the instrument on its axis only causes a twist of the uterus. A moderate amount of fixation by adhesion is no bar to successful treatment, for it will be found that by careful daily manipulation the adhesion can be gradually stretched, only, of course, the treatment will be more prolonged.

Having reduced the displaced uterus, it only remains to ad-