

Writers upon diseases of women have for the past thirty or forty years followed a similar classification of the varieties of dysmenorrhœa. Thus Sir James Y. Simpson, in 1863, gave :

1. Neuralgic dysmenorrhœa. This form occurs in patients who are subject to neuralgia elsewhere ; it becomes localized and intensified in the region of the uterus and ovaries at the menstrual period, lasting as a rule during the whole period.

2. Congestive dysmenorrhœa. An exaggeration of the ordinary amount of congestion which goes on at the menstrual period.

3. Inflammatory dysmenorrhœa. Due to acute or chronic inflammation in or around the cervix uteri or an ulcerated condition of that part.

4. Gouty or rheumatic dysmenorrhœa. Due to gout or rheumatism in the system.

5. Dysmenorrhœa due to organic disease or displacements.

6. Membranous dysmenorrhœa, where there is an exfoliation of the uterine mucous membrane occurring at the menstrual period.

7. Obstructive dysmenorrhœa. Due to stricture of the calibre of the cervix uteri.

If we compare this classification with that of one of our recent authors in the American text-book of Gynæcology, we find that obstructive and mechanical dysmenorrhœa are merged into one class, and are made to include dysmenorrhœa due to organic disease and displacements. The gouty and inflammatory forms are omitted, and ovarian dysmenorrhœa is added as a separate class where the pain is due to ovaritis and peritonitis (I would not add post-operative, etc.). We see, then, that, though we may have to wade through oceans of printers' ink, we do not arrive at anything very new with regard to classification. Such, however, is not altogether the case where treatment is involved, for though there is good evidence to show that the so-called Hegar's dilators of to-day were made of lead in the days of Hippocrates, and that Cook, of Warwick, in the seventeenth century, made use of sponge tents and hollow stem pessaries in cases of mechanical narrowing of the cervix, and that many other men devised various instruments in olden days for use in these troublesome affections, it has remained for those of later years to give us instruments of accuracy and finish which, with aseptic methods and a more perfect technique, may be used with comparative safety, and with regard to medication some of the more recent drugs are of special value.

Though no single plan of treatment can be laid down for all classes of this trouble, it must be borne in mind that the mere correction of general ill health will, in some cases, be sufficient to promote a cure.