In the treatment of anteflexion, pessaries are absolutely useless, and treatment by drugs is never more than palliative and is often harmful.

A large proportion of cases can be cured by a single thorough dilatation of the cervical canal with graduated sounds—sometimes the operation will have to be repeated once or twice, but not as a rule. Other cases will require, in addition, a division of one or both sides of the cervix. Surgical interference is indicated in unmarried women only when the dysmenorrhœa is severe, in which cases it is certainly less objectionable than treatment by drugs. The relief obtained from the use of alcohol or morphia in dysmenorrhœa is the foundation of many a case of chronic inebriety.

Retroversion is often physiological. It may alternate in the same individual with anteversion. Of itself it is of no clinical importance. When symptoms are present the organ will be found prolapsed, the version being the first step in prolapsus.

Retroflexion is sometimes congenital and apparently normal. It may cause dysmenorrhœa just as anteflexion does, by interfering with the circulation in the uterine mucosa, or it may cause no symptoms and exercise no adverse influence on fecundity. When retroflexion is pathological it very soon becomes retroverted as well. The symptoms are those of pelvic congestion and pressure. The degree of congestion and the severity of the symptoms depends to a large extent on the form and consistence of the utero-sacral ligaments. These folds of peritoneum form the lateral boundary of Douglas's pouch and stretch between the uterus and the sacrum. They vary in different individuals in shape and tension. Sometimes they are curved with rounded edges and a good space between; sometimes they are narrow, sharp and straight, and closer together.

When the utero-sacral folds are sharp and tense naturally, or have become so from inflammation should the body of the uterus fall between them, the veins in the broad ligaments become constricted by pressure, leading to engorgement of the body of the uterus and also to congestion of the uterine appendages. A retroflexed and retroverted uterus is always prolapsed. In fact, it