

an hour by far the most satisfactory. The water should not be used so warm as to be uncomfortable. These cases are generally sterile. If so and if it can be ascertained that one ovary is healthy, I would recommend the removal of the diseased ovary. This will probably cure both conditions. Should pregnancy occur in these conditions with or without a partial oophorectomy it will probably result in cure. I would not, however, recommend marriage as a means of curing a patient a martyr to dysmenorrhœa of the inflammatory type, for I have found that the pain is much greater after marriage and often results in sorrow to both contracting parties.

*Obstructive dysmenorrhœa.*—I am inclined to think that the pain in menstruation due to this cause must exist very seldom. A deformed uterus may, however, produce inflammatory changes and this condition produce pain.

*Membranous dysmenorrhœa.*—This most interesting and rare condition I know nothing of personally for I have never seen a case. During the function of menstruation the mucous membrane of the uterus is stimulated and prepared to receive the fertilized ovum which is thrown upon its surface. Should, however, the ovum remain unfertilized the mucous membrane degenerates and is thrown off in shreds causing little or no pain. If this degeneration does not take place as is claimed by Dr. Williams, of London, then probably a degeneration takes place in the deeper tissues and the membrane *in toto* is exfoliated and the expulsion causes extreme pain. It seems to me likely that in this case too the pain is partly of inflammatory origin and not due entirely to the expulsion. That a great part of the pain is mechanical is made clear by the fact that the pain ends abruptly when the membrane is expelled. The picture of the membrane cast off as pointed out by Dr. Cook, of Washington, shows the whole membrane to have undergone certain changes, *e. g.*, multiplication of the glandular structure, a large increase of polynuclear leucocytes, in fact signs of greatly increased inflammatory reaction. This entire exfoliation of the membrane as claimed by Dr. Williams is due to an excess of fibrous tissue in the wall of the uterus. This excess being due to a failure in evolution at the time of puberty, or a failure of involution after child birth or abortion. The theory held by many, *viz.*, that it is due to an acute inflammation of the deeper tissues at each period seems to me to be the most reasonable one. The treatment of these cases on the whole is most unsatisfactory. Dr. Johnstone claims to cure 9 out of 10 of his cases by thorough curettage and packing, putting them through an artificial labor, as he styles it. If his claim is true, it is really most remarkable and furnishes better results than most men can. Many claim to have effected cures by the application to the endometrium, some days before the expected period, of iodine or carbolic acid. Galvanization is also extolled by some, but on the whole the treatment is unsatisfactory as far as a permanent cure is concerned. Allow me to give very shortly the histories of a few illustrative cases which have come under my notice. Miss A., aged 21, had been suffering for some years with dysmenorrhœa of a rather peculiar type, inasmuch as severe pain was experienced only at every alternate period. For the first two or three years of her men-