

will strike the ovaries and detect pain in them should it exist. Should a tumour be found, its size, site, degree of hardness, fluctuation and adhesions must be noticed.

**Vaginal Examination.**—The finger or fingers should be pushed up beyond the os-uteri as much as possible, pressure on the hypogastrium being employed at the same time with the other hand. Recamier thought that passing the hand under the patient's thigh, instead of above it, gave greater facilities of investigating both the womb and ovaries. A prolonged hip bath, a brisk purgative, or a long walk, will often bring down the womb &c. within reach, when higher than usual; and it is often well besides to examine the patient in the erect posture. Even when no ovarian tumour can be felt, its presence may be inferred, from the pain produced in the groin, on percussion at the top of the vagina by the finger.

**Exploration per Rectum.**—This should be whilst the patient is in the English obstetric position, deep pressure being at the same time made with the other hand, backwards from a little above the Poupart's ligament of the side examined. The finger can thus generally attain half the posterior surface of the uterus, detect any swelling of the broad ligaments, and feel the ovaries, when swollen, like a knuckle on either side of the womb. When healthy, pressure on the ovaries causes no disagreeable sensation.

The existence of a painful tumour in the recto-vaginal cul-de-sac, is in itself a strong presumption of its being an inflamed ovary; but the diagnosis will be assisted by the uterine sound, for this enables us to raise the uterine fundus, and thus by displacing the womb from it, prove that it is not implicated.

The index finger is sometimes inserted into the rectum and the thumb into the vagina, when any morbid growth within reach may be easily examined.

**CASE 66.**—I was consulted by a gentleman in Paris, in 1844, who told me that his wife, then in her 24th year, menstruated for the first time at the age of fifteen, and that this function had always been accompanied by pain, and was frequently irregular in the time of its appearance. She had been married five years, and since then her menstrual flow had been more regular, but accompanied by a great increase of the distress. She was seldom subject to leucorrhœa, and sexual indulgence was sometimes painful. He did not expect relief, he said, from her sufferings, but inquired if there were any remedy for her sterility. The lady presented all the appearance of a lymphatic constitution, and looked delicate, although in tolerable health at the time. On making a rectal examination, I distinctly felt both ovaries, each being swollen to about two inches in the long diameter, and very painful on pressure. A few days subsequently she suffered from dysmenorrhœa, after which the ovaries appeared larger and more painful. I now began the treatment by applying eight leeches over each ovarian region; the ecchymosis being healed, I next covered the places with blisters five inches in length; the cuticle was not removed, and three days after, when the skin was healed, I ordered the parts to be carefully rubbed for ten minutes, morning and night, with a portion about the size of a walnut of the following ointment;

Ung. hydrarg. ℥j; ext. belladonna ℥j; ext. hyosciaini ℥j; camphor. gr. x. M.

And the abdomen to be afterwards covered with

annel without removing the ointment. I also prescribed enemata of

Aque comp. ℥xv; aque lauri-ceras. ℥vj; something adding lact. hyosciaini ℥ij.

A third of this quantity was injected into the rectum three times a day, the chill having been first taken off, so that it might be as much as possible if not entirely retained. The bowels were kept regular with saline purges, and all preparations of mercury avoided.

For the first few days, until the blistered surface were healed, the patient remained recumbent; afterwards she was allowed exercise and generous diet. Abstinence from the nuptial bed throughout, was strictly enjoined. The ovaries diminished in size but still continued painful up to her next period, when she suffered less than she had done since her marriage. After menstruation the same treatment was adopted, which still farther reduced the pain in the following term. She submitted to the same course a third time, when the ovaries became annual in size, gave no pain on pressure, and during menstruation she suffered but little. The enemata alone were afterwards continued, and in five months she became pregnant, and in due time delivered of a fine boy.

**Remittent Menstruation.**—Dr. Tilt gives the name to that variety when the menstrual periods are brought nearer and tend to run into each other. In this form, he says, except when caused by severe inflammation of the neck of the womb, I have never found quinine to fail. I give the sulphate of iron alone, in doses of from two to three grains every night, or every other night, on the subsidence of menstruation; or combined with two grains of the extract of henbane or a quarter of a grain of the extract of opium, when nervous symptoms predominate; or with three grains of sulphate of iron when the patient is anemic; or with extract of aloe when it is necessary to prevent constipation. In conjunction with this treatment proper hygienic measures must not be neglected; and the domestic employment of purgative medicines should be strictly forbidden.

**Cervical Catarrh.**—Inflammation of the lining membrane of the womb is one of the most frequent uterine diseases, and may cause either hypertrophy or softening of all its tissues. It is brought on by imprudence during the menstrual epoch, by excitements of a prurient imagination, excessive coition, miscarriages, &c. It resurges laterally on the neck of the womb causes pain, which is never felt when in a healthy state. A glutinous discharge is seen oozing out of a somewhat tumid os uteri, and long threads of it may be removed; sometimes it is brown in colour, resembling rusty sputa of pneumonia. It may continue many years without serious lesion, but it fosters hysterical phenomena, keeps up a vaginal discharge, produces frequent relapses of ulcerations of the neck, and is a great cause of sterility. In such cases after clearing away the mucus, I apply the tincture of iodine with a sable-hair paint brush, introducing it as far as possible into the neck of the womb without using much force; on withdrawing the brush, I paint the vaginal portion of the neck of the womb. A solution of the nitrate of silver, 30 grains to the ounce of water might be employed in the same manner. Occasionally however, cases prove so obstinate as to require the use of the nitrate of mercury for their complete recovery.

With respect to constitutional measures,