her a good deal, and by and by she didn't bother to use quite so much water or to have it of just the right temperature, and it was not long before she had again relapsed into the condition of the chronic pelvic invalid.

Gradually she will fade away with recurring attacks of pelvic peritonitis or will finally make a miserable recovery in a childless and dreary old age of nervous discomfort.

Her doctors might call in a surgeon or a gynecologist from the city, but Sam and Jennie have hardly started in as a young married couple and they are already handihapped by doctor's bills. There are a good many specially qualified younger men in the profession who would be glad to go out and help the patient for small fees, but her doctors have not yet heard of them and the men of whom they have heard are so well known that they cannot afford to care for any such case. So there the matter stands! Then again surgeons always want to cut. don't you know! and that's bad for the patient—that is—if the patient don't need it. And there's the thought too that Jennie may get well anyway if Dr. Grebb and Dr. Selker can only have patience to wait long enough. It is easy for the two strong, busy men to wait. If they were to actually make a diagnosis in the case then they would at least know what was best for the patient. Why don't they help her up on the kitchen table, clad only in a night-gown, and put each of her feet on a chair so that the knees and the hips are flexed and the abdomen is relaxed, and then pull the buttocks just over the edge of the table. After that the ovaries and tubes could be examined, but not unless the examining finger were introduced with the nail up. The edges of the finger tip would be depended upon principally for feeling purposes, and the fist would come just exactly right to crowd up the perineum so far that the examining finger would reach full three inches higher than it would if it were inserted with the nail down, and the fist in the way at that. *Pollice presso.* The patient dies! That's odd enough to be remembered.

But yet the proper insertion of the finger is not enough. A fist or the finger tips of an open hand must be pressed upon the abdomen firmly enough to crowd the pelvic organs down upon the examining finger, and even that is not enough. The fine sense of touch is all lost if the doctor pushes with his arm, and grunts, and lets a drop of sweat hang on the end of his nose. His elbow must be placed against his own hip or abdomen when the finger is in the vagina, and then his body forces the arm and hand forward so easily and with so little effort that the finger is at liberty to do its level best.

Smile, experts, if you will, at this simple and inelaborate discription of your trick, but remember the way in which that good old family physician, your respected preceptor, used to examine pelvic cases and tell us by-the-way if it was from him that you learned how to find ovaries and tubes. Remember, too, that the highly educated neurologist has told you that his cases of puerperal insanity have an elevated temperature; and he was not familiar enough with the pelvis to know that the temperature was associated with pus down there. With heads he deals and if the case turns up otherwise he loses. Remember that in every city block and in every country hamlet there are women languishing with pelvic disease. Their physicians are willing helpers, and practical men, and yet they do not make a diagnosis for lack of knowledge of a little trick or two. "Pelvic peritonitis" isn't a diagnosis. "Pelvic cellulitis" is worse yet.

Jennie is not going to get better. She has a pair of pus tubes and the ovaries are cystic and throttled with adhesions. She could never have a child even if the offending members were in the slop pail, but she could regain the rosy cheeks and the hearty laugh, and could be a useful member of the community and help her ambitious husband.

Doctor! Don't you know Jennie?

ANTIKAMNIA AND THE ATMOSPHERIC TRACTOR IN OBSTETRICS.

By J. B. Riley M.D., St. Joseph, Mo.

Custom has ever allowed woman to bear the pains of the first stage of labor, however severe and prolonged it might be, without an effort to assuage their sharpness, or hasten the process of dilatation; in fact, any assistance offered at this stage was considered meddlesome midwifery, and condemned by the profession.

"Let nature take its course" has been religiously adhered to, and is responsible for much suffering that could have been relieved.

In a series of our last twenty cases of labor, we have adopted a uniform method of procedure, which has been satisfactory in the highest degree in every case. Our object has been to hasten delivery, beginning with the advent of labor, as well as to control the sharpness and severity of the pains of the first stage. Since the general adoption of chloroform in obstetric practice, the second and third stages have been rendered almost, and generally, entirely painless but the lancinating pains of dilatation have been left unrelieved. My custom is to administer a full dose of antikamnia soon as labor was announced by regularity of pains, gradually increasing in frequency and severity, and general relaxation of the generative passage. In a few minutes, generally in about twenty minutes after administering the quieting dose of antikamnia, we ordered a vaginal douche of warm water, about the temperature of the body, with castile soap, and soon as the first stage was completed, we applied the tractor, and complet-