

"You were falling asleep," the doctor said.

"No I wasn't."

"You've been taking drugs."

"I had my eyes closed."

"How are you feeling?" the doctor asked.

Melanie averted her eyes.

"You look sad."

Melanie stared, her eyes suddenly reddening. "Yes," she said. "I am sad."

"You've been on drugs. Tell me. I want to help."

"You can't help," Melanie said. "No one can help."

"What did you take?" the doctor asked.

There was a long pause.

"Valium."

"What else?" the doctor said.

"Prozac, Ativan, Tylenol. I drank red wine." She grinned.

"Yes," the doctor said. "How much did you take?"

"Enough for a big party."

"How much is enough?" the doctor asked.

"Enough to kill myself."

"I am concerned," the doctor said. "We should do some tests."

Melanie stood up, tottered, and walked half-way to the door.

"I have voice students tonight," she said. "Let me leave."

"I don't think you have any students," he said. "We have to check you out."

"I'm fine," Melanie paused. "Let me go."

"You told me you were going to kill yourself," the doctor said.

"Don't pay attention."

"You took an overdose. You're suicidal. I have to listen."

"Don't listen," Melanie said. "I didn't mean it. That was an act."

"Why did you tell me if you didn't mean it?"

Melanie's eyes glowered. He was seeing the other side: her self-hate. She

moved to leave. The doctor walked quickly to the door.

"I will charge you with assault," Melanie said.

The doctor phoned hospital security. Melanie lunged for the phone. She pulled it from the wall. She was quick.

"Let's wait," the doctor said. "We need help."

Melanie sat in a swivel chair. She held her purse and shopping bag close to her chest. She rocked back and forth, holding the bags as if they were children.

Two security guards, the doctor and a nurse wheeled Melanie in the swivel chair to the elevators. "You can't do this! This is assault." She kicked. "You're killing me!"

The elevator opened; they descended. The doctor gently held her fingers while she sobbed. "Are you happy?" she said through her tears. "You see what you did!"

The doctor led her to the emergency nurse and explained what had happened.

He was completing forms for invol-

untary hospitalization at the nursing station when the nurse returned. "Was your patient chewing something or other, Doctor, when she came down?"

"No."

"She's chewing — in her cubicle."

The doctor followed the nurse to his patient's cubicle. She had pulled four open vials of pills from her bags. She was emptying them into her palms, gobbling all the pills.

By late evening he returned to his office to check his messages. His wife and children were disappointed. The emergency nurse was furious. He was exhausted. He phoned a colleague for consultation. Was she getting better, or worse? Melanie was transferred to the ward. He had been seeing her for three months. Melanie told him that no one ever stuck with her.

But they had a standing appointment, next Friday afternoon.

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Dysmenorrhoea

A survey of our case records reveals a number of significant features. For example, dysmenorrhoea is not, as is so often thought, restricted even in large part to single women and marriage of itself is rarely a cure for it. When marriage *per se* does appear to result in relief, it can probably be said to be due to relaxation from the mental and physical tension of unsatisfactory single life. It is hard to understand how marriage can alter any endocrine factors that might be responsible for the distress. It will be noted that a few women, indeed, have increased pain with post-marital menstruation, and this, too, is not to be rashly ascribed to adnexal infection. It is more likely an evidence of new mental strain. The mechanism of psychic control of menstruation and its disturbances is no less puzzling now than a century ago.

From Shute EV. Dysmenorrhoea. *CMAJ* 1940;42(2):149.