Lawrence is a delightful place to live in, so far as natural surroundings are concerned. It is one of the oldest settled places in the West. Built up mainly by New England people, there is considerable of their characteristic conservatism, modified by the Western climate. So every one finds in embarking in any career or profession that they must be "weighed in the balance," their qualities tested, their knowledge and skill tried.

I find a great deal of tonsilitis here during the winter months; sometimes the diagnosis between it and diphtheria is quite difficult, and sometimes there are frequent relapses, which make it a serious disease. There is a peculiar skin disease prevalent here, not confined to any particular locality or season, and, like most skin diseases, is very obstinate in some patients. In common parlance it is known as "Prairie Itch." It appears on both the extensor and flexor surfaces of the arms and the extensor surface of the legs, and occasionally on the trunk. In appearance it somewhat resembles some squamous forms of Eczema, but has different characteristics. The onset is most distressing to the patient, as the itching is intense, and the more debilitated the patient the greater the suffering. Mercurial ointments—preferably the ammoniated—do well in the majority of cases. Sometimes carbolic acid lotion, or chloral hydrate gr. x, aq. camph. \( \frac{7}{8} \), relieves the intolerable itching. It is contagious in some degree, and is generally of short duration, but chronic in a few cases.

With many wishes for the greater success and enlargement of the Alumnae Association,

**HELEN T. GRAVES, M.D.**

Knowing it would be of great interest to hear of the work being done abroad, I wrote to our members in Asia for some account of their work, and suggested as one topic the character, prevalence, and causes of uterine disease among their patients. Replies were received from four of our six members. I did not write to Dr. Douglass, because I did not know that she was a member until it was too late to write. Unfortunately, many of our graduates are not members of the Association.

Dr. Root, of Madura, Southern India, says:

"My experience during two months has not been sufficient for me to give a very definite opinion on the question. Undoubtedly uterine diseases are very common here, due partly to the barbarous methods of the native midwives, and partly no doubt to the early marriages and confinements. A day's clinic here brings before one many cases such as we have in America. Eye and skin diseases are very common. We seem to be free, for the most part, from typhoid and scarlet fevers, and diphtheria. Miscarriages are quite frequent. We have had six or seven cases during the last month. The people are fearfully anemic, and go into a collapse easily. I am told it is very common for the body to become suddenly
cold—the patient shudders, faints and dies. It is considered a disgrace to be without children, and I already see that I shall have many calls for help in that direction. I am told that marital infidelity is one of the great evils. It is hardly considered wrong, and is very common. Consequently, many women come for the treatment of venereal diseases.”

The following description of the treatment of lying-in women in India, Dr. Root copied from “The Indian Medical Gazette”:

“As soon as pains begin, the parturient woman is taken to the lying-in room. The principle governing the choice of this apartment is that it should be as small, close, and ill ventilated as possible, so that it may easily be kept warm and allow no ingress to draughts of air, or, what is still worse, to deacons or malignant spirits. As a rule, a small, damp room a few feet square on the ground floor, is selected. The windows and doors are carefully closed and the patient’s female relatives are invited to encourage and comfort her. The air is quickly saturated with impurities. The midwife is seldom sent for until the patient has been ill some time. When she arrives, the patient, who has hitherto been sitting or walking about, is placed either on her back or on her hands and knees. She remains in this position until the head is born. A stool or basket is sometimes placed under the chest to afford a purchase during the expulsive efforts. The perineum is sometimes supported by the midwife’s hand. As soon as the head is born, traction is made and delivery accomplished as soon as possible.

“The cord is not severed till the placenta is expelled, and if nature does not bring it away speedily, the midwife extracts it by passing her hand into the uterus. Serious injury frequently happens from this rough practice. The placenta born, the cord is tied in the usual way, and divided with some ceremony, either with a piece of bamboo specially prepared, or among the wealthy a gold knife, which becomes the perquisite of the midwife. A hot cloth is applied to the vulva to prevent bleeding, and a dose consisting of pepper, caraway seeds, and other condiments, mixed with clarified butter, is given. The room is now closed more tightly than ever, a pan of burning charcoal is placed under the bed, and the placenta is kept in the room until the cord separates from the child’s navel, and, although covered with moist clay, frequently adds its poisonous gases to the already poisoned air. The lochia frequently become offensive, but nothing is known of vaginal injections. The patient is fed on parched grain with clarified butter for the first few days; bathes on the fifth day, and gradually returns to her usual diet and mode of life.”

Dr. Root says, “In Madura it is customary for women in labor to sit on a stool and to pull on a rope suspended above the head.” She also remarks that she has not seen an unruptured perineum in any woman who has borne children, and that owing to rough traction made in all cases of abnormal presentation, ruptured uteri are much more common than in this country.