

organs as well as with the nerve trunks of the epigastrium, loins, and lower extremities.

The painful spasms and uterine colic of young and delicate females depend principally upon a mechanical obstacle—congestive and inflammatory thickening of the mucous membrane upon which the muscle exerts its force in order to expel clots or masses of mucus. The pain is due to the contact of the substance to be expelled with the morbidly irritable and hyperæsthetic mucous membrane. The muscle also may partake of the morbid sensibility without inflammation of that structure being present.

In the early period of pregnancy we see in the sensations of tension and pain, the effects of the weight of the uterus and the stretching of the ligaments; in certain cases lumbar or lumbar-sacral fatigue caused by the irritation of sensitive filaments located in the utero-sacral ligaments. Ovarian pain resembling true neuralgia is frequent in the later months of pregnancy caused by the pressure exercised by the hard parts of the fetus against the sensitive coccygean nerve filaments. Radiations of this variety of pain are frequent upon the lower limbs, loins, abdomen and back. Chronic inflammations, hyperplasias, or tumors of the genital organs give similar sensations, which are increased by any morbid condition of the nerves included in the affected parts.

The importance of pain as a symptom in disease of the female genital organs should not be underrated, for it is largely by the intensity of this symptom that our patients measure the gravity of their complaints. It is sometimes more difficult to convince a patient who presents a painless epithelioma of the cervix of the necessity of surgical interference, than one suffering from citrical contraction secondary to periovaritis. We frequently see patients who, when informed of the urgent necessity of the removal of the diseased part, hesitate, and refuse to accept radical measures until the presence of pain impels them to return and submit to a second examination, when, too often, the disease has extended beyond the limits of possible cure.

On the other hand, pain is of no little import to the patient. A woman who continues to suffer after an operation cannot be expected to consider herself cured. How many deficiencies in the results of operative treatment depend upon the fact that the gynæcologist has neglected some detail in relation to the painful symptoms experienced by the patient! However subjective a symptom may be, we must agree that it finds its origin, its pretext, if you please, in some anomaly of pathological order. However minute this pretext may be, compared with the exaggerated sensations experienced by the patient, it is most important that it should disappear.