

chronic inflammation of the contractile hollow muscle—the womb, and its appendages, the contractions are unduly painful.

*Diagnosis*.—Painful menstruation being a symptom of many and varied conditions, general and local, accurate diagnosis is therefore essential if treatment is to be successful. Certainly the nature of the cause in any case can only be ascertained by accurate physical examination of the organs concerned in the function. In the neuralgic or neurotic form there is however we have learnt, no anatomical abnormality. The results of examination are therefore negative. But the symptoms are characteristic. Many of the patients are virgins and examination should be deferred as long as possible, at all events until judicious regiminal and medicinal treatment has failed. Such treatment will however in a large majority of cases be successful. The evidence on which the diagnosis is to be based is derived from the neurotic ancestry, evidences of neurotic taint in the patient herself, the relation of the pain to the flow as regards time, it appears only an hour or two before or with the advent of the discharge; it rarely lasts more than a day. In the intervals, the patient is entirely free from pelvic pain, leucorrhœa, and reflex symptoms. It is rare however that true neuralgic dysmenorrhœa lasts many years without the development of chronic vascular and nutritive changes in the uterus and its appendages and then we have the inter-menstrual symptoms more or less gradually making their appearance. It must be remembered that the neuralgic uterus is predisposed to nutritive changes. For the diagnosis of the conditions present in the other forms all our available methods of physical diagnosis of pelvic conditions may be necessary. First and always most fruitful of results and safest is the digital and bimanual examination by skilled hands in the vagina and rectum. We shall thus discover ill-developed uterus and ovaries, abnormalities of the vagina, chronic metritis, inflammatory affections of the uterine appendages, or tumours of the uterus and its appendages. The more dangerous sound and curette may be necessary to discover the depth and size of the uterine cavity and the condition of the mucosa. All such examinations by finger and instruments will be much more fruitful and certain of result if conducted under an anæsthetic. In truth in many, only by the use of anæsthetics can the examination be satisfactory. In the great majority of virgin patients anæsthesia should always be employed, and after each of the methods already mentioned have been employed we may still be at sea until we have dilated the cervix to gain access to the uterine cavity with the finger. For instance a small submucous myoma or polypus may often in this way be alone discovered as the sole cause of the symptoms. In fine I must