

linea innominata, the third where the ureter enters the bladder wall. There is a typical pain on pressure at McBurney's point. By catheterization of the ureter there is found, at a distance of ten to thirteen centimeters from the bladder, a location where the catheter is not allowed to pass, and this is just beneath McBurney's point. The first symptoms may be pain in the back and side. The difficulties of diagnosis vary; it is easy when there are bladder symptoms, difficult when these are absent. Lesions of the gall bladder and infection may be suggested by the symptoms.—*Amer. Jour. of Obstet.*

Treatment of Dysmenorrhea.

In Dr. Herman's paper on the above subject, he sets a definite limit to the meaning of the word "dysmenorrhea." It would seem to me that he holds the view that I have for a long time past entertained, and have only seen set forth in one work on gynecology—(American)—namely, that *all* dysmenorrheas are really due to spasm—and hence, I think, a more expressive word would be "menorrhspasm."

I believe that true dysmenorrhea or menorrhspasm—whether in virgins or married women—arises through nerve causes; that from the consequences of some illness, from anemia, from overwork, worry, or, perhaps, from a condition of the general nervous system, normally prone to over-excitability or want of balance, the nervous mechanism of the patient is functionally upset, and the generative organs are among the first to feel the strain, and a tropho-neurosis is set up, giving rise to a spasm of the uterine muscular fibre at the time of the period. What is required, therefore, for a rational plan of treatment is to co-ordinate these irregular spasmodic uterine contractions, and, accepting Dr. Herman's theory of imperfect development of the spinal or sympathetic centre, to adopt some method that will stimulate this centre to full function.

I know that to many gynecologists the mere mention of electricity is "anathema"; but I can assure Dr. Herman or any other practitioner who has to deal with cases of true dysmenorrhea that if they will try the constant current, in conjunction, if possible, with the static wave current, in the manner that I will describe, they will find that they will often obtain the most gratifying results. I am certainly not going so far as to say that *all* cases will yield to this treatment any more than to any other, but (especially in the case of unmarried girls) there is a natural and proper repugnance to any direct uterine manipulations, and it is well worth trying to relieve the intense pains that so many