

etiology therefore is very complex. The treatment to be successful must be the treatment of the cause.

1. *Neuralgic dysmenorrhœa*.—While it is true that neuralgia is often a cloak to hide ignorance, and while it is easy to make this class a dumping ground for those cases which we are unable to explain, yet there are some that belong here. A woman may menstruate painlessly for a number of years, until perhaps she is over-worked or over-worried, may not be able to get her usual amount of outdoor exercise, and she begins to have pains during her periods, which gets worse and worse as time goes by. The pain comes on shortly before the flow and probably lasts for about twenty-four hours. If this woman is sent away for a holiday, she will probably be free from pain and remain free while she is away, and if she stays away a few months she will likely be free for some periods after her return. The results are different in the inflammatory variety. In this neuralgic type tonic treatment, good fresh air with exercise and good food will probably effect a cure. I wish to recommend in these cases, and in fact in most women's diseases, the wise use of the bicycle. I think the bicycle has done more to lessen the amount of fees paid to gynæcologists than all drugs on the market put together. I would like to deprecate most strongly in these and similar cases of dysmenorrhœa the use of alcohol and sedatives, also the making vaginal examinations in the unmarried. It would be a most unfortunate thing if any patient suffering simply from neuralgic dysmenorrhœa were subjected to local treatment.

*Inflammatory dysmenorrhœa*.—Here as a rule a most careful physical examination will have to be made to ascertain exactly the condition of the parts. The inflammatory condition of diseased parts, those concerned in menstruation is the cause of the pain and the treatment must be directed to such. These cases are for the most part infective. The inflammatory condition may be secondary even though causing the pain. The removal of a submucous fibroid may completely cure the pain. The rectifying of a utero-displacement may produce a like effect. The treatment that will in most cases be required and which if carefully and thoroughly done will give most satisfactory results is a dilatation of the cervix, preferably under an anæsthetic, then a curettage followed by a packing with iodoform gauze. The packing should not be repeated but should be allowed to remain in place for three days.

If it is not considered advisable to do an operation, the use of the warm douche, the boroglyceride tampon, and the application to the endometrium of Churchhill's iodine or carbolic acid will often produce a cure although longer in bringing it about. My experience has been that dilatation as practised by Goodell or splitting or nicking the cervix as recommended by Marion Sims are very unsatisfactory by themselves, they furnish only a temporary relief.

The real cause of the pain may be in the ovary; here the results are much more unsatisfactory. The application of blisters or painting the vaginal vault with iodine or the use of hot douches may give relief. Of these I have found the hot douche used twice daily for half