sometimes, though rarely, more, roaring over the tree-tops comes a south breeze, charged with cold from the Arctic ocean, and for a few minutes driving back the dust which all day long had been blowing in the opposite direction. When this has subsided, doors and windows are thrown open with a glad welcome, and thicker clothing is put on.

But if the wind should not change in the evening, matters are still worse. In the daytime there is something to attract attention, if one is almost melted; but at night there is no such resource, and one feels totally exhausted. Yet sleep is impossible; for the thermometer in the bedroom is never less than 84° or 85° , and the heavy monotonous groaning of the wind, as it rushes past, sings anything but a lullaby. There is nothing left but to lie on the bed, waiting and hoping for a change with as much patience as can be mustered. Often have I risen in the night and opened the window, in the vain hope that perhaps the wind might have changed without our hearing it.

It is, I believe, the extreme vicissitudes of the Australian climate, the great and sudden changes of temperature, that are so injurious to the constitution and so productive of disease. In the summer of 1851-2, on one occasion the thermometer at the back of my house, in the shade and facing the cool quarter, stood at noon during the prevalence of a hot wind at 107° ; the next day at the same time and place it stood at 52° ! This, I grant, was an extreme case; but I have frequently known a difference of from 10° to 30° in from two to five minutes, and indeed I never recollect an instance of a hot wind occurring, when the change to a south wind did not take place in the sudden manner I have described.

It must strike the most careless observer that such vicissitudes cannot be beneficial to health, when one hour you are perspiring copiously under the thinnest possible clothing, and the next glad to get to the fire-side, or put on winter clothes.

Fever and dysentery (as might be expected) are very frequent; and rheumatism, notwithstanding the dryness of the air, is far more prevalent than in England, a fact clearly to be attributed to the sudden changes of temperature. Consumption, too, is frequent, and fearfully rapid in its course; but I believe that, in its incipient stages, before any ulceration of the lungs has commenced, the Australian climate would prove remedial in its effects, if the extreme changes mentioned above were guarded against. Ophthalmia is very common, arising from the intense heat and glare of the sun, and the dust with which the air in summer is constantly loaded. During the summer of 1851-2, influenza made its appearance in the colony, and was very general in its ravages, few persons escaping a more or less severe attack.

I have found disease of every kind far more rapid in its course than in England; and generally speaking, it may be stated that the climate is fatal to the extremes of life, particularly to childhood, great numbers of children being annually carried off by dysentery and inflammatory diseases.

I have stated, at the commencement, that I visited Australia for the benefit of the climate, and the reader will be glad to learn with what success. The chief disorders from which I suffered, were a delicacy of chest without the presence of actual disease, and an extreme susceptibility to take cold. On these two points I found the climate highly beneficial; I have never felt the least symptom of weakness of chest since I landed in Australia nor since my return, nor have I ever had but one cold or cough during the same period. But, on the other hand, I suffered much from the depressing influence of the hot winds, and twice I was laid up with low typhoid fever, and fully expecting that the last attack would prove fatal.

I do not pretend to account for the manner in which the diseases I have mentioned are produced; this I leave to the physician. I have merely chronicled the result of my own experience during a few years residence in the colony; and the reader will be at no loss to gather that, on the whole, my opinion of the climate is unfavourable.

Great stress has been laid by writers on the Australian colonies on the fact, that persons, they say, may sleep out of

doors without any danger. During the summer season, when little or scarcely any dew or rain falls, a man may easily do this without risk, wrapped in his blanket or opossum rug; but at other times of the year it is almost as impossible as in England, and it argues great ignorance, or perversion of the truth, to take a few isolated months and hold them forth as a specimen of the whole year.

I may, perhaps, usefully conclude these notes by a brief description of the seasons as they occur. Spring, as I have elsewhere said, commences in September; and during this and the following month the weather is particularly fine and exhilarating, with frequent genial showers.

Summer sets in with November, and continues until the end of February, the latter being the hottest month of the year; the hot winds prevail during the whole of this season, and the dust during the same period is a constant plague. Within fifteen or twenty miles of the sea coast, the summer heat is tempered by the sea breeze; but beyond that distance it is much more intense. In general, little rain falls during the summer; but destructive floods occasionally occur in December, from heavy rains on the distant mountain ranges. March, April, and May, are the autumnal months, the last being frequently showery.

Winter begins in June and continues through July and August. The rains during these months are heavy and frequent, approaching the tropical in character. In the lower-lying country, the cold rarely produces more than occasional slight frosts, which are dissipated in an hour; on the high grounds and mountain ranges snow frequently falls to the depth of several inches, and ice is formed, of the thickness of a shilling, but neither last many days.

The mean annual depth of rain in Victoria is about forty-eight inches, the mean of London being only about twenty-two inches; a proof of the tropical nature of the winter rains, and of the rapid evaporation going on during the remainder of the year.

Reading, July 1853.

MASTURBATION IN A FEMALE APPARENTLY WITHOUT AN UTERUS; WITH REMARKS.

By EDWARD WADDINGTON, Esq.

THE following case came under my notice in the year 1848, while in practice in the country. By a reference to my case book, I find ample details of the case; but, as it would take up too much space to publish the whole, and as the case will lose nothing by being abridged, I shall adopt the latter plan.

Catherine Stevens, a finely formed, but sickly looking servant girl, aged 22, applied to me on account of frequent pains in the back, passing round to the loins. Upon inquiry, I found that these pains were first noticed about the age of sixteen, but were of so slight a nature, and so short in duration, as to attract but little notice. For the last few years, however, she had suffered more and more; the pains in her back appearing gradually to increase in strength and duration, recurring as nearly as possible every two or three weeks, seldom leaving so long an interval as a month, and lasting about three days. When first noticed, some years since, they did not continue more than half a day, or a night. *She had never menstruated.* From the peculiar pasty yellow appearance of the features, the tumid, discoloured semicircle beneath the eyes, the pearly conjunctiva, the tremulous white tongue, and feeble pulse, I came to the conclusion that this was simply a case of amenorrhœa. For months I continued to treat this person for delayed menstruation. She took at various times, one after the other, almost all the emmenagogues in repute; but all were of no avail. She was cupped on the loins; had leeches applied to the vulva, and insides of the thighs; used hip-baths, etc., with no apparent benefit. I therefore insisted upon a personal examination, to satisfy myself that no unnatural impediment existed to render the further perseverance in medical treat-

ment unavailing. I first directed my attention to the chest, and found the breasts well and fully developed, though rather more pendent and flaccid than usual in an unmarried woman at her age. The body was rather thin, but not emaciated; the muscles were relaxed and flabby. I found the organs of generation fully developed; the labia majora were large, and peculiarly flaccid; while the clitoris was prominent, appearing tumid, and very vascular. There was no appearance of the hymen. It was quite clear that this young woman had long been addicted to illicit connexion, although this was strictly denied. On introducing my finger into the vagina, I could find no os uteri. As the os externum was by no means small, I had no difficulty in making an extensive and careful examination. I found the vagina a perfect *cul de sac*; there was no trace at all of uterus. I was equally unsuccessful in finding the slightest indication by the rectum, or through the abdominal parietes. A medical friend (Mr. Ed. Gibson, of Huxey, Lincolnshire) by my request, made a long and careful examination, but came to the same conclusion, that no uterus could be found, and that this organ did not exist. A peculiar feature, remarked by this gentleman, as well as myself, was the large size of the vagina.

By strictly watching this young woman, and by frequent close questioning of her, the case was soon cleared up, or at all events, rendered more intelligible. Not only did she confess that she was in the constant habit of indulging in sexual intercourse upon every opportunity, but that she was addicted to the crime of masturbation to an extent scarcely credible. The failure of the constitutional effort at the establishment of the menstrual function, would partly account for her chlorotic appearance, and the pain in the lumbar region; but the feelings of exhaustion and nervous depression were doubtless the results of the vice of self-abuse. Had it not been for these consequences of indulgence in this vice, there is very little doubt but that this young woman might have passed through life without suspicion of the real cause of the non-appearance of the menses; as I am inclined to believe that the pains in her back and loins were more the result of loss of nervous energy, from excessive masturbation, than symptomatic of menstrual nisis. That the ovaries existed in this case is clear, from the presence of sexual appetite, and from the indications given of the attempt to establish menstruation, which the constitution appeared to have made at the time of puberty; a function in the performance of which the ovaries participate with the uterus. In this case, the uterus being absent an augmented activity would perhaps be induced in the endowments of the ovaries.

The last account I heard of this person was about a year since. She was then living in Sheffield, and cohabiting with a married man.

Masturbation is too often the only explanation of that chlorotic appearance the regular action of the uterus seems to abnegate. Medical men naturally shrink from bare suspicion, and will only deal with positive proofs, always most difficult to obtain in such cases; but once let the tongue be loosened by detection, and the modest motive for secrecy swept away, what a flood of disgusting relations is poured upon us, sickening to hear! Painful as it is, we cannot resist the conviction that the artificial system of education, and the mock morality now taught in some of our large educational establishments for young ladies, greatly tend to foster this vice, not only by the laxity of principles allowed, but by carrying out, almost to an insane extent, the system of outbidding one another in the scale of low charges, and the indiscriminate admission of all persons of respectable appearance or plausible connexion. This plan has admitted into schools improper characters—even kept women, who, under the denomination of “parlour boarders”, have had full license and opportunity to corrupt juniors. The theory of immorality may have been “looming in the future”, in the imagination of the young girl, long before she reaches school; and only at the latter place does she become acquainted with the practice of it.

2, Guildford Street, Russell Square, London, July 1853.

BIBLIOGRAPHICAL NOTICES.

ON DISEASES OF WOMEN AND OVARIAN INFLAMMATION IN RELATION TO MORBID MENSTRUATION, STERILITY, PELVIC TUMOURS, AND AFFECTIONS OF THE WOMB. By EDWARD JOHN TILT, M.D. Second edition. 8vo. pp. 276. London: 1853.

THIS volume is designated a *second edition*, whereas it is in reality a new work. The matter is greatly amplified, the arrangement is very much improved, and the composition, formerly too ornate and ambitious for the subject, is changed into a sober scientific style. The work, in its present form, is entitled to high commendation, both for its matter and its manner. It is not a treatise which claims or possesses originality; but it has the merit of being the best digest of the information which exists regarding ovarian inflammation. It is, however, something more than a compilation of other men's facts and opinions; for the author frequently expatiates, in a most instructive manner, from the abundance of his own resources. We may add, that Dr. TILT has filled, to as great an extent as it was possible, an acknowledged vacuum in our medical literature. The labours of many must, however, be devoted for years to come to supply the information which is still required, before we can be satisfied that we have learned all that is within our grasp regarding ovarian inflammation and its consequences.

Dr. Tilt's work is divided into an Introduction and twenty-five Chapters. A copious table of contents is prefixed to the volume, which gives the reader a good bird's-eye view of the subject before he commences to study it in detail; and for those who may wish to consult the book upon an emergency, there is appended an admirable alphabetical index.

In the Introduction, Dr. Tilt alludes to the defective nomenclature of the diseases of menstruation, as illustrated by the terms amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, and hysteria. For example, he says:

“LEUCORRHEA stands either for—

1. Chronic catarrh of the Fallopian tubes. [Rokitansky.]
2. Uterine catarrh.
3. Hypersecretion of the mucous follicles of the neck of the womb in most cases. [Tyler Smith.]
4. Ulceration of the neck of the womb in most cases. [H. Bennett.]
5. Various inflammations of the vagina or external organs in most cases. [Lisfranc.]” (p. 2.)

The frequency of ovarian inflammation is proved by the statistics of hospital *post mortem* examination. We are reminded that—

“Mr. Pollock has shown that, out of 583 women opened at St. George's Hospital (from 1841 to 1850), 265 presented lesions in some parts of the generative apparatus, and in 116 were found the following lesions:—

“Adhesions of ovaries	-	-	13
Congestion	-	-	17
Serofulous deposits	-	-	4
Fibrous deposits	-	-	1
Cartilaginous deposits	-	-	1
Calcareous deposits	-	-	2
Cystic tumours	-	-	51
Cancerous tumours	-	-	18
Atrophy [not senile]	-	-	8
Displacement	-	-	1

116”

The topographical anatomy of the ovarian region, and the methods of exploring the ovaries, are explained. Remarks are made upon abdominal, vaginal, and rectal exploration; and examination by the double touch and by the speculum are also considered.

Chapter I is occupied with the Theories of Menstruation.

Chapter II treats of the Natural History of Menstruation.

Chapter III contains some interesting observations on Type in Menstruation. By *remittent menstruation*, Dr.