of labor, the young girl tossing wildly about on her bed and screaming with agony. I believe, as a rule, we underestimate what we call the physiological pains which women have to bear, but which are now no longer physiological but pathological. In the opinion of many gynæcologists and several general practitioners who have a natural tendency to "have at their patients with the knife," dysmenorrhœa is considered as a symptom quite severe enough to warrant them in performing a mutilating operation which is not always unattended with risk to life. Although the operation puts a stop to the periodical exacerbations of pain, it does not always cure the endometritis on which the dysmenorrhœa depended, so that the patient still has her backache and headache and other reflex nervous symptoms which she had before.

The treatment which I am advocating does not mutilate the patient, is absolutely without danger, requiring no anæsthetic, because it is absolutely painless if carefully carried out, and not only cures the periodical suffering, but at the same time improves the general condition, producing a feeling of well-being from the first or second application. As compared with other methods of treatment, I have found it immeasurably superior to them all. As I have already said, the treatment by narcotics should be out of the question; we are all pretty well agreed that there is only one chronic disease which we are justified in treating with opium, namely, cancer. Treatment by extirpation of tubes and ovaries in which there is no organic disease is or should be also out of the question. Dilatation by tents and discision should also be discarded, as they have been proven, even in the hands of the most careful, to be fraught with more danger than laparotomy. The only method of treatment which can at all compare with the treatment by galvanism is rapid dilatation, with subsequent application of a mild caustic to the interior of the uterus, and drainage either with iodoform gauze or with a vulcanite or glass stem or tube so arranged as to remain for some time and to allow perfect drainage of the uterus. But even this comparatively safe method sometimes fails, and has therefore to be repeated. As will be seen by the report of one of my cases, I have performed this operation twice without affording more than temporary relief, namely, for only one period each time. Some of the New York gynæcologists recommend repeating the operation many times. This may be practicable with patients who have unlimited time and money, but is out of the question with the average patient here, even if the dread of operations did not offer a barrier to all further treatment after one or two failures.. The treatment by negative galvanism does not require any but the mildest currents which can barely be felt, but which cause no pain. This is very different from its use in arresting the growth of fibroids, where the result is very much in proportion to the strength of the current and where galvanic punctures are employed by many. On the contrary, this treatment is actually less painful than the mere passing of the sound, as will appear from the following brief description of the method which I employ. After a careful bimanual examination for the purpose of excluding pregnancy and of ascertaining the position and condition of the pelvic organs, the vagina is disinfected by a douche if this has not already been done at the patient's home. An ordinary Simpson's uterine sound of large size is then bent to the ascertained curve of the uterine canal, passed through the flame of the spirit lamp, cooled and insulated with a clean piece of rubber tubing to within two and a half inches of its extremity, or less if we have reason to think that the uterus is undeveloped. In the handle of the sound a hole has been bored just large enough to hold the tip of the conducting cord from the negative pole or last zinc of the battery. The sound is then guided into the os uteri on the tip of the finger, until it meets with some obstruction, when a current strength of ten milliamperes is turned on. In a minute or two the obstruction will seem to melt away and the sound will glide into the cavity of the uterus. The current is now gradually raised until the patient says she can feel it in the uterus, generally between twenty and fifty milliamperes, being at once lowered on the slightest complaint of pain. At the end of five minutes the current is gradually turned off again, when the sound will be found to drop out of its own accord almost, and very much easier than it entered. This may complete the seance, or as an adjuvant and safeguard, a boro-glyceride tampon may