patent. From the latter menstruation occurs regularly, while in the other there is a gradually increasing accumulation of the secretion, leading to the formation of a pelvic tumour, with symptoms more or less well marked. I have met with one such case. It has served to impress me with the existence of a condition which may for a time at least be easily overlooked and remain undiagnosed.

Membranous Dysmenorrhœa—Relatively an exceedingly rare and well marked form. The distinctive feature is the expulsion at each period of a cast of the uterine cavity, complete, of triangular form, with an aperture at each angle, or in pieces. The cast is the mucosa of the uterus, proved beyond a doubt by its microscopical characters. I have already alluded to its great rarity. A special experience of many years may comprise at the most half a dozen cases. I have met with only three well defined examples. It is well that this is so, for it is marked by intense suffering and is most obstinate to treatment of all kinds. There is pain from the first, or even before the flow appears, but it reaches its acme of intensity on the second day, when the membrane is expelled by uterine contractions. The flow is profuse, and it continues for some days after the expulsion of the membrane. After the cessation of the bloody discharge, leucorrhœa continues for a few more days. The pathological condition is doubtless a peculiar form of endometritis. At all events there is a proliferation of the endometrium, and the uterus as a whole is not in a condition of perfect health, and yet the condition of the organ, as ascertained by all our known methods of diagnosis, is in no wise different from that of the numberless cases of chronic metritis, in which we have no such symptom. In my experience all the patients have been sterile. In the majority, they have borne children at some remote period. In a single well marked case the patient was unmarried and nulliparous.

In the classification I have adopted an *ovarian form* is included. In recent years some authorities have denied the existence of painful menstruation of ovarian origin other than that which is so often observed in more or less general inflammation of the uterus and its appendages, with adhesions from pelvic peritonitis, now recognized to be always of various infective origin. I believe, however, that there is a small class of cases in which the uterus and tubes are healthy, but the ovaries are diseased. In the early stages they are enlarged and tender, prolapsed because of their increased weight, but not adherent. If adherent, I conclude that the case should be transferred to the congestive or inflammatory class. Such enlargement of the ovaries may be due to a cystic condition, a degenerative process in