

The cure of constipation alone has cured the pelvic pain in more than half the cases, at least, that have come to me in a year, partly because a stop is put to the sapræmia or faecal blood-poisoning which offers an insurmountable barrier to healthy nutrition and partly because the mechanical obstacle to the circulation of the ovaries, especially the left one, is thus removed, and the organ is no longer so heavy as to fall into Douglas' cul-de-sac during efforts at defæcation, and while there bruised by large hard masses of fæces. It is almost a daily occurrence at my clinic to have a patient suffering from pelvic pain to state that her bowels are moved but once in from ten to fourteen days. I need hardly add that excessive coitus must be prevented, many women having assured me that they have to submit to it several times a day all the year round with only a week's rest during their confinement every second year.

We are rarely justified in removing the ovaries for dysmenorrhœa, while their removal for insanity and epilepsy is only occasionally followed by relief. The following case is interesting :

Mrs. M——, twenty-six years of age, had been under my care for several years for menorrhagia and dysmenorrhœa. She had begun to menstruate at the age of seventeen, the flow always having been painful and profuse. She was married at the age of twenty-three, but had never been pregnant. Bowels had always been confined. Coitus was painful. On examining the pelvis the uterus was found to be sharply anteflexed. The tube and ovary on the left side appeared normal in size but painful to the touch. The right tube was felt to be decidedly enlarged. She stated that she suffered at every period, but at every second period the pain was terrible. I saw her on several of these occasions, and after trying many other things I had to give her morphine as a temporary expedient, but insisted on more rational treatment. Thinking that the anteflexion might be the cause of her suffering, I performed rapid dilatation, with the result that the next three periods were about half as painful. At the end of six months she was as bad as ever, and I dilated again with the same result. I therefore determined to remove the appendages, for which she was quite anxious, as she dreaded for weeks beforehand the arrival of every second period. Coeliotomy was performed at her own home on the 22nd March, 1894; the right tube being detached with great difficulty, the left one coming out easily. She had a remarkable convalescence. I had the greatest difficulty in keeping her in bed a reasonable length of time. I went at an unexpected hour on the tenth day and found her rocking herself in a chair before the fire. After a severe scolding, I could only keep her in bed fourteen days.