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DYSMENORRHŒA.

BY J. ALGERNON TEMPLE, M.D.

(Read before Toronto Medical Society, Oct. 30th, 1884.)

Mr. President and Gentlemen,—I purpose to make a few remarks this evening on a very common disease—I mean dysmenorrhœa—and in selecting this subject for our consideration, I am induced to do so not because I have anything new to offer you, but because it is one of those diseases that we meet with in our every-day practice

It has always seemed to me that this subject should be treated rather as a symptom than as a disease; and I feel satisfied why so many women, the subjects of this complaint, fail to get cured is, simply because one feature in the complaint, viz., pain receives the physician's sole attention, while the cause of the pain is not removed. Such a patient gets a temporary relief, but she does not get cured. The next monthly period returns, and is accompanied again by the same suffering, so that unless the cause which gives rise to the pain is sought for and removed, the woman fails to get permanent relief.

On looking over the literature of this complaint we find it divided into a great many varieties. It is not my intention to follow out this division. Truly, in practice we have three distinct varieties,—the spasmodic, inflammatory, and constitutional.

In a healthy woman, menstruation should be

performed without pain, possibly not altogether without some slight discomfort, such as a sense of fulness in the pelvic region, or aching in the loins, but never sufficient to interfere with the woman's ordinary daily duties, while the woman the subject of dysmenorrhœa may suffer every degree of pain, from a slight pain to the most intense agony, so as to render her life one of continual suffering. Every month she is laid up in bed for several days, quite unable to get about. In the course of time her constitution becomes sadly impaired, and she herself a confirmed invalid.

The chief point of interest in this complaint is as to the cause of the pain. If we can satisfactorily explain this and remove the cause, we can surely hope to cure our patient; while, on the other hand, without removing the cause, and following the too common practice of merely, as each month comes round, prescribing some opiate to relieve the pain, can only be followed by injury to the patient, and most unsatisfactory results to ourselves. It is an established fact that uterine contractions are constantly going on in the unimpregnated uterus, whether healthy or morbid, and especially so during menstruation. Anyone who has watched the growth of a fibroid tumour imbedded in the uterine walls, must have satisfied himself of the existence of these contractions. Apparently these contractions do not cause the female any pain, but an exaggerated condition of these contractions, especially when they occur in a diseased uterus, appears to be truly the cause of the woman's suffering. I do not mean to