

words, the peristalsis of the tubes is interfered with.

Under the heading of dysmenorrhœa of uterine origin we may put down everything which offers a mechanical obstruction to the expulsion of the blood, whether this be an organic or functional stricture, or whether it be due to an anterior or posterior flexion or to the blocking up of the canal by a polypus, a fibro-myoma or merely by the mucous membrane of the uterus thickened by inflammation (endometritis). A recent writer, whose name for the moment I forget, states that out of one thousand cases of dysmenorrhœa, in over nine hundred there was undoubted endometritis. My own experience, although much more limited, fully bears out the correctness of this statement. In nearly all of my cases which required examination I found the uterus sensitive to the touch, there was backache, very often trouble with the bladder and rectum, a uterine leucorrhœa diagnosed by means of a dry tampon of sublimate cotton left for twenty-four hours against the os, and in a great many there were reflex disturbances, through the great sympathetic, of such distant organs as the stomach, heart and eyes. On passing the sound I have invariably found that as soon as its extremity reached the level of the internal os severe pain was caused, which these patients invariably stated was exactly similar to that which they suffered every month. On the other hand, I have seen so many cases of acute flexions without endometritis, in which there was no dysmenorrhœa, that the opinion has been gradually growing in my mind that it is only when the above-mentioned conditions are associated with endometritis that they cause dysmenorrhœa. Moreover, my experience in the matter of treatment has been that in the majority of cases the most satisfactory results have followed the use of such measures as have been found to be most effective in curing endometritis, such as curing habitual constipation, removing other obstructions to the pelvic circulation, improving the circulation generally, improving the circulation in the pelvis by very hot douches and boro-glyceride tampons, rapid dilatation, curetting, with and without the intra-uterine tampon and with and without an intra-uterine stem, the external application of the galvanic current, the application

of the same current with one pole in the vagina, against the uterus, and the other on the abdomen or on the sacrum as a tonic to the vaso-motor plexus of the pelvis, and last, but most important of all, by the application of a mild galvanic current to the inside of the uterus by means of the ordinary uterine sound insulated to within two and a half inches of its end, and to the handle of which the negative pole of the battery is attached.

I have given a fair trial to all these methods in succession, with many cures and some failures, and I have come to the conclusion that the negative galvanic pole will cure endometritis and dysmenorrhœa when any and all of the above valuable measures have failed. It requires very little argument to prove that dysmenorrhœa is a symptom well worth curing; we all know that a great many of the unhappy inmates of the asylums are women who became opium eaters by the prescription of the physician who attended them for dysmenorrhœa, so that I only mention that form of treatment to condemn it. On the other hand, the condition is one which is exceedingly difficult to cure. Hear what Winkel says in his last work: "Dilatation of the uterine cavity, discision of the cervical canal, cauterization of the uterine mucous membrane with nitrate of silver, tannin, tincture of iodine and carbolic acid, curetting the uterus, scarifying its mucous membrane, and the application of leeches to the vaginal portion have all been recommended and used by the author. I have also had under my care the patients of colleagues who had likewise employed all these remedies, but also without avail. I have never seen a cure result from the sole use of these means."

In fact, the treatment of dysmenorrhœa has been hitherto so unsatisfactory that a great many sufferers have become convinced that it is incurable, also that their pain must be endured. In the majority of cases the physician is not sent for during the period, but if consulted at all, it is generally when the period is over, so that he has no means of estimating the amount of the pain in severe cases. From the independent description of it by a great number of women, I should judge that in many cases the pain is really terrible. In some cases which I have seen, the suffering seemed to be much greater than that caused by the first stage