

harm can result from such a mental attitude if we remember that types are often departed from and that we often have a blending of the phenomena of more than one type in a given case, because we have an association of the general and anatomical conditions of more than one form. A considerable experience as teacher and practitioner leads me to the conclusion that there is no better classification than an old one which I now give:

1. Neuralgic Dysmenorrhœa.
2. Congestive or Inflammatory.
3. Obstructive.
4. Membranous.
5. Ovarian.

*The Neuralgic Form* is met with very frequently, especially in young subjects, but it not rarely persists to middle age, especially in the unmarried. In such cases, a few years after a sterile marriage, the pain diminishes and the case then is apt to present the features of a complex condition, from the development of congestive and nutritive changes in the uterus and its appendages. In the event of pregnancy to full term, in the vast majority of cases the patient is cured, or, at all events, greatly relieved. In the typical case of this kind, not very rare, there is absolutely no discernible anatomical abnormality of the parts concerned. In many, however, we have some evidence of defective development of uterus and ovaries, especially of the uterus. The organ is smaller, measures in depth less than the normal two and a half inches, the cavity is smaller than normal, the walls thinner, the whole organ flabbier, and very commonly it presents one or other of those deformities we call anteflexion, or the rarer retroflexion. The relation of anteflexion to painful menstruation has been a subject of much discussion. By many the condition has been claimed to be a cause of obstruction, apparently suggested by the condition of a piece of rubber tubing when bent till kinking of the tube takes place. By others, obstruction in the anteflexed womb is strongly denied. Probably in this, as in most questions much disputed, the truth lies midway, and at all events in some the supervention of the hyperæmia and development of the mucosa may account for narrowing of the channel of the cervix at the time of menstruation. Anteflexion in the class of patients under consideration, the young, is a persistence, in a measure, of infantile conditions, it is imperfect development, and, as has already been remarked, an ill-grown organ does its work badly, with difficulty and pain. In those cases in which anatomically everything is right, we conclude that it is the nervous system or the general nutrition that is