must rest, in a large proportion of the cases of this malady, is of a historical nature. The inquiry is not so much whether any particular act, or short series of acts, is the act of an insane person, as whether the general tenor of the patient's present condition differs from that which characterised him at some former period of his life; and this difference can be ascribed to anything calculated to affect a morbid change in his brain. If it can, the phenomena exhibited are those of moral insanity. Now, the conclusion which I wish you to draw from what has been said is this—that, so far as there is any parallelism between the conduct of the responsible criminal and the subject of moral insanity, what is the result of free agency and deliberate choice in the former, proceeds from the inevitable action of the organism in the other; that, whilst one of the agents has faculties which enable him to withstand the solicitations of temptation, in the other the counterbalancing faculties are weakened or destroyed by disease. The latter does not act from temptation; for temptation implies a struggle carried on between powers on equal terms—the possession of a free will to choose or to refuse, “sufficient to have stood, but free to fall”. In the moral madman, the powers are unequal; the force to refuse is inferior to its antagonist, or does not exist; the act results from an organic impulse almost equal, if not quite, to a necessity; the imperious instinct rushing, half blind, to its gratification, with the irresistible ascendancy of a fate.

The impulsiveness which characterises a large class of the victims of moral insanity is a striking feature. In many instances, it appears to be the most prominent symptom; and most writers on the subject dwell largely on the subject of impulsive insanity. The existence of such a form of madness must be at once admitted; and that the moral faculties participate in the disorder is unquestionable; but they are probably not the only seat of the deranged action.

To whatever origin these dangerous impulses may be referred is, however, of little consequence. That there is such a form of madness, the records of criminal jurisprudence supply abundant evidence. We must, in many branches of this inquiry, be satisfied at present with the careful observation of the facts, and wait for their further elucidation, till the physiology of the brain is much better understood than it now is, both in its healthy and morbid conditions. We shall have gained a very important step, when we succeed in rendering the distinction clearer between the manifestations of a deranged state of mind and those of a guilty and responsible one. We must not, in this direction, either, expect our progress to be very rapid, when the path is so difficult; for, as Dr. Williams says, “in the practical application of this inquiry, we must be prepared for the meeting of many cases full of doubt, which our best and most anxious investigations may fail to elucidate. Under such circumstances, to complain of any difficulty or seeming contradiction, is only to complain that human intelligence cannot pass those bounds which the wisdom of the Creator has ordained: and though it may thus happen that, at times, the innocent may suffer, we will indulge just grounds of hope that such examples must be rare indeed; and, on the other hand, should mercy incline the scale of justice, and crime revel in the success of ill deeds, we have both Divine assurance and human observation to attest, that seldom hath punishment, though lame of foot, failed to overtake a villain.”

ON FLEXIONS OF THE UTERUS.

By J. G. SWAYNE, M.D., Physician-Accoucheur to the Bristol General Hospital, and Lecturer on Midwifery at the Bristol Medical School.

[Read before the Bath and Bristol Branch, April 30th, 1857.]

WITHIN the last nine or ten years, the various versions and flexions to which the unimpregnated uterus is liable have received a more than ordinary amount of attention, both in this country and on the Continent. The diagnosis and symptoms of these affections have been so fully described by various authors, especially by Dr. Simpson, that it is scarcely necessary for me to notice them now, even were there time to do so, except in the most cursory manner. Their treatment, however, is still a question upon which much difference of opinion exists. I shall therefore speak of it at greater length, and in so doing illustrate my remarks by a few cases from my own practice. Dr. West, in his work on *Diseases of Women*, has recorded some statistical observations which he has made respecting the more prominent symptoms attending flexions of the uterus. These are various disorders of menstruation, such as menorrhagia, dysmenorrhœa, and leucorrhœa, pain and difficulty both in defecation and micturition, the former being more frequent in retroflexion and the latter in antelexion; pain in the pelvis generally, though usually most severe in that part to which the fundus uteri is turned or flexed. Besides these, there is occasionally pain and numbness down one thigh, probably from pressure of the uterus on the sacral nerves. Also, as Dr. Rigby has pointed out, congestion, irritation, or inflammation of one ovary is sometimes produced from tension of the broad ligaments, and obstruction to the return of blood from the ovary. One point which I have particularly noticed myself in these cases is the much greater urgency of all the symptoms enumerated in women who have borne children than in those who have never been pregnant. This appears to arise from the increased size and vascularity of the uterus, which is a necessary result of child-bearing. After the birth of a child the uterus never completely returns to its previous size and density. Hence, when it is displaced it is liable, from its greater size, to produce more pressure on surrounding organs; and from the increased softness and vascularity of its tissues, it is more prone to swell from congestion and engorgement of its vessels. One of the commonest results of retroflexion is a great engorgement of the posterior lip of the os uteri. The os itself is more open than usual, and much increased in its transverse diameter, the ends of which are bent backwards so as to exaggerate its tincoform character. The posterior lip is much engorged, and frequently œdematous; this causes it to be longer, and to project lower down in the pelvis than the anterior lip. These effects are produced by the obstruction to the return of blood from the veins of the part, arising from pressure upon them at the point of flexion. When the posterior lip is in this engorged condition, abrasion of its epithelium, and sometimes even deep ulcerations of its mucous membrane, are apt to take place. When the ulceration is at all deep, copious hemorrhages may come on, and thus relieve for a time the distended vessels of the part. In antelexion a similar condition of the anterior lip is induced, except that the anterior becomes elongated even more than the posterior lip, and also more pointed and conical in shape. Dysmenorrhœa is a tolerably constant symptom of uterine flexion, and also arises from the constriction and consequent contraction of the uterine neck at the point of flexion, causing an obstacle to the escape of the menses from the cavity of the uterus. Some of the most obstinate cases of dysmenorrhœa which I have seen, have appeared to depend entirely upon antelexion of the uterus which had existed for a long time, and which it was in consequence almost impossible to remove.

There is at present much difference of opinion respecting the treatment of uterine flexions. Some practitioners seem to regard the flexion as a consequence, or rather an accompaniment, of the engorgement or ulceration which they may find in the neck of the uterus, and direct their treatment chiefly to the latter; others, with whom my own experience of these cases leads me to coincide, look upon the congestion and ulceration of the uterine neck as a result of the flexion. Schweighäuser, of Strasburg, and Schmidt, of Vienna, by whom the earliest descriptions of retroflexion have been given, contented themselves with remedies calculated to remove the constipation and congestion of the pelvic viscera which so usually accompany that displacement, and contended that in most cases, when those are removed, the displacement will remedy itself. Views in many respects similar to these are held by Dr. Oldham, Dr. West, and many others in this country. On the contrary, Drs. Simpson, Rigby, and others maintain that the removal of the displacement by mechanical means is the most important part of the treatment. Most of the cases which I have met with confirm their opinions in this respect; and I may quote one of the best marked as an illustration.

CASE. Hannah Collins, aged 38, married ten years, had had eight children, the last of which was born about one year and ten months since. She was admitted as an out-patient of the Bristol General Hospital on September 11th, 1854, having been transferred to me by Mr. Coe. She was first taken ill about four months ago. She then had a copious discharge of clots and fluid blood, which she supposed to arise from a miscarriage. This discharge had continued at intervals ever since. She was now much reduced by it, and felt very weak and unable to walk; she suffered from palpitations, and her countenance was sallow and exsanguine. There were occasional pains in the back and loins. On the Friday before she was transferred to me, I examined her with Mr. Coe, and found the os uteri patulous, and capable of admitting the tip of the forefinger. On examining with the speculum, there was considerable

ulceration of the posterior lip, which bled freely when touched. A strong solution of gallic acid was applied to the part with a camel's-hair brush.

September 11th. She was much the same, and was ordered to take a mixture of sesquichloride of iron twice a day, and to use an injection of infusion of matico. On examining the uterus carefully with the finger, it was found to be retroflexed. It was therefore reduced by the sound, and a solution of nitrate of silver (gr. lxxx to ʒi) was applied by a brush to the interior of the uterine neck, and to the ulceration.

September 17th. She is much better. There has been no hæmorrhage. She was ordered to continue the same remedies.

September 21st. She is not so well. The pain in the back has returned, with some hæmorrhage. The uterus was found to be again displaced, and its cervix still ulcerated. It was therefore replaced, and a solution of nitrate of silver (gr. xxx to ʒi) was applied to the cervix.

September 25th. She is better. The discharge continues, but the pain in the back somewhat abated. Some days after this she had a return of the hæmorrhage, and all the other symptoms were aggravated. She was therefore taken into the Hospital, kept in bed, and directed to lie either on her side or abdomen. The uterus was replaced every other day with the sound, and the ulcer was touched with a solution of nitrate of silver (gr. xl to ʒi). She remained in the Hospital ten days, and went out much better.

After this she attended as one of my out-patients, and was subjected to the same local treatment twice a week. On November 20th I examined her, and found the uterus pretty well in place, the os much diminished in bulk, and the ulcer nearly healed. At the end of the month the ulcer had completely healed, and the uterus was quite in place. She had also quite recovered her strength, and therefore gave up her note. She has had no return of the complaint since.

In this case the ulceration of the posterior lip of the os uteri, and the consequent hæmorrhage from it, were clearly the result of the retroflexion; because these symptoms continued with little or no amelioration, notwithstanding all the local applications that were made; and there was no decided improvement until the uterus was returned to its proper position by the sound. The retroflexion and its consequences, however, were not cured until the patient had been kept in bed for several days, and the uterus had been replaced as often as any displacement occurred. My own experience leads me to regard the restoration of the uterus to its proper position by mechanical means, as the most important part of the treatment of retroflexion; and I can by no means agree with those who would treat any of the concomitant affections and leave the misplacement to take care of itself. The uterus should be replaced by the sound every second, third, or fourth day in the manner recommended by Dr. Simpson; and the patient, whilst under this treatment, should be kept in bed lying in the prone position, or at all events on the side, until the tendency to displacement appears to be overcome.

In some cases, the uterus may be kept in place after it is reduced by an oval pessary of vulcanised India rubber, introduced so as to have a bearing upon the anterior lip of the os uteri, and thus to prevent the cervix from being thrown upwards and forwards, as it must be when retroflexion takes place. When the cervix is thus kept upwards and backwards by a pessary, the uterus will not allow of sufficient flexion to throw its fundus into the recto-vaginal *cul-de-sac*. When this plan of treatment fails, the intra-uterine pessary or supporter recommended by Dr. Simpson may be tried, provided the case is attended with much discomfort and suffering. In a slight case, one would scarcely be justified in having recourse to a measure which is hazardous even under the most favourable circumstances, and which has in some instances led to a fatal result. Should the instrument be used, the patient ought to be kept in bed, and carefully watched. Should any signs of uterine irritation manifest themselves, the instrument must be at once removed.

In most cases of retroflexion, we may hope to effect a cure by mechanical means, provided this treatment can be adopted early: the case becomes less promising, *ceteris paribus*, according to the time which has been allowed to elapse after the displacement. In many instances, especially when the complaint has been of long duration, nothing will prevent the uterus from falling back into its old position as soon as the sound is withdrawn. In these adhesions have probably been formed, which keep the uterus down in its abnormal position, or else there is a wasting of tissue in that wall of the uterus towards which the flexion has taken place. Dr. West speaks particularly of these two conditions, and regards the former as

the more frequent, and therefore the more important. He states also that flexions of the uterus are occasionally the result of imperfect involution of that organ after delivery. Here, again, little benefit can be expected from mechanical means.

Sterility has been stated to be a frequent result of uterine flexions. I cannot assent to this statement, because I have seen several cases of retroflexion, and also antelexion, in which impregnation has taken place: still, however, there is a great tendency to abortion at the end of a month or six weeks. The occurrence of pregnancy is a fortunate event in the treatment of these cases, as it furnishes us with a simple and effectual method of cure. My attention was first directed to that point about six years ago, by my colleague, Mr. Coe, who had paid much attention to uterine displacements. The following case is a good example of cure effected by replacing the gravid uterus from time to time, until its increasing size rendered displacement impossible.

CASE. Martha Reed, aged 36, living in Trenchard Street, married, and having had two children, consulted me first on November 28th, 1851. She then stated that she had not been well since her confinement, about three months previously. She had a good labour, and recovered tolerably well, with the exception of a pain in the region of the sacrum, which had continued ever since, and increased lately. The pain was increased by sitting or lying on the back, and also by defæcation. She also complained of a bearing down in the anal region. She menstruated once about six weeks ago, and now believed that she was pregnant. On examining *per vaginam*, I found the os uteri more anterior than it should be, and rather open, so as to admit the tip of the finger. The fundus was somewhat enlarged, and bent backwards, so as to lie between the vagina and rectum. On examining by the speculum, the posterior lip of the cervix appeared slightly ulcerated. It was, therefore, touched with nitrate of silver.

December 1st. She had some pain and slight bloody discharge after the caustic was used. The pain in the sacral region was no better.

December 2nd. I saw her at her own house whilst in bed. Having placed her on her elbows and knees, I passed two fingers into the rectum, and pressed the fundus uteri upwards and forwards above the promontory of the sacrum. When pregnancy exists, the uterine sound is, of course, inadmissible.

December 8th. I again saw her in bed: the uterus had remained in its proper place. She complains of nausea; and the bowels are constipated. She was ordered to take half an ounce of castor oil. The pain in the back is much abated.

The uterus remained *in situ* for some days, until December 13th, when, on examining her, I found the fundus uteri much enlarged, and lying between the vagina and rectum. On examining *per rectum*, I found that it pressed considerably on the gut. I placed her on her elbows and knees, and attempted to return the fundus from the rectum, but without success. I then tried to do so from the vagina, and succeeded with some difficulty. She was directed to lie in bed for three days, and keep as much as possible in the prone position or on her side.

December 16th. I examined her, and found the uterus in its proper place. She has felt no pain in her back since the uterus was reduced.

I again examined on December 19th and 26th, and found the uterus still in place, but much enlarged.

January 5th. She complained of pain in the loins and sacral region. I therefore examined her, and found the uterus in place; but the os felt open and somewhat irregular. I examined with the speculum, and observed some superficial ulcerations of the os, which I touched with the nitrate of silver.

January 26th. I examined her, and found the uterus much enlarged, and beginning to rise above the pelvis. The ulceration of the os had disappeared, and she now suffered no inconvenience of any kind.

She went on well from this time until April 23rd, when she called on me, and stated that quickening took place about two months ago. I therefore gave her a lying in note, and from that time she progressed favourably until June, when she was attended in her confinement by one of my pupils. She had a good labour, and recovered well, without any return of the retroflexion.

The symptoms produced by antelexion differ somewhat from those of retroflexion. The most ordinary and prominent of these are, dysmenorrhœa, frequent inclination to pass urine, some pain in the groins or hypogastric region, with numbness extending down one or both thighs. Antelexion and anteversion are very apt to coexist, whereas retroflexion and retroversion are much more distinct. In antelexion, also, the bend

at the neck of the uterus is occasionally much more marked than in retroflexion, so that the sound must be very much bent before it can be introduced even after raising the fundus uteri by the tip of the index finger. Dysmenorrhœa is a frequent symptom of antelexion, especially in young unmarried women. It appears to arise from constriction of the uterine neck, and consequent obstruction to the menstrual flow. In one of these cases which I met with, the flexion had also occasioned a superficial ulceration of the os uteri. In this case, the dysmenorrhœa appeared to be removed by the introduction of the uterine sound just before each menstrual period, although it was some time before this could be accomplished, owing to the very acute angle at which the uterus was bent. In general, however, cases either of anteversion or antelexion are very troublesome to treat and difficult to cure. As soon as the uterus has been replaced by the sound, it is almost sure to fall back again before long into its old place; and it is very difficult to prevent it from doing so by placing the body in any particular position. The best position, however, is the supine, with the hips raised by means of a pillow. In cases attended with much inconvenience, the intra-uterine supporter may be used, in order to keep the uterus in place for some days. Pessaries appear to me to be worse than useless in most of these cases.

CASE ILLUSTRATIVE OF PRACTICE IN AFFECTIONS OF THE WOMB.

By JOHN SODEN, Esq., F.R.C.S., Surgeon to the Bath United Hospital.

[Read at the April Meeting of the Bath and Bristol Branch.]

THE case I wish to bring before the notice of this meeting does not illustrate any new or important point either in pathology or in practice. It has not even the merit of novelty, for its narration will recall to the memory of many gentlemen present some parallel example drawn from their own experience.

It is quite legitimate in a society like ours, without lowering ourselves by prying into professional delinquencies with too much individuality, to take cognisance of a departure from the strict rules of honesty in the practice of our profession, when such conduct has become a custom amongst a certain class of medical practitioners. By silence we give a sanction to their proceedings; and when the fashion that at present encourages them has passed away, and the public mind is conscious of the quackery (to use a mild term) it has fostered, the whole profession will be involved in the retributive justice that should descend only on the heads of a few. We acknowledge a just Nemesis on the old drug system in the countenance given to homœopathy. Let us avoid a more formidable want of public confidence in the legitimate practitioners of medicine, by early repudiating such practices as are illustrated by the following case.

A lady, purposing to pay a lengthened visit to Bath, secured a house for the whole period of her intended stay. In immediate expectation of her arrival, her friends were surprised by receiving instructions to get rid of the house, coupled with the intimation that the lady's plans had been altered. It seems that, on her way through London, Mrs. — was induced to consult a practitioner of great repute in the specialities of ladies' disorders. By him she was at once informed that she was suffering under a formidable affection of the womb; that only himself and one or two others in London, and there only, were competent to its treatment; that operations were necessary; that the cure would occupy five months; and, finally, that Mrs. — must give up the house in Bath, and take one in London for the time specified, and of course place herself under Dr. —'s care. The friends at Bath were distressed and astonished at this report of one whose health they had every reason to suppose was excellent. After conferring with Dr. Davies, they succeeded in inducing Mrs. — to reconsider her determination, and she duly arrived in Bath about a fortnight ago.

I was requested to see her, under the idea that a polypus or some other disease existed requiring an operation. I found a lady of 50 years of age, of very juvenile appearance for that period of life; her aspect betokening perfect health, which she stated herself to have uninterruptedly enjoyed. She said that menstruation had commenced with her very early; it had always been so abundant as to prevent her from going into society for the first few days. She had led an active life, had married early, but had never been pregnant. For the last two years, the menstrual flow, still maintaining its regularity, had

increased so as to become profuse, occasioning feelings of weakness at the time. There was some sense of uneasiness in the thighs after walking, but never any pain in the back, nor any sensation referrible to the region of the womb itself. There was no intermediate discharge.

On examination with a speculum, I found the aperture to the uterus very small, but the lips of the os were large, pale, smooth, free from all inflammation and discharge, and otherwise natural and healthy, the large size being the only peculiarity they presented.

To recapitulate the particulars: the lady was 50 years of age, in perfectly good health, and complaining only of an excess of the menstrual discharge, without any symptoms or appearance indicative of organic disease; yet, on such slight grounds, she was to be the victim for five months (to commence with) of a course of "caustic" treatment. Would not common sense cry out against the application of escharotic stimulants to an organ under the irritation of its expiring function, which, in the natural course, must soon subside? Can any plan be conceived more likely to promote the disorder it was designed to arrest? If, at that period of life, any constitutional tendency existed to morbid deposits, would not such a proceeding inevitably tend to its development? Neither ignorance, thoughtlessness, nor stupidity, can be urged in excuse for such treatment as was here contemplated.

British Medical Journal.

SATURDAY, MAY 30TH, 1857.

MEDICAL REFORM.

THE medical reform question has this week undergone discussion both in the Medical Reform Committee of the Association, and in the Metropolitan Counties Branch. Both these bodies, the reports of whose proceedings will be found in another place, have adopted Mr. Headlam's Bill as the best groundwork of the two; and have suggested certain alterations and amendments. The Reform Committee have also drawn up an address to the members of the Association, calling on them to promote the second reading of the Bill, by means of petitions. We hope that this call may be extensively responded to. Hundreds of petitions ought to be sent in within the next ten days. The amendments proposed by the Committee to be made in the Bill relate to matters of detail, and do not affect its general merits as a comprehensive measure of medical reform—as good a one, perhaps, as can be now obtained. The plan which has been adopted is one which we should be glad to see extensively followed: for, while a blind acquiescence in any measure that might be brought forward is not to be desired, a system of prominently advancing some objectionable clause as a reason for repudiating the entire measure is a proceeding calculated neither to do good, nor to allow good to be done.

The following is a form of petition which might be conveniently adopted.

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

"The humble Petition of the undersigned practitioner of medicine residing in

"SHEWETH, That a Bill has been introduced by Mr. Headlam into your Honourable House, to alter and amend the laws regulating the medical profession.

"That in the opinion of your petitioner, the aforesaid Bill is calculated to remove the evils that have been so long felt by the public as well as by the profession itself.

"Your petitioner therefore humbly prays that the said Bill may speedily pass into law.

"And your petitioner, etc."