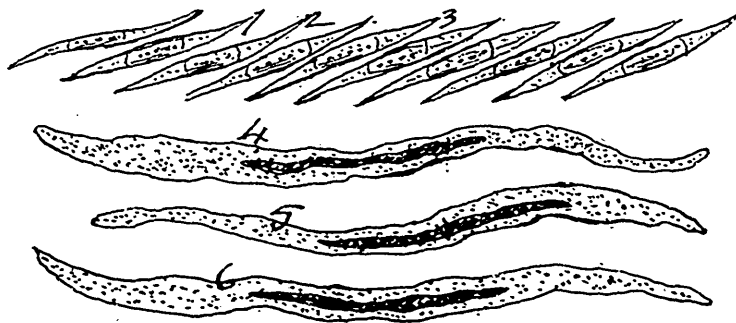


general body the movement or shifting of the entire uterus from its typical position there are a number of technical terms in use, which facilitate the description of both typical and normal uterine positions as, (a) dorsal deviations of the uterus are known as retro-deviation or retro-position. (b) Ventral deviations are termed ante-deviation or ante-position. (c) Lateral deviations are designated as latero-deviation or latero-position (d) Proximal deviations are recorded as uterine elevation. (e) Distalward deviations are recognized as uterine depression.

The above positions *a, b, c, d, e*, may concern normal positions of the entire uterus within the zone of health.

All the holotopic and idiotopic variations of uterine positions are normal, *i.e.*, anatomic and physiologic to a certain grade. As a whole (holotopic), and on its axes (longitudinal, transverse and dorsa-ventral idiotopic) the uterus must be mobile to be in either its normal or typical position. Fixation of the uterus is dislocation.



II. *Skeletopy* (relation to osseous skelton).—1. The uterus lies in the middle of the pelvis minor. 2. The cervix lies in the pelvic axis. 3. The os externus corresponds with the level of the 2 or 3 coccygeal vertebra; (b) on a level of the proximal border of the symphysis pubis; (c) the external os is on a level with the planum interspinosum, *i.e.*, the plane between the spinal ischia. 4. The internal os lies about in the centre of the lesser pelvis. 5. In the normal ante flexio-anteversion uteri, the longitudinal axis of the corpus lies in a plane extending from the proximal border of the symphysis pubis to the fourth sacral vertebra. 6. The uterus lies about midway between, and in the centres of the planes of the pelvic inlet and outlet without being in contact with either. 7. The most proximal point of the uterus lies on a plane which cuts the fourth sacral vertebra. 8. The most distal end of the uterus (ventral cervical lip) lies in a plane which cuts the