

In the first chapter will be discussed some of the general considerations relative to the means employed in conducting a gynecological investigation and making a correct diagnosis, such a preliminary course being necessary before resorting to treatment.

CHAPTER I.—GENERAL CONSIDERATIONS.

The nosological determination of the different morbid affections of women is surrounded by very great difficulties, hence, errors in diagnosis are frequent; these errors may consist, not only in confounding two maladies of the same organ, but also in mistaking two diseases having absolutely different situations and points of origin.

Many of the diseases of women are dependent on an anatomical or functional derangement of the various portions of the genital apparatus and belong, properly speaking, to the domain of *gynecology*, constituting what is commonly designated under the name *diseases of women*; the lesion is local, the disturbance more or less general. But the primordial lesion, by the date of its appearance and the persistency or intensity of its special symptoms, necessarily attracts the attention of the patient and the physician, and its seat, if not its nature, is very easily determined.

But in a very considerable number of cases the inverse occurs; the general symptoms are developed, and have acquired little by little a very great intensity; the local symptoms are null or nearly so; the patients, if they are unmarried or childless, will not admit of the possibility of a disease of the genital organs, and refrain from calling the attention of the physician thereto—growing offended if their medical attendant presumes to question them upon delicate points, and continuing to complain without ceasing of the existence of disease of the stomach, lungs, brain, etc. They may be possibly right in this, as they may be wrong. It is the physician's duty to recognize, amidst this maze of contradictory statement which professional politeness requires him to listen to patiently, the true condition of the woman.

Finally, it may happen that any disease, following its usual progress, may induce consecutive modifications in the functions of the genital apparatus—modifications that assume exceptional and even capital importance in the eyes of many patients when they have (in reality) no significance. If the physician, under such circumstances, does not discriminate between what is told him and that which his own skill determines, he will fail in his diagnosis and be disappointed, for instance, by treating a leucorrhœa or uterine granulations when his patient is purely and simply consumptive.

The *diseases of women* may then be the subject of many errors, 1st, they may be unrecognized when they exist; 2d, they may be admitted when not existing; 3d, they may co-exist with other affections more or less obscure, the correlative importance of which it is most often difficult to determine.

The physician, called under such circumstances, must surround himself with all the means possible in order to determine the truth; there are two methods to be necessarily employed which both possess great importance, 1st, *interrogation*, from this he will learn *the history of the patient*, which will make him acquainted with all the *subjective symptoms* that have existed or still exist; 2d, the *physical examination* of the genital organs and the neighboring parts, which will exhibit the *objective symptoms*. It is only by exactly following this method that our information will be complete, and merit the title of a real clinical observation.

Interrogation of Patients.—Asking questions properly is a very difficult thing to do; women have a multitude of details to describe and are prolific in information, and the physician will be unwelcome in the majority of cases if he attempts to cut short the usual prepared narration; he must submit quietly, as it is important for the doctor to gain the confidence of his patients for the purpose of finally obtaining the answers he desires, and especially inducing them to submit to the necessary physical examination. If this method is followed the physician can soon ask the questions himself and pursue his interrogations systematically without being diverted from the subject of his inquiry. The answers are from thence, more clear, more precise and much less liable to lead into error.

As a general rule, after having taken the name of the patient, her age and social condition, the physician is informed of the malady for which he is called, of the nature of the pains experienced, of the date of their first appearance, of the progress of the disease, etc. He should insist on the patient describing her present condition, and allow her to afterwards describe her anterior condition of health and the subject of heredity. If the physician is led to suspect a disease of the genital organs, he should none the less, before pushing questions too far on that point, study the condition of the different systems, nervous, respiratory, circulatory, digestive, in a word, explore and know the significance of the modifications or functional and organic troubles of the economy.

It is always of the highest importance in treating the diseases of women, to be fully informed as to the manner in which the functions of the bladder, rectum, pelvic organs, muscles and nerves are performed. After investigating these different points, questioning as to the condition of the genital organs should be resumed; it is very important to interrogate the patient, particularly as to what is called her sexual history, that is to say menstruation, inter-menstrual discharges, pregnancies, and even in certain cases as regards her sexual relations with man, that which the English designate by the name of *parenina*.

Under the head of menstruation should be noted the first appearance of this discharge, whether it has been regular or irregular from the time of its establishment, the duration and the quantity of the