

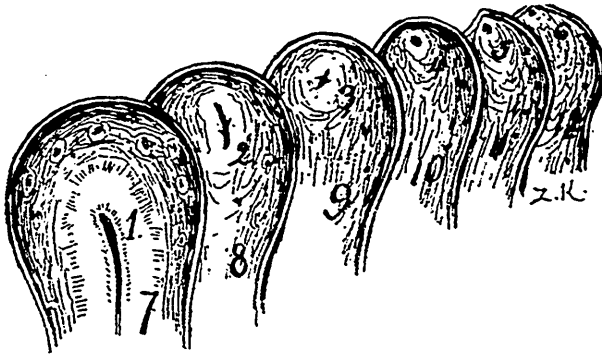
lateral border of the uterus between the blades of the ligamentum latum. It emits the rami laterales uteri, viz.: (a) ramus cervicis; (b) rami corporis; (c) rami fundi.

Nerves: 1, hypogastric plexus; 2, ovarian plexus; 3, automatic menstrual ganglia; 4, utero-vaginal ganglion (pelvic brain); 5, II, III and IV, sacro-spinal.

Fixation apparatus (mesenteries): 1, sacro-uterine ligaments; 2, vagina; 3, pelvic floor; 4, ligamentum latum; 5, ligamentum rotundum; 6, vessels and nerves; 7, perimetrium; 8, parametrium; 9, utero-vesical ligament; 10, peritoneum; 11, cardinal ligaments; 12, abdominal parietes.

Walls: 1, ventral; 2, dorsal; 3, lateral.

Dimensions: Length, 3 inches; breadth, 2 inches; thickness, $1\frac{1}{2}$ inches (resting multipara).



Weight: 1, nullipara, an ounce; 2, multipara, $1\frac{1}{2}$ ounces; 3, menstruation increases half ounce; 4, gestation and puerperal uterus several pounds.

Tissue matrix: (Protecting bed) 1, parametrium; 2, subserosum; 3, the matrix tissue is chiefly lateral.

POSITION.

1. There are two positions of the uterus to consider, viz., a *physiologic* which is perfectly motile similar to the testicle, enteron, sigmod. *Pathologic*, which means permanently fixed. The uterus is the most mobile of all viscera, and it is in its typical or normal position only when perfectly mobile. It is in pathologic position when fixed.

2. The factors which fix or dislocate a uterus are: (a) myometritis; (b) peritoneal exudates; (c) adjacent pathologic structures. I shall present the uterine positions under the following four heads:

I. *Holotomy* (relation to the general body) as regards the