

# The Canada Lancet

VOL. XXXVIII.

JANUARY, 1905

No. 5

## THE SURGICAL TREATMENT OF COMPLETE DESCENT OF THE UTERUS. \*

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**C**OMplete descent of the uterus, descent to the third degree, which may be defined as that deviation in which a part or the whole of the uterus is outside of the vulva, is always associated with extensive injury to the pelvic fascia, the pelvic connective tissue, the muscles of the vaginal outlet, the perineum and the vaginal walls: in fact, these injuries of the pelvic floor constitute the essential lesion, the mal-location of the uterus being an incidental factor.

The uterus in its normal position lies across the pelvis, the fundus pointing in a slightly upward, anterior direction, and the external is in a slightly downward, posterior direction. The long axis of the uterus, in this normal direction, makes an acute angle with the long axis of the vagina which extends from the vulva upward and backward in the direction of the hollow of the sacrum. Generally speaking, mobile anteversion, with some degree of anteflexion, is the normal position of the uterus; at any rate, the uterus, in its normal range of movements, does not deviate, unless temporarily, beyond the limits of a certain normal anteversion and anteflexion.

In the etiology and treatment of descent, the practical significance of this acute angle between the axis of the uterus and vagina is very great, because the uterus in the act of prolapse must descend through the vaginal canal in the direction of that canal, that is, a coincidence of the two axes is a prerequisite of descent. Now, if the essential condition of descent is a coincidence of the axes, it follows that one factor, at least, in the treatment of descent must be to restore the normal angle between the axes.

In labor the anterior wall of the vagina is so depressed, stretched and shortened by the advancing child that, during and after the second stage, the anterior lip of the cervix uteri may be seen behind the urethra. This location of the cervix, so close to the anterior wall of the pelvis, necessarily involves great stretching of the utero-sacral supports which normally hold the cervix uteri and, together with it, the upper extremity of

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\*Address in Gynecology. Canadian Medical Association, August, 1904.