are nearly always secondary affections, and generally occur during the child-bearing period; pregnancy and parturition being the most important factors in their causation.

6. A pessary, when in sitû, ought to cause no inconvenience or pain. A properly fitting pessary generally affords immediate relief, and may be left in sitû for several weeks or months.

7. A stem-pessary should never be left in the uterus for a longer period than a month or six weeks without removal.

8. Displacements frequently cause sterility or abortion.

Retroflexion and Retroversion of the Uterus.—The former occurs when the uterus is bent backwards at the fundus only, the os uteri remaining very nearly in its normal situation.

The latter exists when the whole uterus is inclined backwards, the uterine axis not being altered.

Retroflexion of the Uterus is probably the most common displacement to which the uterus is liable. It may occur in young or advanced age, and it is usually a secondary affection, being generally developed out of a partial retroversion.

The causes producing the condition most likely to result in this displacement are mentioned more especially under Nos. 1, 2, 6, 7, "Causes of Displacements in General."

Symptoms.—They vary much in different cases. The catamenia may be profuse, scanty, or painful. Dr. Atthill says, that when the displacement is due to congestion or chronic inflammation of the uterus, terminating in hypertrophy, the catamenia are diminished in quantity, and frequently painful; but that when retroflexion is the result of subinvolution of the uterus, following labor or abortion, the catamenial discharge is increased in quantity, sometimes to an alarming degree.

Pain in the back, and a sense of weight in the pelvis, are generally present, as well as various other symptoms due to pressure and reflex irritation, as difficult and painful defœcation, bladder trouble, vomiting, &c.

By vaginal examination, &c.:—

1st. Cervix uteri will be found in sitû.

2nd. The fundus uteri will be felt behind the os as a rounded tumor.

3rd. The rounded tumor will disappear if the sound be passed with its concavity backwards, and then a half-turn be given to the instrument.

Retroflexion has a two-fold action on the uterus.

1st. The veins are compressed by the bending of the organ, producing congestion and hindering the exit of the menses and other secretions.

2nd. Hypertrophy and inflammation are set up.

Treatment.—The uterus must be restored to its normal situation. This can usually be done by one of the different kind of pessaries, the uterus being first replaced by the finger if possible. When the pessary fails to raise the uterus, or when the uterus, although raised, still remains bent on itself, it will be necessary in the first place to replace the organ either by means of a stem-pessary, pressure per rectum, or by the use of the sound as a repositor (*vide* Nos. 1, 2, 3, "Remarks on Displacements in General.")

Retroversion of the Uterus is a rare affection, and is nearly always associated either with pregnancy or prolapse of the uterus. It produces, unless extreme, comparatively little effect upon the uterus itself; the symptoms being chiefly those due to pressure and dragging, and those which belong to the hyperæmia and inflammation present (*vide* No. 4, "Remarks on Displacements in General.")

On vaginal examination:—

1st. The os uteri will be found to be tilted forward and elevated.

2nd. The fundus uteri will not be in sitû.

3rd. No angle can be felt behind the os between it and the cervix.

Retroversion and retroflexion have to be distinguished from:—

1. A tumor in the posterior wall of the uterus.
2. A retro-uterine hæmatocele.
3. A small ovarian tumor in Douglas's pouch.

Retroversion of the gravid uterus usually terminates in one of three ways:—

1. Utero-gestation may proceed normally, the uterus rising out of the pelvis in due time.
2. Abortion may occur—three or four months.
3. Death may take place.

Treatment.—The uterus must be kept in its normal position by means of a pessary (*Vide* Nos. 1, 2, 3, "Remarks on Displacements in General.") In retroversion of the gravid uterus it is necessary to keep the bladder empty, and to raise the fundus uteri above the brim of the pelvis. The latter can often be accomplished by means of two fingers in the vagina, care being taken to avoid the promontory of the sacrum. After the fundus has been raised, it will be necessary to confine the patient strictly in the recumbent position for some time, as a relapse or abortion is very liable to occur. The catheter must also be used regularly. When reposition cannot be accomplished, abortion must be performed.

Anteversion and Anteflexion of the Uterus.—These are the forward displacements of the uterus. In anteversion, the whole uterus inclines forward, without alteration of the uterine axis.

In anteflexion, the uterus is bent forwards upon itself. The former is frequently a primary affection; but the latter, like retroversion and retroflexion, is usually secondary.

The factors producing the conditions most likely to result in the forward displacements, are enumerated under Nos. 1, 2, 3, 4, &c., "Causes of Displacements in General."

Anteversion of Uterus.—Dr. Barnes states that coitus is not an unfrequent cause of this displacement.

Symptoms.—*Vide* Nos. 4 & 8, "Remarks on Displacements in General."

Physical examination will reveal:—

1st.—By vaginal examination, the os uteri high