might be more correct to designate the condition as prolapse aggravated by retroflexion.

Prolapse is of varying degrees, from a slight dependence lower in the pelvis than normal to a complete procidentia in which the uterus is outside the vulva. A certain amount of descent is physiological, and occurs during respiration. The conditions tending to produce prolapse are:

1. Increase in intra-abdominal pressure, whether continuous, as in the case of tumors or ascites, or transient, as in violent muscular effort, straining or chronic cough.

2. Relaxation of the floor of the pelvis, especially the pelvic fascia and the Levator Ani muscle. Schatz, in 1884, and Skene, in 1885, described independently a condition of submucous laceration of portions of the Levator Ani in parturition. Both observers described gaps or spaces in the muscle fibres felt through the vagina. So far as I am aware, no one has demonstrated this fact by dissection. Personally, although I have examined hundreds of cases of relaxatic I have never succeeded in feeling the gaps so described.

3. Laxity of the vaginal walls by general weakness or from too frequent parturition and ruptured perinæum.

4. Relaxation of the broad ligaments.

5. Congenital anatomical peculiarities, the only explanation of cases of procidentia occurring in healthy virgins with no history of laborious work.

These cases are considered a kind of hernia.

The uterus, in its descent, follows the curve of the axis of the pelvis exactly like the foetal skull in normal parturition, and each step in the descent, by increasing the bulk of the organ from congestion and causing a further weakening of the already relaxed tissues, favors the occurrence of the succeeding step.

Prolapse or procidentia may be simulated by hypertrophic elongation of the cervix, and this condition, by the additional dragging weight, may be a factor in the production of true prolapse. The hypertrophy may be confined to one lip, usually the anterior, but more commonly the enlargement occurs in both lips simultaneously. The causes of the condition are not understood. It appears to be a true hypertrophy, but when a pro-