DYSMENORRHOEA.*

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Some of the most satisfactory moments that come to a physician in his professional life are those in which he has been able to relieve great pain; and on the other hand few bring to him more disappointment than when, after repeated effort, he fails so to do.

The suffering endured by woman during the performance of the function of menstruation is so general that we are all constantly meeting it. The temptation to prescribe such remedies as whiskey or morphine for this particular kind of pain is so strong that against our better judgment we allow their continued use. I do not desire to treat dysmenorrhœa as if it were a disease, for it is not; it is a symptom, and the causes of this symptom and its relief are the points to which I wish to direct the attention of this society. There has been much discussion both in the journals and in medical associations as to the classification of dysmenorrhœa. In speaking of the classification of a symptom it must almost necessarily mean the classifying the causes of the symptom, and on this account therefore there has been so much disagreement. Dr. Johnston, for example, claims that the classification should be entirely etiological, and in this while he is quite logical he is lead into an evident error in his classification. He would divide dysmenorrhœa into two classes, viz., one due to infection (inflammatory) and one due to structural changes. He distinctly states, and is supported by many, that there is no such thing as neurotic or neuralgic dysmenorrhœa, no such conditions as obstructive or membranous dysmenorrhœa. Now in this he has gone too far, for I am sure you will all agree with me that there are cases where there is no infection and no structural change and yet where there is intense dysmenorrhœa. There is such a condition as neuralgic dysmenorrhœa. We have all seen patients in whom the pain would completely disappear on an entire change of environment, perhaps to recur on a return to the old surroundings. What seems to me the most satisfactory classification is the old one taught by Thomas and Goodell and still adhered to by most of the American gynæcologists and obstetricians, viz.: (*a*) Neuralgic, (*b*) Inflammatory, (*c*) Obstructive, (*d*) Membranous.

It is not to be expected that these can be clearly defined, in fact, they run together and overlap. For example a neuralgic condition will lead to menstrual disorders, and in time structural changes in the endometrium will take place when we have inflammatory or congestive causes of pain. While my experience leads me to believe that dysmenorrhœa due to mechanical causes, yet these causes may produce congestive changes certainly occurs. Just as an obstruction in the larynx would be followed by an inflammatory condition and the production of pain, so might obstruction in the cervix produce similar results. The

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