

my hands in these cases, that when it disappoints, which it rarely does, I look about to ascertain wherein I myself have erred.

A discussion of the causes of dysmenorrhea would lead us too far in the present brief clinical paper, and it will suffice if I assume that the reader is acquainted sufficiently with this part of the subject to follow me in the remainder of the article. The clinical diagnosis of dysmenorrhea is in itself easy enough, while the diagnosis of the cause is not always so simple. In the cases presented here I paid especial attention to the causation of the menstrual pain, as I believe that in this manner I was better able to outline the indications for treatment. It goes without saying that dysmenorrhea from mechanical obstruction is not amenable to medical treatment. Fortunately, however, it has been in my experience at least, not frequent, as dysmenorrhea depending upon congestion. The specially disagreeable and intractable form of dysmenorrhea which is accompanied by a fetid discharge as a result of the decomposition of the retained menstrual blood, also comes under discussion here, as the use of douches with antiseptics and deodorants cannot be hoped to affect it permanently, while the employment of more radical medicinal means does bring about the desired effect in this condition.

In congestive dysmenorrhea, and in that form which is accompanied by fetid discharge, the indications are to diminish congestion, by promoting the contractions of the uterus and relieving it of the accumulated blood, to stimulate glandular activity in the mucosa, to restore the tone of the uterus and the nutrition of its tissues to normal, and to relieve spasm and pain.

The following cases illustrate the effects which I obtained with the use of Ergoapiol (Smith) in the treatment of dysmenorrhea:

Some months ago I was consulted by a young woman who had suffered from scanty, fetid menstruation, accompanied by a great deal of pain, since the birth of her first child seven years previously. Her labor had been followed by a tear of the perineum which had been left unrepaired, and also a laceration of the cervix uteri. This patient consulted a specialist, but his treatment did not give her relief. Examination revealed the presence of the uterine and perineal lacerations already mentioned, and disclosed a chronic endometritis that had given rise to a fetid discharge and to pain during each menstrual period. I repaired the tears, curetted the uterus, and hoped in this manner to obtain permanent relief of the patient's symptoms. After she had