separating the lips of the os or wiping away the mucus; and it should always be carefully sought for in cases of uterine hemorrhage before proceeding to open up and explore the cavity of the uterus, especially if there be no enlargement of the body or elongation of the cavity. In some cases the polypus is concealed from view by the stream of mucus from the cervix; but on touching this mucus with the solid nitrate of silver it becomes opaque and condensed, and shrinks so as to allow the polypus to come into view. This expedient should always be adopted before giving up the search in suspected cases. The polypus is easily removed by torsion, and after it is taken away it is well to touch the point from which it grew with nitric acid so as to seal up the vessels and at the same time cause the mucous membrane to contract and tighten itself up, and thereby prevent a relapse.

ART. III.—*On Retroflexion of the Uterus.*^a By LOMBE ATTHILL, M.D., Dub. Univ.; Fellow and Censor King and Queen's College of Physicians; Ex-Assistant Physician, Rotundo Lying-in Hospital, &c., &c.

OF all the affections to which the uterus is liable, none is of more importance than retroflexion,^b not only on account of its comparative frequency, but also because of the sufferings to which it gives rise, and the distressing train of symptoms which often follows its occurrence. We meet with it, too, at nearly every period of life, from puberty onwards. It is, however, rare in youth or in advanced age, the great majority of cases occurring during the period of life in which the uterine system is in the state of its greatest activity—namely, between the age of twenty and forty. It is, besides, an affection, the existence of which is more frequently overlooked than any other form of uterine disease, this being due rather to the fact, that the symptoms to which it gives rise have often but little apparent reference to the uterus, than to any difficulty in detecting it when once our suspicions are aroused.

^a Read at the Dublin Obstetrical Society, December 12, 1868.

^b By many writers the terms Retroversion and Retroflexion are used as synonymous. The condition to which I wish in this communication to direct attention is more accurately described as retroflexion, and that term I shall alone employ. Retroversion strictly understood as signifying a turning back of the entire uterus, is applicable rather to the change of position to which the gravid womb is liable when the fundus lies in the sacral hollow, and the os is forced up behind the pubis. By retroflexion, on the other hand, I understand a bending back of the fundus alone, the os remaining very nearly in its natural position.

When we consider the position of the uterus sunk low in the pelvis, with the bladder, an organ capable of such immense distension, placed in its immediate front, and constantly exercising a pressure backwards, and when we remember that many women, from mere habit or from motives of delicacy, oftentimes pass many hours without emptying that viscus, we can readily understand the frequency of this displacement as compared with any other to which the uterus is liable. But though the distended bladder may thus be the agent in directing the uterus backward, it is but a secondary cause, for the uterus itself must be in an abnormal condition, otherwise it would regain its proper position, whenever the bladder became flaccid. Retroflexion is, however, in my opinion, the result of causes, slowly producing their effect, all which causes may be grouped under one head—namely, those affections which increase the bulk and weight of the uterus, and more especially of its fundus. It is not, however, necessary that the increase should be confined to the fundus, though if that be the case the danger of retroflexion occurring is much increased, for if the bulk of the entire uterus be augmented, this will still most likely take place, because not only is there a force acting from before, directing the fundus downwards and backwards, but also because there is no resistance from behind to counteract that tendency. Now, the causes producing the condition likely to result in retroflexion may be reduced to three classes—namely,

1st. Chronic inflammation of the uterus, and its result; hypertrophy of that organ.

2nd. Subinvolution of the uterus after labour or abortion.

3rd. Tumours of the uterus. But as this last involves the consideration of special diseases, I shall not for the present allude further to it, but in this paper confine myself strictly to the two former.

I believe chronic inflammation^a of the uterus to be a common cause of retroflexion, and one frequently overlooked. It is met with in two very different classes of females—namely, those who lead a very active life; and again, in those of weakly constitution and sedentary habits, such as needlewomen and teachers. Thus young women of active habits, who from necessity or for pleasure walk, ride, or garden much, or who follow employments or amusements

^a I have used the term “chronic inflammation” because it is frequently applied to the condition of the uterus I am alluding to. It is, however, far from being a correct one. “Active congestion” would be a more appropriate one.

necessitating much standing, will sometimes continue to pursue these duties or amusements during the catamenial period, forgetful or ignorant that the uterus is in a state of active congestion. The result is that the organ remains congested for an undue length of time, or it may be that the discharge may, from some accidental circumstance, be entirely suppressed, with the like result; in either case, the seeds of chronic inflammation are sown. The first symptoms are generally neglected; the disease creeps on insiduously, till at length the uterus, having become hypertrophied, is gradually bent on itself, and retroflexion is the result; then her sufferings compel the patient to seek relief. The following case illustrates this form of the disease:—

CASE I.—In November, 1847, I was consulted by a very healthy-looking young woman, aged about twenty-five. She was unmarried. She stated that she had always lived a very active life, and till within a comparatively recent period, had enjoyed most excellent health. That about three years ago having been compelled, in consequence of the illness and subsequent death of her father, to undertake the entire superintendence of a large farm, she underwent great fatigue, generally spending from eight to twelve hours each day in the open air, either on foot or on horseback, and never relaxing her exertions, even during the menstrual period. She at first suffered from a sense of fulness and weight in the lower part of the abdomen; but to these symptoms she paid no attention. At about the end of a year she for the first time perceived a new train of symptoms. She now experienced difficulty in passing water, and was obliged to strain in doing so. She also suffered occasionally much distressing tenesmus. After a little time her sufferings were further increased by a difficulty experienced in defecation. The bowels were not actually constipated, but their action caused great pain, and the feces, when passed, were as small as those of a little child. The catamenia appeared regularly, but in considerably diminished quantities. At length she sought the advice of a physician, who, having endeavoured without success to relieve her by treatment directed to the bladder and bowels, recommended her to consult me. I felt in this case, as I always do when the patient is unmarried, great reluctance to make a vaginal examination; but her sufferings were so great, and as treatment directed to other organs had failed to afford relief, I deemed it absolutely necessary to ascertain the condition of the uterus;

and on examining her discovered that organ. to be much enlarged, tender to the touch, and completely retroflected, its fundus occupying the hollow of the sacrum, and, pressing against the rectum, this explained one of her symptoms—namely, the difficulty experienced in defecation, the irritation of the bladder being evidently reflex. With the view of retaining the uterus in its normal position I introduced a Hodge's pessary. The fundus was raised without difficulty, but the pessary first used proved to be too large, and caused so much pain, that after the lapse of a few hours it had to be removed. On a subsequent day, however, I introduced a smaller one. This answered admirably, and she experienced such relief that she was able to return home, and has since followed her ordinary occupations. In this case the uterus was in a state of chronic inflammation, and to this condition her greatest sufferings were due. In the following case, however, no inflammation was present. The uterus was simply hypertrophied, and a very different train of symptoms manifested themselves.

CASE II.—A. M., aged twenty-one, a schoolmistress, had suffered for more than a year from occasional attacks of vomiting, which for the last three months had become incessant. She had been treated in various ways for the relief of this distressing affection, but without benefit, and at the time I saw her in consultation with my friend Dr. Little it had become so aggravated that for weeks previous everything swallowed had been rejected. She had even vomited lime water and milk, and this, though only one spoonful had been given at a time, and at regular intervals, no other food of any kind being allowed. In like manner she had been fed on beef-tea exclusively, a spoonful only being given at intervals of fifteen minutes. The food thus taken would be retained for a time, till some ounces had been swallowed, then the whole would be rejected. Nevertheless she had not become actually emaciated, and she only complained of debility, and pain in the pit of the stomach and in the back. The catamenia appeared at regular intervals, but in much smaller quantities than formerly. On examining the abdomen tenderness on pressure was detected over the left ovary, and to that spot four leeches were applied. The effect was marked. That afternoon the stomach retained some beef-tea, that being the first food retained for several weeks. The vomiting, however, did not entirely cease, it still occurred once or twice a day, nearly always in the morning. Being

now satisfied that the vomiting depended on some reflex irritation, we decided on making a vaginal examination, and I was, I confess, somewhat surprised to find the uterus completely retroflected. The fundus was enlarged, but little tender to the touch, and occupying the hollow of the sacrum. It was easily raised to its normal position, and to retain it there I introduced a Hodge's pessary of small size. This was from the very first borne without inconvenience, and from the time it was introduced the vomiting entirely ceased. The catamenia subsequently appeared in much larger quantities, and the general condition rapidly improved. On the 15th of March last I removed the pessary, it having been worn for three months. Since then there has been no return of her distressing symptoms, and I understand that she is now married.

In the next case which I have now to relate, while the sufferings were even greater, the symptoms, save in one point, which I shall have to refer to hereafter, were in no way similar to either of the preceding cases:—

CASE III.—In 1867 I was consulted by a lady from the North of Ireland. Her case was a very distressing one. She was twenty-eight years of age, and had been married for eight years. Not long after marriage, and when in the fourth month of pregnancy, she fell down stairs, and was much hurt. She suffered, as the result of this accident, from severe pain in her side and back. Was treated for inflammation, leeches and salivated; and at the end of a fortnight aborted. For a year following she continued in a miserable state, the pain in her back and in the region of the uterus being so severe that she was seldom able to leave her bed. The catamenia were scanty and irregular. She was at length induced to go to Edinburgh, and placed herself under the care of Sir J. Simpson. He incised the cervix uteri, and introduced a stem pessary. The use of this brought on severe inflammation, and the instrument had to be removed. From this attack she recovered, and returned home feeling somewhat better, but soon relapsed into a condition even worse than before. She now experienced a distressing feeling of weight in the neighbourhood of the rectum, which was greatly increased, and accompanied by severe pains, at each menstrual period. She at length became a confirmed invalid. Walking caused such suffering that she dared not attempt even to cross the room. Life was, in fact, a burthen, and the medical man who

referred her to me told me candidly that he looked on her case as hopeless. On making a vaginal examination I found the uterus to be very low, the entire organ to be hypertrophied, and the fundus pressing back and occupying the hollow of the sacrum. The os was gaping, and freely admitted the tip of the finger, the incision made by Sir J. Simpson never having united; a copious discharge of semi-purulent mucous exuded from it. I leeches the cervix on three occasions, and after a time introduced a Hodge's pessary, which she bore without inconvenience. Her condition now, after the lapse of ten months, is satisfactory. The following is an extract from the last letter I received:—"I am happy to say Mrs. — is steadily improving. Her last illness (*i.e.*, catamenial) was like the former, very satisfactory. For the first two days there was not much discharge, but during the next three it was very good, and it extended to the sixth day. She suffers very little pain." It should be borne in mind that formerly the catamenia never lasted for more than a few hours. In this patient we had a long-continued inflammation of the uterus, terminating in hypertrophy and retroflexion, and I wish to direct special attention to the fact that in this case, too, one of the most prominent symptoms was the great diminution in the catamenial discharge.

I must now briefly refer to the class of cases comprised in the second group—namely, those depending on subinvolution of the uterus.

Hypertrophy of the uterus, or, as it is termed, "subinvolution" of the uterus, occurring after abortion or labour, is a common, and by some considered the most common, cause of retroflexion. This form has, in all the cases I have met with, given rise to very grave symptoms, for not only are the ordinary symptoms of "pain," "dragging," &c., complained of, but it is frequently accompanied by menorrhagia, which is often very severe; indeed, it is for the relief of this we are most commonly consulted. I recently had under my care, jointly with Dr. Churchill, a well-marked case of this form.

CASE IV.—This patient was confined of her fourth child in September, 1866. Considerable hemorrhage followed the separation of the placenta, and for more than a week subsequently the discharge was excessive. She recovered slowly. At the expiration of three months the catamenia appeared profusely, and

returned every three weeks, the discharge on each occasion being so excessive as to reduce the patient greatly. On examining her I found the uterus to be retroflected, and greatly enlarged; in fact, it had never regained its normal condition since delivery. In this case it was necessary to plug the vagina regularly at each menstrual period, so great was the hemorrhage. I am not able to state what was the termination of the case, as it passed out of my hands. The treatment adopted was the introduction of a Hodge's pessary, rest, and restraining the excessive menorrhagia by plugging. It was, however, of unusual severity. The following is one of a more ordinary type:—

CASE V.—Mrs. J. consulted me in May, 1867, for menorrhagia. She complained of nothing except the debility consequent on the excessive drain. She stated that she had been confined five months previously of a still-born child; that her labour had been very tedious and difficult, and that it had been found necessary to have recourse to turning, that considerable hemorrhage followed delivery, and that her convalescence had been slow. Subsequently she had been sent to the sea-side, and treated by the administration of tonics, but the menorrhagia continued. On making an examination I found the uterus to be completely retroflected, and much enlarged; it was, in fact, a case of subinvolution of the uterus, and subsequent retroflexion. Treatment directed to the uterus proved efficacious. She recovered rapidly, and has since given birth to a living child.

The following case illustrates very well the great vagueness of the symptoms which sometimes accompany this affection:—

CASE VI.—Mrs. B., a married lady, and the mother of several children, came under my care during the course of last summer. She had been suffering for nearly two years from severe paroxysms of pain, referred to the pit of the stomach, which came on at irregular intervals. She experienced these attacks for the first time shortly after her last confinement. Since then they had gradually increased in severity, till finally they returned almost daily, and the paroxysms had become so intense as to compel her to go to bed, where she remained for hours in the greatest agony. These attacks were frequently accompanied by severe retching, while occasionally the pain shot down the inside of the thigh. The bowels were obstinately constipated, and much straining was always

necessary in order to evacuate them. The catamenia were very irregular, coming on very profusely for a day or two, then suddenly stopping to reappear again, and so continued appearing and disappearing for some ten or twelve days. This lady had been under treatment for a very long period prior to my seeing her, but without being benefited; and at one time, when the vomiting had become very distressing, she had been fed for a week per rectum, with, of course, temporary relief, but the vomiting returned as soon as ever she commenced swallowing food. On making an examination I found the uterus to be enlarged, the fundus to be retroflected, and the canal of the cervix in a state of granular erosion. To the retroflexion was evidently due the difficulty experienced in defecation. Wishing to cure, in the first instance, the granular erosion of the os and cervix uteri, I did not at once introduce a pessary, but though the local affection was greatly benefited by the treatment adopted, the distressing symptoms were but little relieved. A Hodge's pessary was now introduced; from that time she steadily improved, and for the past four months has been perfectly free from the attacks of pain and vomiting she had previously experienced, and this though immediately on her return home she underwent great bodily fatigue and mental distress, her husband having been attacked by fever, which terminated fatally after a short illness, three of her children being also in succession attacked by the same disease.

I shall add the outline of but one other case. It too is interesting as illustrating the vagueness of the symptoms attending this affection:—

CASE VII.—I was consulted in July last by a married lady mainly for the purpose of being informed whether she was pregnant or not. She stated that four years ago she had given birth to a living child, and that subsequently she had several times become pregnant, but on each occasion had miscarried at the end of the third month. She supposed that she was now pregnant again, because she suffered from incessant nausea, while at the same time her breasts had become enlarged, painful, and distended with milk, but nevertheless she was in doubt, because the catamenia appeared regularly and in *increased* quantities. I speedily ascertained that she was not pregnant, but that the uterus was retroflected, this, too, being a case of subinvolution, terminating in that displacement. In this case the pessary was at first very badly borne, though

finally one was introduced which answered admirably. In this, as in the three preceding cases, the menstrual discharge was increased in quantity, thus contrasting with the three cases first related.

Hitherto I have only incidentally alluded to the symptoms following retroflexion of the uterus, yet to this point I am most anxious to direct attention, for vague as are those related in the foregoing cases they have some points in common, and these distinct and well marked.

If we refer to any of the works on diseases of women we find the symptoms of retroflexion of the uterus stated to be "a sense of weight" in the pelvis, "pain in the back," or "shooting down the thighs," &c., symptoms which are common to nearly every form of uterine disease, and, therefore, worthless as a diagnostic mark; while, with respect to the menstrual function, no attempt is made to apply to it any definite rule. Thus Sir J. Simpson, in the first volume of his "Obstetric Works," says that he has found the "catamenial discharge to be most oppositely affected, occasionally in the way of menorrhagia, sometimes of dysmenorrhea." Again, Dr. Churchill says, "Menstruation may be profuse or painful, or both." I cannot but think that this apparent contradiction in the description of symptoms is due mainly to the want of careful discrimination between two classes of cases, depending on totally different conditions of the same organ. Doubtless there is not any one symptom on which we can rely as indicating the existence of retroflexion of the uterus, and I do not remember in my own practice a single case in which, prior to my making vaginal examination, I had sufficient grounds for concluding that this displacement existed. Thus in Case I. the most prominent symptoms were irritation of the bladder and constipation; in Case III.; they were pains over the ovary, and total inability to walk; in Case II. regurgitant vomiting alone was complained of. Nevertheless in all these the menstrual function was similarly affected, being in all much diminished in quantity, though not totally suppressed; while, on the other hand, in Cases IV. and V., menorrhagia, alone was the ailment for which the patient sought relief. Again, in Cases VI. and VII. the menstrual discharge was profuse and weakening, though in the one paroxysms of intense pain, and in the other reflex irritations simulating those of pregnancy, were the prominent symptoms. But though the result produced—namely, retroflexion—was in all these cases alike, the causes giving rise to that result were different in the

first set of cases—namely, those in which menstruation was diminished—the retroflexion was the result of chronic inflammation, and slowly produced hypertrophy. In the latter, where menorrhagia existed, it followed on subinvolution. I therefore came to the conclusion that we can assign a different pathological reason for the different conditions of the menstrual functions, and that according as the retroflexion depends on chronic inflammation or on subinvolution, so the catamenial discharge will be diminished or increased in the respective cases.

In conclusion, I would draw the following inferences:—

1st. That retroflexion of the uterus is a common affection, and that it is met with both in married and unmarried females.

2nd. That it is a secondary, not a primary, affection.

3rd. That when it is due to chronic inflammation or congestion of the uterus, terminating in hypertrophy, the catamenia are diminished in quantity, and frequently painful.

4th. But that when retroflexion is the result of subinvolution of the uterus, following labour or abortion, the catamenial discharge is increased in quantity, sometimes even to an alarming degree.

5th. That in addition to the symptoms common to all forms of uterine disease—namely, pain in the back, sense of weight, &c.—we have not unfrequently, where the uterus is retroflected, reflex irritation of the bladder, stomach, and breasts, occurring as to frequency in the order given, and also constipation of the bowels.

I shall add but a few words on the subject of treatment, as in the present paper I desire to call attention mainly to the pathology of this affection. Medicines are of but little value, save so far as the general condition of the patient may call for the exhibition of tonics. The displaced organ must be restored to its proper position, and retained in it. This should always be the first step, unless, as occurs in a comparatively small number of cases, there be so much local inflammation present as to render the application of leeches or other antiphlogistic treatment necessary. The raising the fundus to its normal position is generally effected without difficulty, unless, as occasionally occurs, it has become fixed in consequence of repeated attacks of pelvic inflammation. Under such circumstances treatment is of little use, and, unfortunately, these are the cases in which the sufferings are greatest. To retain the uterus in its proper position the patient must wear a pessary, and, in my opinion, none is equal for that purpose to

Hodge's ring pessary. Care must, of course, be taken to use one of proper size, and adapted to the caliber of the vagina. Too large a one will give pain, too small a one will be useless. Sometimes it is, however, necessary to allow the patient to wear a small one for a few days till the vagina becomes accustomed to its presence, when it should be replaced by a larger one. The pessary once introduced should be worn for a considerable time. Its presence seldom interferes with the use of a speculum, should it be found necessary to have recourse to local treatment. Maintenance of the recumbent, where it can be carried out the prone, posture by some considered alone sufficient for the cure, is in all cases an accessory measure of much importance.

The foregoing paper was written several months ago. Since then the subject of which it treats has been brought prominently forward at the Obstetric Society of London, and an animated discussion followed the reading of the papers. The views then propounded have not in any way influenced me, or caused me to make any change in what I had written. I agree with Dr. Meadows that inflammation, or, at least, active congestion of the uterus precedes, and is a common cause of, this displacement. Of course I do not deny that retroflexion may be congenital, or that exceptions may occur to this general rule. I do not, however, agree with him in his deduction from the foregoing opinion—"That our first care in the treatment of these cases ought to be to remedy that which is not only the cause of the flexion, but, at the same time, is responsible for the greater part of the sufferings, and that till this is accomplished, but not before, we may resort to mechanical treatment." On the contrary, I have proved by experience that when a pessary *can be borne* the support it gives to the uterus will not only greatly aid our local antiphlogistic treatment, but in not a few cases be of itself sufficient; and, therefore, I agree with Dr. Graily Hewitt, "that the flexion is the prominent feature of these cases, and that the restoration of the organ to the proper position is the first indication." I believe that given a healthy uterus, healthy ligaments, and a healthy pelvis, retroflexion is impossible. Dr. Barnes states that in many cases of secondary puerperal hemorrhage he found retroflexion to exist, and in this he confirms the views I have advanced, that menorrhagia is a symptom of retroflexion when it depends on subinvolution. Dr. Priestly stated that within his own experience retroflexion of the unimpregnated uterus had in one case given rise to "uncontrollable

chronic vomiting," a fact I had recorded. It has afforded me much pleasure to find so many of the conclusions I had arrived at, borne out by such eminent practitioners, of whose views I was altogether ignorant at the time I wrote the foregoing paper.

Finally, I would urge the necessity of bearing in mind that cases of retroflexion are occasionally met with which seem to cause neither distress, nor even inconvenience, to the patient, and that such cases should not on any account be interfered with.

ART. IV.—*Modified Splint, for the Treatment of Fracture of Fibula, with Lateral Luxation.* By R. L. SWAN, F.R.C.S.I.; Resident Surgeon, Dr. Steevens' Hospital.

THERE is no assumption of originality in the construction of the splint, of which the accompanying woodcut is an illustration, for while it is often sufficiently easy to modify, or, perhaps, in minor details, to improve, to find what is new has become proverbially difficult. It is a modification of Dupuytren's splint, for the treatment of fracture of the fibula above the external malleolus, and consists of the following parts:—

A wooden splint, reaching from the inner side of the thigh to a few inches below the sole; a pad, fastened to a plate of metal, rendered more or less prominent by means of a screw, *c*; a chamois band, *d*, passing in the figure of 8 direction, round the instep, below the malleoli. This, attached by a hook to a strap, which, passing through a groove (of which there are three or four at the lower extremity of the splint, *b*), is fastened to a button at its external aspect.

Having had an opportunity of trying it many times in Dr. Steevens' Hospital, where fracture with lateral displacement existed, I am induced to claim for it the following advantages:—1st, facility of application; 2nd, neatness; and 3rd, superior ease to the patient.

The two first are, perhaps, not of much moment, though no surgeon will deny the comfort both to his patient and himself of easily adjustable apparatus. As regards neatness, the illustration is by no means unnatural. The third postulate is of superlative importance. In the ordinary splint—the instep covered with bandages, the foot in a fixed position, more or less inverted—no change