flow—and finally, if the woman is advanced in years, the date of its cessation. Menstruation in place of being normal is morbid ; it may be in excess (menorrhagia], or deficient in quantity (amenorrhœa), or it may be accompanied by pain (dysmenorrhœa), which sometimes precedes, sometimes follows and is sometimes in a manner continuous.

Intermenstrual discharges are no less important to note. Their quantity, quality, order and persistency, and finally, under some circumstances, their chemical and microscopical properties should be successively investigated.

Anterior pregnancies, their number, their date, and principally the first and last accouchments, the duration of the labors, method of delivery, whether natural or artificial, the after puerperal conditions, the development of the lacteal function, and all the consecutive order of things relative to childbed, including the time spent in bed before returning to ordinary domestic avocations, are all circumstances which tend to throw light on the history of either uterine or periuterine maladies. Precisely the same attention should be devoted to the question of previous abortions and the conditions preceding or following such accidents.

The physician should be extremely cautious in asking his questions relative to sexual connection, and such interrogation should only be followed in cases of absolute necessity.

The pathological and sexual history of a woman thus carefully studied will seldom fail to reveal the localization of the disease in the organs contained in the lower pelvis and particularly in the genital organs. It is necessary to recognize, however, all those signs which are only probable. If we desire to acquire more exact information, to precisely localize the disease and separate it from other affections of the same organ or the same apparatus, it is absolutely necessary to resort to a direct exploration of the parts, as they only can give the *certain* evidences of the malady.

II. *Physical Exploration.*—Exploration of the genital apparatus is *external* or *internal.*

The first consists in investigating the condition of the parts situated in the hypogastric region and lower pelvis, by *inspection, palpation, percussion, auscultation, mensuation*, etc., that is to say by a series of methods applied to the surface of the skin. We commence our investigation in this manner, and patients offer but few objections and usually submit.

The second method (*internal*), on the contrary is followed within the natural orifices, so that the intra-pelvien organs are directly investigated ; the condition of these organs is ascertained in various manners, to the end that we may afterwards more exactly appreciate their physical condition. It is evident that *internal* exploration is without doubt that which will furnish the most positive information, and that by following this method we not only are able to make an absolute diagnosis of a disease of the genital organs, but also a *differential* diagnosis of all such diseases.

But if internal exploration is necessary, it is very often difficult to obtain the consent of the patient, who has a natural repugnance to such a procedure. Under such circumstances the physician must employ an extremely delicate tact to overcome the usual feminine objections, and thus induce the woman to tolerate the examination without absolutely demanding the favor.

The following lines, quoted from Gallard (1), will serve as a guide in all such cases :

" Remember that it is always necessary to obtain the consent of your patient and avoid demanding such a privilege. If you are a young physician resort to circumlocution and tact in asking such a privilege from a young woman, whose sense of modesty will be shocked and whose feminine feelings will revolt at the bare mention of the method to be employed. If the examination be demanded under such circumstances an irrevocable refusal often follows. When you can convince her to the contrary by your attitude that the examination desired is nothing unusual in such cases ; if you will maintain a calm and dignified professional air ; if after feeling the pulse, auscultating the lungs and heart, you touch the belly and simply and naturally say that it is necessary to practice the touch, the woman will never dream that back of the physician who examines her she might find a man, and will unhesitatingly submit herself to all the examinations which a doctor deems essential.

In all cases remember the axiom, the physician should never impose an examination on a patient unless such a procedure is absolutely necessary. The physician who respects himself will only ask for that which is judged indispensable, and after making the request he must not allow a non-compliance with his wishes, if he does not desire to lose all moral authority over his patient. In the face of an obstinate refusal there is only a single line of conduct to be followed ; this is to absolutely refrain from prescribing any treatment, and by pursuing such a course of action make his patient understand that such action is based solely on the ground that it is impossible to successfully combat a disease whose nature is unknown, and that treatment in such a case would not only be unsuccessful but even perhaps injurious. It is likewise necessary to carefully avoid making too persistent entreaties in order to induce the patient to decide and then reproach her for a refusal to submit to your examination. A cold and reserved, but at the same time a kindly, attitude is the only position to be worthily maintained in such an emergency. It is only by assuming such an air that a woman will be led to understand how exaggerated her scruples are, and thus induce her to repent her previous determination."

These councils and precepts are too important to be omitted from this chapter,

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1. Gallard, Lecons Cliniques sur les maladies des Femmes. Paris, 1879.