

sufficient clinical evidence to convince me that even in many cases where the average-sized sound can be passed without much force we have pain as the result of obstructed or tardy flow. I am astonished at the number of young women, in all classes of life, who suffer severely from pain during menstruation, which, to my mind, is due to mechanical obstruction. In many instances it is difficult to arrive at satisfactory treatment. One hesitates to advise local measures in the case of the young and over-sensitive maiden, and still other remedies often prove futile. In these cases the pain is somewhat characteristic, being more of the nature of uterine colic. It increases until a clot is expelled, when a measure of relief follows. In this variety of the trouble medical treatment carried out with care is capable of affording an indefinite amount of relief, but where there is a narrowing of the canal of the cervix, due either to flexion or other cause, such undue narrowing should be removed, and with its removal the troublesome symptoms will disappear. Dilatation and straightening of the cervix may be brought about in more than one way. Sponge and other tents which were used in the earlier days are now superseded by more rapid and less dangerous means.

Electricity by the negative intrauterine electrode, and a moderate constant current applied twice, or, in some instances, three times a week, is productive of favorable results, and the number of reported cases cured, and of pregnancy following such a course of treatment, is truly encouraging. Gradual dilatation by means of instruments that are worked by a screw for their enlargement are useful where the patient cannot spare the time to lay up or where an anæsthetic is objectionable. Treatment twice a week will overcome the difficulty in about six or eight weeks, and with care only a very moderate amount of pain need be given.

Rapid dilatation under an anæsthetic, with strict antiseptic precautions, is, however, the ideal method in these cases. The time chosen for the initiative in this operation should be immediately following a menstrual period, for then the cervix is softened and yields more readily than at any other part of the intermenstrual period.

If the dilatation is done with Hegar's or other solid dilators, the vagina and cervix having been made thoroughly aseptic, the patient being in the dorsal position and a suitable speculum in place, the anterior lip of the cervix is grasped by forceps or hook and the dilators are passed in succession; if there is much resistance, each one is allowed to remain a few moments in place in order to overcome it. Dilatation up to No. 15 or 18 may readily be secured in this way. With the hinged dilators, such as Ellinger's or Goodell's, a consider-