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 As soon as the uterus has been replaced by the sound, it is almost sure to fall back again before long into its old place; and it is very difficult to prevent it from doing so by placing the body in any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.

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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."