to the hypertrophy of the heart, which he thought due to the impeded circulation in the capillaries, the consequence of the blood disease, and to the absence of dropsy, which he ascribed to the quantity of water, which he had been passing, a result of the denudation of epithelium from so many of the renal tubes, by which only a simple basement membrane is left, through which the fluid easily transudes.

CASE V. A gouty old man, aged 71 years, was admitted with dropsy of recent origin. The urine deposited a considerable sediment, and on examination was found highly albuminous, and contained a large number of small waxy casts entangling pus-globules. After he had been in the house for a few weeks, a number of cells containing oil appeared in the urine adhering to the casts. This circumstance, joined to his age and unhealthy constitution, caused an unfavourable prognosis to be entertained; as it was feared, from the amount of the oil contained in the urine, that the kidneys were undergoing fatty degeneration. However, under the use of dry cupping, milk diet, and purgatives, followed by tincture of sesquichloride of iron, he soon began to improve, and has gone on steadily mending. The dropsy is quite gone, and the albumen has nearly disappeared; a small number of casts are still to be seen, but they do not contain any pus or blood. The quantity of urine is greatly increased, and it hardly deposits any sediment.

Dr. Johnson remarked in this case the uncertainty of prognosis in our present knowledge of these diseases; the appearance of small pale waxy casts in the urine, containing large cells filled with oil, being generally indicative of extensive and advanced fatty degeneration.

CASE VI. The last case is that of an engine driver, who was admitted on April 29th, with dropsy of two months duration. He was extremely pale, and was passing about fifty ounces per diem of urine, containing a good deal of albumen, and a copious sediment of small waxy and granular casts, in which some blood and a few oil-globules could be seen.

He has been treated with the warm air bath, saline purgatives, and dry cupping. The quantity of albumen and sediment has much decreased, while that of the urine ranges from eighty to a hundred ounces *per diem*. The dropsy speedily disappeared; and then, as he appeared reduced by the hot air baths, they were omitted, and he was put on a course of steel. This inability to bear the hot air bath is not infrequent in Dr. Johnson's experience.

Original Communications.

LECTURE ON MORAL INSANITY.

By JOHN KITCHING, Esq., Medical Superintendent of the Retreat, near York.

[Concluded from page 391.]

Idiotcy or imbecility may exist from the birth of the individual; and imbecility may be strongly marked, or slightly marked, and may go through all degrees, till it can scarcely be traced or distinguished.

The same is probably true of the original condition of the moral faculties. They may be deficient at birth, or they may be almost obliterated. The term moral idiotcy has not obtained general sanction, because the phenomenon signified by it has not obtained general recognition. But there are scientific persons who use it as expressing a condition of mind by no means uncommon in those who obtain notoriety as great criminals. Whether there be such beings as moral idiots—that is, persons in whom the moral faculties do not exist, or are incapable of being exhibited from their birth—we will not at present stop to inquire. Certain I am, that there are persons in whom they are either arrested in their development, or subjected very early in life, to disease, by which their free action is impeded or perverted. Now, take the following case. Two parents shall have a family of children. They shall be pious persons, and shall train up their children in the precepts and practices which they believe to be conducive to their present and future welfare. They shall endeavour to curb the impulses of sensuality, and restrain the ardour of passion; shall bring them up in the practice of temperance and self-denial; shall instil into their young minds the principles of Christian ethics; shall strive to interest them in the pursuit of intellectual objects; and shall set before them the example of

those virtues which they wish their offspring to imbibe and imitate. All this pious effort results in the accomplishment of their desires in their children generally; but there is one exception. That one manifests in his infancy a different nature from the rest. Instead of being docile, he is intractable; instead of imbibing a love of the truth, he disregards it, and is mendacious; instead of loving his brothers and sisters, he either hates them, or alternately caresses and ill-treats them. Instead of learning to subjugate his passions, he is violent, impulsive, wayward, disobedient, dishonest, greedy, profane, and cruel, a pest and a nuisance to all who come near him. At school, he is the torment of his playmates, the thorn in the flesh to his masters. His boyish perversities become unendurable; and he is expelled from the school. The same traits follow him up through his adolescence, strengthen with his growth, and probably at last develop themselves in the perpetration of some heinous deed, which brings him to the felon's cell. Now, where are his brothers and sisters? They have expanded into men and women, filling their respective stations of usefulness, and exemplifying those virtues which they imbibed from the same fountain with their unfortunate brother. He received the same care as they; his education was equally guarded with theirs; they enjoyed no advantage which was not as freely afforded to him. Sprung from the same seed, grown in the same soil, nourished in the same clime, and tended with the same care, why did one plant only grow up deformed, unsightly, and poisonous, bearing no exquisite blossom like the rest, and producing no fruit but what was bitter and loathsome? Why, indeed? It is because either something has arrested the development of those parts of the brain, which are concerned in the due performance of the moral and instinctive faculties, or some disease has interfered with the healthy performance of their functions. It was this which rendered the individual incapable of profiting by the early efforts of his parents for his moral and religious welfare, and of benefiting by his subsequent education. It was this organic defect or physical disease which rendered him the creature of any passions he might possess, which deprived him of self-control, which caused his subjugation to the impulses of animal instinct, and made him the sport of any wild and reckless fancy that took possession of his imperfect mind. Destitute of those faculties by which other men regulate their conduct, and unable to exercise the restraint necessary for the continued operation of a motive, he is not susceptible to the like extent with them of the improving influences of education. In the most severe forms of this strange malady, he is, in fact, morally an animal. Let him acquire by any means a predilection for any animal indulgence, he throws himself into its pursuit with unrestrained powerlessness. This may be the pleasure of drinking, or some other low form of animal enjoyment. Whatever be the temptation, he has no antagonistic faculties to control it. When excited by alcoholic drink, his strange and imperfect nature comes out in clearer forms. He is then conspicuously different from other men when they are intoxicated, and it often happens that his associates even say that when drunk he is mad. But I need not follow the description of such an individual into further detail. I have drawn the portrait of no hypothetical case. Too many families can bear witness to the truthfulness of this description. It is a portraiture familiar by too much suffering, trial, and disgrace, to be either overlooked or mistaken.

It is only a few short months since a victim to this form of moral insanity was arraigned and condemned at the criminal bar for the perpetration of an abominable and loathsome crime. I do not forget the amount of ridicule which was thrown upon the opinion that this man was the subject of mental disease. But no amount of ridicule, no bias and special pleading—whether that bias be judicial, editorial, or whatever other source it may have—can alter the firm conviction of my judgment, that that homicide was a man of unsound mind, that he was diseased in his moral faculties, the creature of his passions, destitute of the checks and control which other men possess, and therefore, by so much, deprived of the full measure of accountability. Such a man, whilst he was at large, could be but a scourge to himself and his friends; and the gallows, in terminating his career, possibly did a kind office for both. But those who condemned him to that end have taken upon themselves an onerous responsibility in thus cutting with the sword the Gordian knot which ought to have been disentangled by the scientific application of medical psychology. No man can abhor the crime of wife murder more than I do; but because we detest and shudder at the heinous act, are we to leave out of count the diseased condition of the mind which led to its

perpetration? If this is the Draconian spirit in which our medico-legal questions are to be settled, let us consistently carry it out by returning to the old barbarities of smothering our hydrophobic patients between feather beds; or let us take a lesson from the Esquimaux, who bury their madmen alive, and so get rid of all trouble in deciding nice questions about their responsibility.

Now, that the commission of murder is not the only horrible and awful act in which the disorder of the instinctive and moral faculties will display itself, is evident, from that strange and terrible affection known as Vampirism. Happily, cases of this extreme and repulsive form are rare; but extreme cases are very instructive, forming, as they do, the ultimate result to which slighter forms, ascending through gradual stages, may lead, they serve as useful standards of comparison. Vampirism is fortunately not a common disease. The former case is much more common, and of vastly greater importance to be generally known. The general disorder of the moral faculties displayed early in life too often brings upon the unfortunate individual a style of treatment which adds to his misery without reclaiming him. Harsh treatment and corporal chastisement inflict useless suffering upon the child; the organs, which are already disordered, are irritated; and the result of this increased irritation of the physical organs is an augmented manifestation of mental perverseness; and so the disorder is confirmed and aggravated, and is rendered incurable by any after treatment. The recognition of this form of insanity is of immense importance to society. To the individual himself, the early diagnosis of his condition makes all the difference between exasperating his malady till it breaks out in dreadful crime, and thus brings him face to face with learned judges, and subjecting him to a course of treatment calculated to protect and save him. Nothing conduces so much to the filling of our jails, hulks, and penitentiaries, and to the fearful increase of our criminal population, as the want of acquaintance with the early indications of this morbid condition. Unfortunately, however, for the early recognition of the disorder, and the application of the treatment proper for it, those who are the most subject to it are the offspring of the poorest and most ignorant classes. Depraved, criminal, or drunken parents, cannot transmit a healthy organisation to their descendants; and the brain and nervous system participate in chief in the inherited degeneration. By their organisation, the children of such persons are prone to the same vices and propensities; and the example and influences of their early life only tend to foster and strengthen the propensity to them.

This fact involves one of the most important considerations to which the attention of society can be directed. Though vice and insanity are two very distinct things, they have relations to each other, which it is exceedingly important not to overlook. The mind can only act in any direction through the body; and every act of the mind exerts a direct influence upon the physical condition of the brain. Thus, no long continued series of mental operations can be carried on, no propensity can be acquired by long habit of any kind, no habitual vice contracted, without an alteration being produced in the structure of the brain or nervous system. And altered structure brought about in this manner in the nervous system of the parent is what he transmits as the original constitution of his child. This is the reason why we see the same virtues or the same vices pervading a whole race down through generation and generation.

Dr. Laycock said, in a lecture at Edinburgh, that drunkenness had been seen descending in one family from father to son through five generations: and what is true of drunkenness, the propensity to which is inherited through a peculiar structure having been induced in the brain of the parent, and permanently established in the son, applies also to other vices and other mental peculiarities. Voluntary vice in the parent begets an organic tendency to the same vice in the child; in other words, the alteration in the cerebral structure produced by vicious and responsible indulgence in the ancestor, becomes the original and normal conformation of the descendant. An involuntary and irresistible proneness to vice is, in this way, inherited in the physical conformation by the offspring of such parents.

This is one of the sources of congenital moral insanity. I do not say that it is the only one, by any means. Do not, on any account, misunderstand me, by supposing that this account of moral insanity necessarily implies a vicious parentage. Such an assertion would contradict what I have stated in a former part of this lecture. What I mean to assert is, that

long continued habits of depravity confer a vitiated cerebral or nervous organisation upon the succeeding generations, which is manifested either in an irresistible tendency to the same vices, or a generally diseased condition of the organs of mind. It is a well known fact that drunkards, for instance, have idiot children in a far larger proportion than sober people. Such facts as this cannot be either too generally known, or too strongly impressed upon the public mind: they shew the tremendous amount of responsibility which attaches to the thoughtless votary of sensual or wicked pleasure.

I have heard it stated, as a kind of excuse, by men who were pursuing such courses, that they were only injuring themselves—that they were their own greatest enemies. They are grossly deceiving themselves! The consequences of their misdeeds may be transmitted through future generations, and doom posterity for ages to come to the miseries of insanity, or all the terrible consequences of uncontrollable propensities to crime.

Now, take another case. A person grows up to adult age or middle life, with no particular deficiency in his intellectual powers or moral character. He becomes the subject of some bodily disease, such as fever, or inflammation of some important organ; or he sustains an accident, by which some part of his head is injured; or some great misfortune or grief befalls him, as ruin in business, a shock to his affections, or domestic bereavement. After this, an alteration takes place in his character and habits. His tastes undergo a change. The pleasures he indulges in are of a different kind to those he formerly enjoyed. There is a degeneration in the tone of his mind; and a much greater preponderance of the lower instincts and propensities in his conduct and conversation. This change is sometimes so remarkable as to resemble a change in the identity of the individual. It seems as if the man had become transformed into a different person, and so realises in modern times the transmuting effects of Circe's wand.

If the animal propensities and sensual instincts are not let loose from their accustomed restraint, the change will be different in kind, but yet the same in degree. The moral perceptions being weakened or destroyed, truth and fiction have an equal value; the false and the true are separated by no recognised boundary; malice, revenge, hatred, and duplicity take possession of the mind, and hold undisputed sway; the property of others is appropriated without compunction; heavy debts are incurred for the most useless possessions, and along with these graver features of moral decline, are frequently associated the neglect of personal neatness, and great indifference to cleanliness. When this latter symptom is present, it affords, in my opinion, a striking proof of the presence of the disorder. But it is often absent, and there is nothing in the external aspect of the patient to betray his disorder, unless we come to minute medical signs.

I have now supposed two cases—in both of which the phenomena of moral insanity have been shown in their more extensive and severe forms. But there is a further analogy between this kind of insanity, and that affecting the intellect, which I must not pass over. In the latter, I showed that it was possible for the intellect to remain sound, or apparently so, in most directions; whilst in one it was affected with some strange delusion or inconsistency. So it is also with regard to the moral faculties. They may remain for the most part uninjured, and may betray a loss of integrity chiefly in one direction. We see this partial form displayed in the practice of dishonesty—in that of falsehood—in the habit of destroying property by fire—in excessive addiction to some one sensual indulgence—and, in fact, in a great variety of ways, as diversified as are the instincts, propensities, sentiments, or emotions, which coexist in a healthy mind, and can therefore be brought into disordered action in a mind that has lost its healthy function. Now, when we witness changes like these in the moral manifestations of an individual, and especially when they can be accounted for on no plea of the gradual decadence of moral and religious principle, from the contaminating influences of bad company or powerful temptation; when, on the contrary, all the incentives are “to virtue's side”, to what possible source shall we ascribe them, if not to a disordered function of the brain? Is it at all reasonable to suppose that a respectable person should *will* to change his nature to such an extent, and in such a degrading direction? This would be an anomaly in human nature such as has no parallel. For, however infirm and weak the will may be, it is at least generally towards the higher and nobler side of things. It seems to me to be as likely to be the result of the deliberate will that a person should thus be transformed in this case, as that the child

in the other should *will* to grow up destitute of all those powers and qualities which are necessary in order to secure to himself a happy life, and to win the love and esteem of others. The only resource we have left is to ascribe the phenomena in both cases to mental disease.

I trust I have now said enough to shew that this conclusion is the only true one, and that there is such a thing as Moral Insanity. The same conclusion is rapidly gaining ground in other circles than amongst medical men. Statesmen, lawyers, magistrates, and clergymen are giving in their adhesion to these doctrines; and before long they must also secure acceptance by our judges likewise. Speaking of the clergy, it gives me great pleasure to quote the words of a learned Divine, so directly to the point, that nothing could be more appropriate for my purpose. "The day has probably arrived already," says the Rev. W. Thompson, in a learned paper on crime and its excuses, "when the existence of moral insanity, of a disease which wrecks the moral perceptions, and leaves the intellect almost intact, shall be recognised as fully as any other form of madness."

The latest medical writer on this subject adopts a classification of the different kinds of moral insanity so exactly agreeing with that which I have here followed, that I cannot refrain from supporting my argument by his assistance. "All examples of moral insanity which the records of criminal jurisprudence supply," says Dr. J. H. Williams (*On Unsoundness of Mind, and its Legal and Medical Considerations*), "may, we conceive, be ranged under one of the following heads:—

"1. Cases in which the development of the moral feelings or affections appears as originally deficient.

"2. Cases in which the perversion of the moral feelings or affective faculties appears to occur incidentally.

"3. Cases in which the moral feelings appear to become universally disordered.

"4. Cases in which the moral feelings appear as partially diseased."

It has been my aim, however, in the present lecture rather to place the subject in a popular light, and to draw my materials more from what is open to the common observation of all, than by reference to medical authorities, or to treat the subject in a strictly medical way. Unless I had kept this in view, I could not have omitted to refer to many writers who are examining and illustrating the subject in a spirit of true philosophy, aided by all the learning and science which modern experience has accumulated in this difficult branch of psychology.

Now, it will naturally be asked how we are to distinguish the vice that is voluntary and controllable from its counterfeit, the general moral insanity, of which I have endeavoured to give a sketch? The description of a disease may be very correct, and yet have so many points of resemblance between it and something else, that it may be undistinguishable without the indication of some specially diagnostic marks. Are we to rank all vice, immorality, and depravity, as indications of insanity? Are we to regard all our criminals as madmen, and convert our prisons into lunatic hospitals? No. If there is no distinction, if there is no imputable vice and moral evil, why does the Bible assume that all men are sinners, and threaten us with punishment, as well as encourage us with the promise of reward? The belief in a disease of the moral faculties, does not destroy the belief in the existence of voluntary and responsible crime. It serves to give to the latter a deeper dye of criminality, and to bring out its odiousness in stronger colours. It makes one more sensitive to its repulsiveness. Whilst it covers the wayward and erratic manifestations of the diseased brain with the mantle of scientific charity, on the one hand, it adds weight to the accountability of the true criminal on the other. I must endeavour, therefore, to point out how the two states may be distinguished. Before doing so, however, I must remind you that in attempting to come to a conclusion respecting the state of a person's mind; in endeavouring to estimate the degree in which he was influenced to the commission of an act, or the pursuit of a line of conduct, by the force of his organic propension, or by the voluntary surrender of himself to criminal motives, we have no diagnostics so clear and indisputable, as exist in the determination of physical inquiries. Questions which involve the consideration of motives, of the power or weakness of the will, and of the amount of control which the individual may possess over his actions, must always possess a difficulty which removes them from the ordinary sphere of adjudication. The determination of such questions must be referred to the few who have made them special objects of study; and even with these they must,

until the boundaries of our knowledge are greatly enlarged remain, to a certain extent, matters of opinion. Where there is no fixed gauge or standard to refer to, men will not come to the same conclusion. If any element of vagueness remain in the proposition, different minds will estimate that vagueness according to different values, and will vary in their conclusions according to the importance they assign to that, relatively to the remaining elements. The logical expression of the difference between criminality and insanity consists in possessing the power of willing and of not willing in the criminal, and not possessing that power in the insane. The practical discrimination between the two states must consist chiefly in the antecedents and concomitants of the act.

If the offender has shown by his past life that he was susceptible, to the ordinary extent, of the influences of education, that he was amenable to the operation of the same motives, acting with the same power as other men are ruled by; that he could withstand the operation of temptation to a like extent with others; could fully appreciate and apply the instruction afforded to him; if he had no marked infirmity of intellect, and no special moral defects which displayed themselves under every combination of circumstances, even where they would operate injuriously upon his interests, it would be a fair and correct inference, that he had the power of willing and of not willing, the *potential velle et nolle*. Whilst in this state, such a person must be held accountable for his actions, and he would fairly be called upon to answer for any crime he might commit. But the contrast between this state and the picture which I drew of the subject of early, or congenital moral insanity, is very great. The criminal consents of his own will to be no longer guided by the motives which inspired his former conduct: he determines to pursue his object, and suffer any pangs of self-reproach and remorse which assail him. The wicked man often plans and pursues the wrong, whilst the power of his will is exhibited in the long success with which he hides his guilt from others, and perhaps puts on the outward semblance of all the virtues.

Some recent cases may possibly occur to the mind, where religion and benevolence were assumed as cloaks to systematic and long continued swindling. No stretch of the doctrines here propounded, or propounded by any writer whom I have read on moral insanity, could embrace in its grasp cases like these. There is no danger, then, of the theory of irresponsibility encroaching very far on the region of properly imputable crime. The venerable institution of the gallows is in no danger of being paralysed by the certificate of the mad doctor.

The crimes I have just noticed were instigated by intelligible motives—the desire to possess wealth, and to enjoy its advantages; and the motive upheld the criminal through a long course of consistent duplicity. The moral madman is incapable of this long sustained duplicity. He is not incapable of duplicity; that is one of the common features by which his disorder is marked; but his hypocrisy is spasmodic and intermittent, maintained for a short period to suit the occasion, and dropped as soon as the short lived incentive to it disappears. The free and responsible agent succeeds in adopting a line of hypocritical reformation till he becomes a "ticket-of-leave man". I do not believe that any "moral madman" could ever become a "ticket-of-leave man" by any such means. If he could exert a degree of self-control adequate to the procuring of a ticket of leave, he would be cured of his moral madness, and would remain a comparatively virtuous character till his disorder again broke out. If it be required to distinguish between the voluntary abandonment of a virtuous life for a life of crime, and the occurrence of moral madness, the incidents by which the change was ushered in, in the latter case, will generally afford sufficient data. It seldom happens that the invasion of the latter is not preceded by some bodily disease or some mental shock, such as pecuniary embarrassment, domestic loss, outraged affections, etc. Females become sometimes affected with it from the long continued action of jealous feelings. In all such cases, the comparison of the individual's present state with his former state, and the coincidence of some accident, disease, or overwhelming misfortune, with the period of the transition from one state to the other, can surely leave but little reason to doubt the nature of the condition. To those who are only acquainted with the phenomena subsequent to the change, the case may be very embarrassing or obscure; and, within my own experience, this has proved a source of serious error. Hence it is an essential requisite for coming to a correct judgment in many of these cases, that the life-history of the patient be carefully inquired into, and circumstantially examined. The evidence, therefore, upon which the decision

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 defæcation 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