

In that case, the patient was thirty-six years of age, and had been six years married without issue. From the age of puberty until about a year previous to the extirpation of the tumor, she had been harassed with membranous dysmenorrhœa. Here the tumor seems to have held the same influence over the uterine secretions as is found to exist in genuine impregnation.

As it increased in size, the dysmenorrhœal pains diminished in severity, as well as the menstrual flow in quantity. And finally, after the extirpation of this tumor, (which had now acquired a size nearly equal to that of a foetal head, and which could only be accomplished by an incision of the os, and puncture of the sack, she was restored to her wonted health; the uterus performing its catamenial function with regularity, and without pain or pseudo-membrane.

The sac of this tumor, together with another of the same character, though of a solid formation, we have now in our private museum. In both of these cases the females had been previously afflicted with dysmenorrhœa, and in both was the disease effectually eradicated by the removal of the uterine tumors.

From what has been said, it is quite evident that females laboring under dysmenorrhœa are not likely to conceive whilst such disease exists; yet numerous instances might be quoted from our case-book, where, after years of *sterility*, (while affected with this disease), the same ladies have been effectually cured, and afterwards have given birth to healthy living children.

Treatment of Dysmenorrhœa.

The treatment of this distressing malady, so far as we have yet been able to learn, has been very unsatisfactory, being for the most part merely palliative; such, for instance, as anodynes, counter-irritations, &c., all of which appear to be indispensable for the relief of the primary pains, but do little towards effecting a radical cure.

To relieve the primary symptoms, we have generally been in the habit of prescribing opium, with camphor, in the form of powder. This, in conjunction with the warm hip-bath, seldom fail to give immediate relief.

With a view to a radical cure of this disease, we have proposed the following course of treatment, which has in numerous instances been successfully carried into practice.

At the approach of the monthly paroxysms, the patient is advised to take a warm hip-bath, and go to bed. We then administer the camphor and opium powder as follows:—R Pulv. Opii, gr. i.; Pulv. Camphor, gr. x.; *m* ft. Pulv.