Her puberty began about the age of fourteen with painful menstruation, and it has been going on from bad to worse until now her sufferings have become so great that her life seems a burden to her. Cases like this are not confined to the experience of the specialist. Each one of you who engages in general practice will meet with them. Therefore you should know how to treat them.

I have not yet examined her, but let me tell you what I expect to find. I am nearly certain that there will be found an anteflection of the uterus, with a stenosis of the cervical canal. This anteflexion of the organ is the natural condition of the virgin uterus, but its exaggeration makes the flexion pathological. The cervical canal being bent, does not allow the fluid in the uterus to come away as rapidly as it exudes from the mucous membrane, so that it accumulates both in the womb itself and in a portion of the cervical canal above the flexure, producing greater and greater pain, until by dilating the parts it straightens the obstructive bend, and thus gains an avenue of escape.

For this affection the remedies that I use are either medical or mechanical. Among the former I put antipyrine foremost. This drug is of especial value, because in these cases much of the pain is not traumatic, but sympathetic. My plan is to give ten grains at once and then five grains every hour or half hour until twenty to thirty grains have been taken. If this affords relief, I know that I am on the right track, and continue this method of treatment *pro re natâ*. But if this plan fails to give relief, I adopt some other method of treatment. Instead of giving this remedy by the mouth, it is often best to administer it by enemeta, in twenty grain doses, until sixty or ninety grains have been given. This will as fully test its efficacy as the twenty grain doses by the mouth. If this fails, I resort to other remedies, hoping to find one that is of avail. A tentative empiricism, founded upon sterling common sense, is not quackery. The second medicine that I generally give is the hydrobromate of hyoscine. One-fourth of a grain is dissolved in four ounces of water and one teaspoonful of the solution, viz., one one-hundred and twenty-eighth ($\frac{1}{128}$) of a grain is taken every hour until either relief is secured or its physiological effects, which are extremely like those of atropine, become manifest.

But I think this is a case of mechanical dysmenorrhœa, and now let me see whether my off-hand diagnosis is correct. Upon making this physical examination, I find that I was nearly right, but not quite. She has a comparatively rare uterine displacement, which may, at first, sound in your ears like a paradox, viz., she has retroversion of an anteflexed womb. That is to say, the anteflexed womb as a whole has fallen backward. This mechanical obstruction—the anteflexion—by not allowing a perfectly free exit for the uterine secretions, causes primarily their accumulation, and secondarily their decomposition before they exude from the body, so that women often have foul-smelling discharges during painful menstruation.

The treatment here is rapid dilatation of the cervical canal, which should be performed as follows:

First, I cleanse the vagina by syringing it out with a 1 : 2000 bichloride solution. I now introduce my speculum, which reveals a cervix exceedingly small, and an os imperfect or developed in character. Again is the vagina swabbed and syringed out.

During this time my instruments have been lying in a 1 : 2000 bichloride solution. From this solution I take my slender dilator, which, with its curvature in the posterior direction, I shall pass up into the cervix until it meets with resistance. Then I shall turn the chord of the curve toward the opposite direction, in hopes thereby to pass the obstruction at the internal os. I fail to get the dilator to pass the angle of flexure, so I stretch open the canal with it and try again. Twice I fail in the attempt, but at the third time I succeed in passing the dilator into the uterus by carefully feeling my way.

Before going any further, let me stop for a moment to do what I should have done before beginning the operation, and that is, to introduce into the rectum a suppository of one grain of the aqueous extract of opium. This is done because after she recovers from the effects of the ether she will suffer a good deal of pain, and she may indeed need another suppository in addition to this one.

Having now passed the instrument well into the womb, I am ready to dilate slowly and carefully up to its full extent. This little instrument having done its work, the time has come to introduce a larger and stronger dilator with furrowed beaks so as to prevent slipping. I find I have a good deal of difficulty in getting this larger instrument into the womb. When it passes the internal canal its blades are slowly dilated, generally up to one inch and a quarter. But since this cervix is smaller than usual, I shall rest contented with one inch.

Having accomplished this, and with rather less trouble than I had expected, I now complete the antiseptic process by thoroughly syringing out the whole vagina and cervical canal with bichloride solution. The cervical canal being now dilated, there is not so much danger of the bichloride remaining in the womb and thus causing uterine colic, as there would be with a very small canal, which might retain the mercurial solution.

This is the three hundred and forty-second case of rapid dilatation that I have made, and the re-