

where it was wounded, which is evidently a cicatrix on the capsule; but that, the patient declares, is no impediment to his vision, which he says is just as good in that eye as in his other.

Montreal, July 15, 1851.

ART. XIV.—*On the Diseases of Menstruation and Ovarian Inflammation in connection with Sterility, Pelvic Tumours, and Affections of the Womb.* By EDWARD JOHN TILT, M.D., Physician to the Farringdon General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. New York: S. S. & W. Wood. 1851. Demy 8vo: pp. 286.

If there is one point in which the present age excels the past, it is the close investigation which every department of science is receiving. Patient and laborious researches are continually going on; and so far as medicine is concerned, diagnosis has become more perfected, and human suffering proportionally alleviated. This, which is the highest end of science, has been most conspicuously developed in the diagnosis of diseases of the heart, lungs and kidneys, and Dr. Tilt's little work facilitates, to a very high degree, the diagnosis of those of the uterus and its appendages. Dr. Tilt has unquestionably paved the way to a more scientific investigation, and more accurate knowledge of the diseases connected with derangement of menstruation. He is the first to attempt to throw off the fetters produced by the scholastic employment of names in the particular class of diseases of which he treats; and in attributing these diseases to their proper sources, to enable us to manage them more rationally. An attentive perusal of the work will convince the most sceptical (and it is but the reflex of the opinions of all who have had any experience in the management of men-

strual affections,) that the terms amenorrhœa, dysmenorrhœa, menorrhagia, and leucorrhœa, should be abolished, as expressive of but mere ideas in each case, without the slightest reference to those frequently multitudinous pathological conditions from which they originate.

In the introduction, having reference mainly to the circumstances to which we have adverted, the author observes, that "we do not intend to treat of all the organic lesions as causes of diseased menstruation, but to confine ourselves to the consideration of the organic diseases by which we consider them to be very frequently produced—inflammation of the ovaries and oviducts." The mode of detecting ovarian disease in its early stage is one of difficulty, as any one knows who has experience in the matter; and our author proceeds to enumerate the modes of examination in such cases:—

At first sight nothing seems so easy as to derive information from this ordinary mode of exploration, but such is not the case; it is even difficult to convey by words those niceties of manipulation which can only be attained by repeated practice. Some useful suggestions have, however, been made. The intestines and bladder having been previously emptied, the patient should lie on her back, with the head and shoulders elevated, and the thighs so placed as to form nearly a right angle with the body; the medical attendant should then ask the patient such questions as may divert her attention, and hinder the contraction of the recto-abdominis muscles, the divisions of which have, by the inexperienced, been sometimes taken for tumours. The physician's hands ought also to be so warm as not to excite reflex muscular contraction in the patient, and to render his own sense of touch more acutely sensible. He will then be able to ascertain if there be any tumefaction in the abdomen, and if so, whether this is attended by morbid sensibility and increase of heat. Should he find a tu-