

class of outpatient, it occurred to me that a summary of my views might prove of some interest, even though I allude to no fact which is novel or unfamiliar.

Displacements of the uterus are classified in the text books as Anteversion and Antelexion, the backward Retroversion and Retroflexion, and the downwards Prolapse and Procidentia. The difference between a Version and a Flexion being that in the former the long axis of the organ is unchanged, while in the latter it is more or less bent upon itself. Now the normal position of the healthy parous uterus is one of anteversion. Anteversion is not a displacement at all. The normal position of the healthy nulliparous uterus is one of antelexion. Antelexion cannot be considered pathological unless it be exaggerated, and even then it is a malformation rather than a displacement. A pathological antelexion is the result of imperfect development, and there are two varieties—one in which the "body" is in normal position and the cervix bent, the other in which the cervix is in normal position while the body is bent. This condition is the commonest cause of dysmenorrhœa and sterility, and these features are frequently associated with reflex nervous symptoms, especially bladder troubles.

But one must not assume without investigation that when a virgin complains of dysmenorrhœa and bladder trouble that nothing is present but antelexion. I met with an instructive case on this point some years ago. An unmarried girl, well formed, robust and not inclined to hysteria, had considerable trouble from occasional retention of urine. She suffered from dysmenorrhœa, and it was naturally enough supposed that the whole thing was due to antelexion. The condition became worse, and on two occasions caused great inconvenience by coming on while travelling, so that the patient had to break her journey for the purpose of obtaining medical relief.

On examination under anæsthesia, the cause of the trouble was found to be a tumour the size of a large orange, low in the pelvis a little to one side. It proved to be a dermoid.

An antelexed uterus may become retroverted without change in the flexion and without change in the symptoms except that if it persist the symptoms of prolapse will be added.