

and bandages, and every condition for restoration along the lines of nature's laws.

The scientific treatment of inebriety is simply the application of every means known to science, experience, and common sense; to remove the patient to the safest surroundings; to repair the injuries done to body and brain, and build up the man so as to prevent future failure. This can only be done effectively in literal training hospitals, where the physical comes first, then the mental and spiritual. It is no implication that the exclusively moral means urged by many good people are not valuable, but science teaches that their value depends on the conditions and time in which they are used. The appeal, pledge, or prayer does not reach the starving man; but give him food to build him up, and these means are valuable. The inebriate is starved in a most literal sense, and needs relief and literal help first. All asylums and hospitals where inebriates are treated are based on this fact: Removal of the spirits, and repair of the brain and nervous system, gives the most certain possibility of cure and restoration. Experience shows that a certain increasing number of inebriates are permanently cured in these places every year. Unfortunately for asylums, nearly all these curable cases disappear from view, and never refer afterwards to the benefit received from such places. Public sentiment makes it necessary for many persons to conceal this part of their life. On the other hand, the incurable, who has not received any permanent good, takes pains to condemn the asylum and its work, and is a standing monument of his own failure. The very few asylums now in operation are only the advance guard of a new era in the treatment and cure of these cases. There are many reasons for believing that not far away in the future every town and city in the country will have hospitals for this class, the same as for the insane at present.—Dr. Crothers, in *Am. Lancet*.

WHAT ARE THE INDICATIONS FOR A VAGINAL EXAMINATION?

Believing that a large proportion of the members of this section are men in the practice of general medicine, it seems fitting that the writer should discuss a subject which, although it may seem prosaic, is certainly of importance, and that especially to the general practitioner. Fortunately the time is passed when a man who makes a vaginal examination, on a proper indication, is regarded as immodest or a charlatan. Diseases of the pelvic organs demand a correct diagnosis just as clearly as do diseases of the thoracic organs, and the man who neglects diseases of the one is as worthy of censure as the one neglecting the other.

By the use of the term "vaginal" examination, I do not mean to convey the idea that the vaginal is the only examination made at the time; it is usually a part of the bimanual. I speak of it only as one of the elements in a procedure which leads to a knowledge of the condition of the pelvic organs.

The object of this short paper is not to exhaust the list of indications for this examination, but to bring before the general profession the need of being on the alert for symptoms pointing to disease of the pelvic organs, and to refer chiefly to those which seem to be neglected.

For purposes of present discussion we will divide a woman's life into three periods:

1. Prior to marriage.
2. Married life during child-bearing period.
3. Near or subsequent to the menopause.

The indications for a vaginal examination in a young single woman are relatively few, yet they do exist and are imperative on a conscientious physician. One is often consulted by anxious mothers because their daughters do not menstruate as early as they themselves, or other members of the family, did. Here not only is a vaginal examination of the patient not indicative, but as a rule it is to be strongly deprecated. In general we may say that, leaving out of account illegitimate pregnancy, the only cases of amenorrhœa demanding vaginal examination are those of atresia of the genital tract, or symptoms of absence or lack of development of the generative organs when the question of marriage is at stake.

Mild cases of dysmenorrhœa do not call for a vaginal examination. Every honest gynecologist will admit that the longer a woman can go without the thought that she has trouble with her pelvic organs, the better it is for her; and for this same reason we sometimes meet with individuals neurotic, and inclined to be despondent, in whom, although we find on examination some slight departure from the normal, yet the best advice is that they receive no local treatment; and this advice we give, fearing that repeated examination may fix her mind upon, and strongly color her whole horizon with, the idea of uterine disease.

We all of us know how wretched a woman is who will sit in one's office and describe the pathology of the different diseases of each of her pelvic organs. This description need not be prolonged. The picture is familiar to most of us, and needs only to be kept in mind to warn us that, not without good reason, should we subject a patient to repeated vaginal examination and treatment.

There are cases, however, of dysmenorrhœa of a more severe type, where the patient, in spite of all authorized medication, is confined to bed three or four days of every month, and with suffering indescribable. In such a case the writer believes not only that a vaginal examination is proper,