

severe cases. We are now concerned with a class of cases in which the pain is a symptom of an acute or chronic congestive or inflammatory condition of the organs concerned in menstruation and of the pelvic peritoneum and cellular tissue, however brought about, and it persists with varying intensity throughout the period. The causes are, therefore, all the causes of these inflammatory conditions. The simplest is the case of a chill during menstruation, which appears to be the starting point of many cases. The various infective processes account for a very large proportion, I need only mention gonorrhoea, the various infective processes which commence their operations with abortion and full time labour and at surgical operations or simple examinations of the organs; and, finally, tuberculosis. The neoplastic growths, cancer and sarcoma, but specially the much more common myoma or fibro-myoma, are also frequently attended with painful menstruation. In all cases of this class the pain precedes the flow by two or three days to a week, and in varying intensity pelvic symptoms exist throughout the interval. It may require careful cross-questioning to elicit such evidences. Given such a relation of symptoms to the menstrual flow, whatever the age or social condition, single or married, careful physical examination of the pelvic organs is an absolute necessity to furnish a basis for diagnosis and successful treatment. While every conscientious practitioner must deprecate such examination in the neuralgic cases of the unmarried, for a time at least, until suitable medicinal and regiminal treatment has been tried and found wanting, here it is an imperative duty.

*The Obstructive Form*—This title implies some obstruction to the escape of the discharge which may be healthily secreted in normal quantity. It may be in any part of the genital tract and may be the result of imperfect or abnormal development, or may be acquired as a result of morbid processes or surgical operation. In this class of cases the pain precedes the flow for a few hours, is paroxysmal, and when it reaches an acme of intensity, perhaps attended with vomiting (so often an attendant on distension of uterine fibre), it is suddenly relieved by a gush of blood, fluid and clotted. Such a set of symptoms is usually repeated several times during each period. During the first months or years of such a menstrual history, symptoms are entirely absent in the intervals. In all, however, sooner or later we have developed the evidences of congestive or inflammatory processes of the uterus and appendages. An important though rare form of defective development of the uterus must be here mentioned. It is the uterus septus, with occlusion of one chamber, the other being