

the height of the disease a copious flow of laudable pus.

The vagina in this disease generally presents a red, raw-like surface, beneath which there is little edema, the rugæ not being obliterated. It is sometimes punctated, which probably arises from the injection of papillæ, and it is often granulated from the same cause.

The vaginitis of old age is generally subacute, and a similar disease is not rare during pregnancy and in the puerperal state. Rarely does the vagina, when inspected, present the same appearance as in the acute vaginitis of youth. It is oftener smooth, having a glazed appearance and feeling, the rugæ being obliterated and reappearing as the disease is cured; and sometimes you see areas over which the mucous surface seems to be destroyed, and these bleed readily, especially when touched. In many of these cases you are consulted not for vaginitis, but for so-called menorrhagia, which the woman supposes she is suffering from; and, as you know, this is an alarming symptom in old women.

This disease, especially in old women, leads to garrulitas vulvæ, not the garrulity of feeble-mindedness to which I have before referred. The vagina secretes air, and the woman may be extremely annoyed by passing it from the body. This is not the only explanation of passing air from the vagina, but it is the only one I at present mention; and I may remind you of the disease called vaginitis emphysematosa. In the subacute vaginitis of old women the bladder is very often simultaneously affected. The pus is generally thin and green. It is sometimes extremely copious. Although the disease may depend greatly upon the permanent constitutional influence of senescence, it is upon the whole amenable to simple treatment. . . .

Chronic vaginitis of youth occurs in various forms. There is a chronic vaginitis in which the vagina is hard and small, its rugæ well seen, seen but yet evidently swollen, edematous, and with either no secretion or with the rugæ painted over by an old gray-white accumulation of sordid epithelial detritus. This, which may be called dry vaginitis, has its analogue in a disease of the deep cavities of the nose, which I have suspected as producing peculiar headache and giddiness, and which is assuaged or cured by the same soothing remedies as act on the disease in the vagina.

The chronic vaginitis of old age, as I have already said, is generally accompanied by pruritus, and frequently causes alarm by bleeding.

I have mentioned many forms of vaginitis, and one important practical subject I must discuss briefly in connection with the forms of this disease. Is it, in any special case, venereal or not venereal? You will, in practice, often be asked this question, and I advise you never to answer it explicitly. You can not decide absolutely whether a case is venereal or not. At one time it was supposed that the discovery of trichomonads, or a leptothrix, or a vibrio, would decide whether it was venereal or

not. But this is now given up. I have seen gonorrhea which was certainly not venereal bear every character of the ordinary venereal disease. I do not say that there is no distinction, but only that the distinction can not be made out by the practitioner so as to justify him, from his own inquiries into a case, in giving a decided opinion on the subject. Meantime, the distinctions of venereal gonorrhea are simply marks of severity. It has been said that venereal gonorrhea is infectious, while simple gonorrhea is not; but I have seen every character that can be predicated of the one occur in the other, as I said before, including infection.

What are the characters that make you suspect that a vaginitis is of venereal origin? It begins within a few days (generally two or three) of the infection; it is very severe, and runs an acute course; the secretion of pus is copious, beginning about the third day of the inflammation, and remains copious for about a week or nine days. The vulva is generally affected, so that the woman has more or less difficulty in walking; and the vulva being affected, the inguinal glands are liable to be affected and you may even have bubo. The urethra is affected, and also the bladder; there is liability to ovaritis and to perio-ophoritis; and there is the almost certain infection, not only by sexual intercourse, but by the matter touching any mucous surface, such as that of the eye.

The treatment of this disease is so well described in every text-book that it would be waste of time to enter upon it. It must be based upon a careful diagnosis, including the diagnosis of the local or constitutional origin of the disease, the diagnosis of the simplicity of the affection, or of its complication or extension to other parts.

## HEAT AND LIGHT IN THE SICKROOM.

A recent writer gives the following sensible suggestions on this subject:—

Each person in a room should be supplied with 3000 cubic feet of air per hour; and this should be done, where possible, without creating a perceptible draft, for the nervous irritation induced by drafts is liable to produce internal inflammations.

The temperature of the sick-room should be kept at a uniform height, the best average being from 65° to 70° F., except for infants or very old people, who require a temperature from 75° to 80° F.; and for these it is especially important to guard against changes, and keep it as uniform as possible. All cases of fever require a temperature lower than the average, as from 50° to 60° F., to assist in reducing the high temperature of the body; but, when the fever subsides, and there is much debility remaining, the temperature should be raised somewhat above the average. As a patient can bear a greater degree of cold when in bed than when out of it, convalescents from severe diseases, fevers especially, should have the temperature of their rooms higher than that maintained during