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## CONTENTS.

### ORIGINAL COMMUNICATIONS.

Nine Cases of Severe Dysmenorrhœa Cured by the Intra-Uterine application of the Negative Pole of the Galvanic Current ..... 505

### SOCIETY PROCEEDINGS.

Medico Chirurgica! Society of Montreal ..... 510  
 Bothriocephalus Latus ..... 510  
 Intercranial Cyst ..... 511  
 Fissured Sternum ..... 511  
 Fracture of the Scaphoid Bone of Foot ..... 511  
 Fracture through the Laminae of the 5th Lumber Vertebra ..... 511  
 A Displaced Abnormal Kidney with six Renal Arteries ..... 511

Five Laparotomies with four recoveries and one death ..... 511  
 Gastro-Enterostomy ..... 514  
 Report of Autopsy in Case of Carcinoma of the Stomach, operated on by Dr. Bell ..... 516  
 Double Hydro-Salpinx ..... 518  
 Cerebral Hemorrhage ..... 518  
 Vesical Calculus ..... 518  
 Renal Calculi ..... 518  
 Photographs of Lepers ..... 518  
 Discussion on Appendicitis ..... 518  
 Excision of the Wrist ..... 522  
 Gunshot Fracture of the Skull ..... 522  
 Microscopical Sections ..... 523  
 Nephrectomy ..... 523  
 Arterio-Sclerosis ..... 523  
 An Inquiry into the Causation of Local Motor Paralysis after Poisoning by Charcoal Vapor ..... 524

Sixth Annual Meeting of the American Orthopedic Association ..... 524

### PROGRESS OF SCIENCE.

Artificial Production of Abscesses in Conditions tending to Suppuration ..... 525  
 Ovulation without Menstruation: Pregnancy ..... 525

### EDITORIAL.

The Cause of Appendicitis ..... 526  
 A New Medical Journal ..... 526  
 The Mississippi Valley Medical Association ..... 527  
 Book Notices ..... 527

## Original Communications.

### NINE CASES OF SEVERE DYSMENORRHŒA CURED BY THE INTRA-UTERINE APPLICATION OF THE NEGATIVE POLE OF THE GALVANIC CURRENT.

By DR. A. LAFTHORN SMITH, *Professor of Gynecology in Bishop's College, Gynecologist to the Montreal Infirmary.*

On looking over the last six hundred cases in my note-books at the Montreal Dispensary, and my last four hundred cases in private practice, of diseases of women, and excluding all the women who have borne children, I find that the principal symptoms for which I have been consulted by the remainder—that is, by all the non-parous single and the sterile married women—was dysmenorrhœa. Dysmenorrhœa is, of course, a symptom and not a disease, and used formerly to be divided by classical authors into five kinds, according to the cause on which it depended, namely—(1)

neuralgic or sympathetic, (2) congestive or inflammatory, (3) mechanical or constructive, (4) membranous, and (5) ovarian. In Pozzi's new work, however, the author, very wisely I think, reduced this classification to two groups: according to whether the pains occur during the ovarian and tubal period (ripening of the follicles), or during the uterine period (expulsion of the menstrual blood). In other words, the pain is either due to the appendages or to the uterus. Under the first class may be mentioned ovarian congestion from whatever cause, varicocele of the pampiniform plexus, which is generally accompanied by chronic ovaritis, followed by atrophy of the ovaries, just as varicocele in the male is followed by atrophy of the testicle, also inflammation of the tubes and of the pelvic peritoneum covering the appendages, always followed by more or less exudation, which becomes organized and binds the tubes and ovaries down in abnormal positions, so that the tubes have to make spasmodic efforts in order to reach the ripe egg and to pass it down to the uterus. In other