

chilly girl is developing into womanhood, a winter passed in a warm climate may make all the difference whether she is to be a strong or a delicate woman, and at the same time dysmenorrhœa, if present, will usually be cured. To most, this form of treatment is not accessible, and we must rely on the avoidance of too many lessons, of too much practising in a draughty school-room with probably perfectly cold feet, and on the indulgence in plenty of fresh air, with outdoor exercise—not too violent nor continued for too long at a time—in going early to bed and not being up too early in the morning, in keeping warm day and night, and in the judicious use of the morning bath. Some may be able to bathe in cold water, others will require to have the chill taken off the water, and others again may do well, while standing in warm water to have first tepid and then cold water poured over them, and especially down the spine. The best guide to go by is that the person must feel warm by the time she has been dried. As soon as there is the slightest appearance of the "period" the girl must be kept rigidly to bed, and not allowed to get up until the pain is entirely gone and the flow is either over or at least past the worst. A large poultice should be kept over the abdomen as long as there is any pain. For medicine, a brisk saline draught at the commencement, or, if possible, twelve hours before, and then a mild diaphoretic, with a small dose of bromide of sodium or potassium if the patient be strong, or if weak some aromatic spirits of ammonia are best. Sedatives should be avoided, as a rule, and the very favorite remedy—hot gin—should not be prescribed except for very weak people.

When the dysmenorrhœa has lasted for some years it is more difficult to effect a cure by means such as these, because secondary results have now come into play. In spite of this, they should be tried in all cases where the pain is not very severe for six months, or, better, for a year. It cannot be too carefully explained that this general treatment is not meant only to relieve pain at the time, but is intended to

effect a permanent cure, otherwise it is difficult or impossible to get the average patient to take the rigid care which is necessary.

With the exception of the use of various drugs there does not seem to be much difference of opinion about the general treatment of such cases, though the necessity for keeping the patient warm is often not insisted on as it ought to be.

When we come to the consideration of the local treatment, we find more or less difference of opinion, and it is not necessary to go over in detail what this one and that one has written on the subject, for they may all be classified. Opinions about local treatment may be divided at present among those who do nothing and will hear of nothing being done; among those who advocate the use of stem pessaries; among those who recommend dilatation, either slight or great, with or without curetting; and among those who advise lateral or posterior division of the cervix. To this number of methods the writer adds two: posterior division of the cervix with stitching; Dudley's operation and the use of the constant current, after Apostoli's method.

(a). Those who will do nothing, and a sub-class those who very seldom will advise anything, in all probability base their opinion on the very poor results that have come under their notice, either in their own practices or in those of others. This class appears to be a large one.

(b). The stem pessary has had its day in the treatment of flexions. It is unscientific, and, what is much worse, it can only relieve, seldom cures, and may do harm.

(c). Dilatation requires more consideration; it consists of two kinds—slight and great. The first has its advantages in certain cases. It is suitable in the case of married women, when the flexion is not great. In such circumstances it is used in the hope that by distending the canal impregnation may take place, for if the patient becomes pregnant the dysmenorrhœa is cured. Its purpose is simple, and an anæsthetic is not required; it seems to be entirely devoid of danger, and the patient does not require to stay in bed.