at fault, and this view is confirmed by the temperament, the symptoms, the history of the patient, especially with reference to heredity, and the results of treatment. This form of painful menstruation may be acquired after months or years of normal function, and it often varies in intensity with the condition of general health and the operation of certain causes by which the nervous system may suffer. In short, the typical case is a local expression of a morbid nervous system as certainly as is so often a neuralgia of a branch of the fifth pair of nerves. In a typical case the symptoms are well marked. The picture is clearly drawn. The pain comes on with the advent of the flow, or an hour or two only before it, and lasts for from twelve to thirty-six hours; it is commonly intense, with outcry and great agitation, and not rarely attended with vomiting, and, in the severer cases, with great general nervous disturbance, hysterical manifestations and sometimes temporary insanity. After the lapse of the time mentioned, the flow continues, but the pain is gone or greatly reduced and there are the evidences of exhaustion, the result of the ordeal through which the patient has passed, and from which it may take many days to recover. The flow may be scanty or moderate, the severer types usually having a scanty discharge. Throughout the interval the sufferer is absolutely free from pelvic pain or other symptom, and remains well until quite the time of the next period. In many, however, the monthly ordeal thus endured, in time affects general health in an important way, and in not a few ultimately, without any apparent operation of other causes, we observe the gradual development of the evidences of a greater or less degree of persistent disturbance of the circulation of the womb and its appendages.

On such a grouping of symptoms, we must, in the young and unmarried, for a time at least, base our diagnosis. I feel that I cannot too strongly deprecate the physical examination of the patient under such circumstances until suitable constitutional remedies have been faithfully tried, and this conviction is borne of repeated successes. I am, however, equally clear in my mind that there must be a limit to the delay in advising examination. In this I am borne out by the opinion of that philosopher and keen observer, the late Dr. Matthews Duncan, a most strenuous opponent of the mechanical theory of dysmenorrhœa, who yet was obliged to admit that sometimes the most successful treatment is a local and mechanical one.

The Congestive and Inflammatory Form—Of all the cases of painful menstruation we meet with in practice the larger number belong to this class, but it does not contain the majority of the most