

organ. Besides these four large classes, many scattered cases were found in which the pain was due, either to fibroid tumors blocking up the internal os, or to closure of either one or both ends of the Fallopian tubes.

Speaking of the treatment of that form due to stenosis, Dr. Smith recommended: (1) Improvement of the uterine circulation by curing constipation, the use of iron, strychnine, and phosphoric acid, and general hygienic measures; and by these measures he claimed to have cured one-half of his cases. (2) Relief of the spasmodic contraction of the sphincter of the internal os; here, acetanilide in doses of ten grains three times a day administered in strong coffee or weak whiskey, or combined with citrate of caffeine, had given him the best results. Another drug that might be used was viburnum. He unqualifiedly condemned the use of opium and alcohol. A hot sitz bath was also of use. Where these measures had failed, the introduction of the negative pole of the galvanic current within the uterus was most effective. It was indeed marvellous to see how readily a sound would glide into the uterus, as the negative wire touched it, when that same sound could not be made to enter previously, even by force. In the majority the second or third period after the treatment was painless, unless disease of the appendages was present. And where electrical treatment was not obtainable, rapid dilatation under anæsthesia with aseptic precautions came next in value. At the same time the mucous membrane of the uterus should be curetted, and equal parts of Churchhill's iodine and carbolic acid applied to its surface. Where no improvement followed, there should be at least one repetition, and the cervix, if elongated, amputated. He condemned the use of dilators in office practice.

In the event of all these measures failing, abdominal section would probably reveal the tubes bound down with adhesions and the extremities closed, and a small percentage of cases would thus require extirpation of the appendages for relief.

Dr. F. W. CAMPBELL alluded to the fact that the term "dysmenorrhœa" is being replaced by the modern synonym "painful menstruation," although in but few the function was entirely painless. In his experience the seat of the pain was in the pelvic region, back, loins, and inside of the thighs; and during the flow the expulsive efforts were often as marked as during labor.

He had met with, not only all the varieties described by Dr. Gardner, but also another which was only described by a few authors, as ovarian dysmenorrhœa. It was not possible to draw the line between these absolutely, as some cases seemed to possess characteristics of two or more.

While he believed that many cases, perhaps the majority, would reach the office of the gynecologist, yet he could see no reason why the general practitioner should not treat such cases with marked benefit to themselves and to his own satisfaction. He felt that he had been able to relieve the great bulk of his patients by medicinal treatment, and that failure had been mostly in the mechanical variety, where subsequently the knife of the surgeon had been required to produce relief.

In discussing the drugs used, he unqualifiedly condemned both opium and its derivatives, as tending to produce the opium habit,