

but demanded. Such an examination is often best conducted under anæsthesia, for the purpose of avoiding both pain and mental shock. One other symptom in a young unmarried woman often indicates a vaginal examination, viz., an almost constant pain in the lower region of the back. We all know that this may be a symptom of many diseases, yet if the physician can find no anæmia, nephritis, or other general condition accounting for it, by all means let the patient have the benefit of a thorough pelvic examination, and have it ascertained whether her pelvic organs are displaced or not. As to whether this examination would best be conducted per vaginam, per rectum, or with the two combined, we shall not now discuss.

The next period concerning which I shall speak is *married life during the child-bearing period*. Perhaps the first indication for a vaginal examination will be pregnancy. It is a common practice among many physicians, even in this city, not to examine a pregnant patient until called to attend her in labor. The writer believes this practice to be wrong. Many a life both of mother and child has been exposed to peril which, had the condition of the pelvis and pelvic organs been previously known, might have been averted.

Pregnancy itself constitutes an indication for a vaginal examination, and long before the time of the expected labor the pelvis and its contents should be carefully examined. Nor does the indication for a vaginal examination cease with the parturition. Before the parturient is discharged from the care of her physician, it should be the duty of that physician, after having thoroughly cleansed his hands, to carefully examine the position and condition of the patient's pelvic organs. This examination is perhaps even more demanded in the lower classes of society than in the higher, for at a time when, by the stern necessities of life, the former are obliged to resume their usual household duties, the uterus is often large, flabby, and easily displaced. Before the physician makes his last obstetric visit on such a case as this, he should ascertain whether or not the uterus lies in the hollow of the sacrum, and if found there, an attempt should be made to replace and maintain it in proper position until involution is complete.

A very large number of the patients who present themselves to me at the Roosevelt Out-patient Department, come suffering with posterior displacements of the uterus, and of these a large proportion can be traced to a puerperium in which this displacement has occurred, and not being discovered, has been allowed to continue until the uterus has become fixed, the patient subjected to months of suffering, and weeks or even months may be required before the condition can be relieved. Most of this could have been prevented

by due care following parturition. Preventive medicine is the key-note of our profession to day, and of this prophylaxis preventive gynecology should form a prominent part.

Nor should the responsibility of a physician, in a case of obstetrics, cease with what might be called his last obstetric visit. I believe that in the near future the physician will consider it his duty to examine each obstetric case at the end of two or three months after her confinement, to ascertain by vaginal examination not only the question of the uterus being in its proper position, but also the condition of the patient's cervix; and whether at the expiration of lactation a trachelorrhaphy will not be indicated before her nervous system has become undermined and perhaps malignant disease has started. If we take these precautions in our own obstetric cases, we must be on the lookout for symptoms with similar indications in patients who were formerly in the hands of others. The discussion as to whether a cervical laceration needs operation will not concern us here; we are all pretty thoroughly agreed that *bad lacerations need repair*.

Another symptom in which a vaginal examination is often neglected is menorrhagia or metrorrhagia. Many a case has come under the writer's observation where a patient has been allowed to bleed for weeks, perhaps for months, while the physician soothed his conscience by prescribing some ergot or hydrastin, or by telling the patient to come and be examined when her flow ceases; but never taking the trouble to ascertain by vaginal examination whether the patient has a polypus, a cancer, or needs to be curetted. There is ground for great improvement in this mode of practice. Many a patient's health has been ruined, many a valuable opportunity has been lost, by just such neglect of the vaginal examination and the information it would convey.

While the previous indications for the vaginal examination are important and their neglect greatly to be deplored, they all shrink into insignificance when compared with the indications which are more common during the last period of life, of which I shall speak, viz., *Near or subsequent to the menopause*. I refer to symptoms of malignant disease. It is unfortunate for the profession, and still more unfortunate for the patient, that the impression is wide-spread that floodings at the menopause are normal, and therefore need no attention. The soothing explanation of "only the change of life" has been the funeral dirge of many a death from cancer of the uterus.

Another unfortunate circumstance for both physician and patient is the fact that uterine cancer, in its early and operable stage, is often associated with no pain. Being handicapped by these two circumstances, the physician must be more and more impressed with the fact that he