tion of the tube or micro-cysts of the ovaries, the pain is that produced by such conditions respectively. If the retroversion is complicated with adhesion of the posterior surface of the uterus to the sacrum, the pain is less acute, but it becomes increased by every attempt at manual reduction or by the aid of the uterine sound. The pain radiates towards the rectum, and is frequently accompanied by painful tenesmus, which particularly manifests itself at the menstrual period, when the bowels are evacuated. It should be noted that the patient often discharges an abundance of debris and exfoliated mucous membrane from the bowel.

When the retroversion is simple we may presume that the pain is due alone to the faulty position of the organ, and the effect of such position upon the neighboring parts. The pain is

1. In the uterus ;
2. At the level of the ligaments ;
3. In the neighboring organs which have been affected.

In the retroverted uterus there is but little pain in the cervix, provided no deep laceration exists with parametric lesion adjoining, whether there exists a recent cervicitis yet in its acute stage, or an old inflammation complicated with sclerocystic degeneration, a condition which invariably causes pain during menstruation. However, the characteristic uterine pain in retroversion is that of an uneasy sensation at the fundus, especially during menstruation. Should the malposition be reduced, this sensation instantly disappears.

The finger of the examiner in contact with the misplaced organ causes pain, increased with congestion of the part, for it is not to be forgotten that the retroverted uterus is always the seat of passive congestion, which causes infiltration of its walls with increase of sensitiveness, particularly at the monthly periods. We must distinguish this manifestation from that produced by the misplacement or prolapse of the ovaries and tubes consequent upon the uterine retroversion. The most characteristic pain caused by examination is that produced by the introduction of the sound. It is manifested the moment the instrument touches the bottom of the cavity, and is increased if any attempt is made towards reduction.

Pain is also present in the lumbar and sacral and inguinal regions, caused by traction upon the filaments of the cervico-sacral plexus. It is increased by walking, fatigue, or any special muscular effort, and decreases, if not disappears altogether, when the patient takes the recumbent position. The neighboring organs which suffer the results of the retroversion, by irritation or by compression, are the bladder and rectum, tension upon the neck and the urethra causing tenesmus