Saxtorph in his "Animadversiones de correctione Uteri et Fœtus, in partu," says, "In a body which I opened some time ago, in the presence of the first medical men of this place, I found a virgin uterus, the fundus of which, as a congenital formation, was completely bent backwards, and which if it had even been impregnated, would, on account of its faulty structure, have probably been unequally distended, and have become oblique." Dr. Rigby observes, in reference to this quotation, "The fact is interesting, but the inference about the obliquity of the uterus is wrong, the old theory on this subject, promulgated by Deventer at the beginning of the last century, having been long since proved to be incorrect."

Jahn, a German physician, in examining the body of a girl aged 14, in whom the hymen was uninjured, found the uterus bent to the right side, in the shape of a retort; the cervix uteri, which rose straight from the vagina, took a sharp turn to the right, so that the obliquely-formed fundus lay in the upper and right part of the pelvic cavity; at the point where the curvature took place, the os uteri internum, viz., the upper part of the canal of the cervix uteri, was so contracted that it would not even admit the finest probe. The os uteri externum was of the natural shape, and formed a tranverse fissure.

Schreger gives the case of a young women, aged 20, who died of consumption, and in whom the uterus was found retroflected, the fundus being turned back to the hollow of the sacrum, and to the right. The direction of the urethra was natural, and the patient had never complained of any difficulty in passing her water; she had also menstruated regularly up the to the last stage of her illness.

Dr. Simpson, of Edinburgh, has for some years been carrying on his researches on this subject.* In 1844, Dr. Protheroe Smith, first made out the existence of this deplacement in a patient at the Hospital for Women; and since that time, both Dr. Protheroe Smith and Dr. Rigby have met with numerous cases in practice, and have proved that the disease is of far more frequent occurrence than is generally supposed, and much more frequent in the unimpregnated state, than retroversion in the pregnant.

How is it then, we may inquire, that a disease so frequent in occurrence, and so important in its consequences, has been so long overlooked and not recognised? It arises from the defective means of diagnosis. Even in 1836, Dr. Davis, in his elaborate work on "Obstetric Medicine," very truly asks in reference to the diagnosis of deflexion of the uterus:—

"Does the supposed palpable doubling of the angle of flexion by the finger furnish sufficient evidence to the practitioner of the continuousness and identity of the tissues forming its two sides? If not, it should of course follow that the tumour, supposed to be the fundus of the deflected uterus, might really prove to be of morbid growth, either from the body of that viscus itself, or from any other part or organ in the neighbourhood. Hence the diagnosis of these deflexions, when of long standing, and become actually chronic in their essential character, must always, in the author's apprehension, present a subject of considerable doubt and difficulty." Dr. Davis having no other means of diagnosis, it is no wonder that he should arrive at the very erroneous conclusion that retroflexion of the uterus was a very rare occurrence. Dr. Simpson, in introducing his instrument (the uterine sound,) laid down the four following propositions, the truth of which is so obvious, that I deem it unnecessary to enter into further proofs respecting them.

"1. The general and local functional symptoms of disease of the uterus are such as enable us to localize, without enabling us to specialize, the exact existing affection of the organ.

"2. In almost all instances of diseases of the uterus, it is only by the physical examination of the organ itself, that we can distinguish the precise nature of the existing affection, and fix its character, extent, &c.

"3. The physical examination as formerly practised seldom enables us to ascertain accurately the organic condition of more than the cervix and lower part of the body of the uterus.

"4. It is possible, by the use of a rod or bougie, introduced into the uterine cavity, to ascertain the exact position and direction of the body and fundus of the organ, to bring these higher parts of the uterus in most instances within the reach of tactile examination, and ascertain various important circumstances regarding the os, cavity, lining membrane, and wall of the uterus."

The bougie proposed by Professor Simpson, and called by him the *Uterine Sound*, is an instrument provided with a flat handle, having one surface roughened,—that corresponding to the concavity of the instrument. Its shaft is about nine inches long, and terminated by a roundish bulb, about one-eighth of an inch in diameter; the shaft is composed of flexible metal, to enable us to alter its curvatures, it gradually tapers in its thickest part; it is about one-fifth of an inch in diameter, corresponding in size to No. 8 silver catheter; in its thinnest about one-tenth of an inch, in size, corresponding to No. 3 catheter. This instrument is graduated and marked at two and a half inches from the bulb, by a projection on the convex surface of the curve, to enable the finger to judge of its having passed to its full extent. The natural length of the cavity of the uterus is two and a half inches, and it forms a slight curvature forwards and upwards. The sound is passed with greater ease than the catheter, and produces less uneasiness than that instrument, certainly much less than the passage of a catheter in the male subject. The mode of passing it is as follows:—The patient is placed on the left side, with the knees drawn up; the forefinger of the left hand is then introduced to find the os uteri; having done so, the sound is passed, held lightly between the finger and thumb of the right hand, along the forefinger, and guided by it, is insinuated into the os, and gradually and gently pushed along the cervix into the cavity of the uterus; in some cases the canal of the cervix or the os internum is so small as not to allow it to pass, it must then be first dilated.

The application of the uterine sound has opened a new era in the history of the uterine diseases; by its means, cases before imagined to be malignant affections of the os and cervix uteri have been proved to be nothing more than extreme congestion, produced by retroflexion of the fundus, long standing affections pronounced by eminent men to be incurable; fibrous tumours have been demonstrated to be retroflexions, and removed by restoring the fundus to its natural situation; whilst other tumours, of whose connections it was difficult if not impossible to be certain, have been shown to be ovarian and unconnected with the uterus. But time will not permit me to enter into the numerous applications and uses of the uterine sound.

We must now proceed to inquire what are the symptoms produced by this displacement, and the causes which lead to it?

In some cases no appreciable symptoms are produced, except, perhaps, a greater flow of the menses, and a greater tendency to abortion in the married female, whilst in others the symptoms are exceedingly distressing and complicated. It is in most cases difficult to trace the first origin of the affection, but in some instances in which diligent inquiry has succeeded in doing so, the patient would appear to have been cognizant of some depression or falling dowu of the body of the womb, sometimes occurring suddenly, in other instances more gradually progressing, in the former producing alarming sympathetic affections, as nausea and vomiting.

* Dr. Rigby has also published some papers on this subject in the 13th Vol. of the *Medical Times*.