

prove its right to a place in gynæcological treatment. You should deplete the uterus and whole pelvis and try to restore the vessels to their normal condition. The flow of blood through the uterus may be lessened by giving ergot, hydrastis, viscum album, quinine and the like, all of which have a marked effect in causing contraction of the muscular fibres of the uterus.

Promote the activity of the bowels by salines for a few days and then keep them regular by cascara, liquorice powder, etc.

Moderate exercise such as walking or bicycling will be found of great service, this being so much better than carriage exercise on account of the effect the movements of the limbs have upon the pelvic blood supply. Some of the movements recommended by Thure-Brandt are also very useful in the same manner. The best are rotation of the limbs, their flexion and extension against resistance and rising and falling on tip-toes. All of these procedures determine the blood from the pelvis where more, or less stasis has occurred, and cause it to flow more freely through the limbs and pelvis.

Locally, where the uterus itself is the seat of the congestion, much may be done by the extraction of blood from the cervix by either leeches or scarification. Boroglyceride tampons, galvanism, the application of iodine to the cervix and fornices, the judicious use of the sitz-baths (especially where the flow is slight) and the hot douche are also distinctly serviceable where you desire to reduce pelvic congestion. In an acute case, the application of hot stupes or else an ice-bag over the pubes will give great relief, as does also the application of a blister over each ovarian region.

A most useful form of treatment is gradual dilatation of the cervix by Hanks' dilators, etc., as was previously mentioned in connection with those cases complicated by the presence of a submucous fibroid.

*Membranous* dysmenorrhœa is probably a modification of the congestive or inflammatory form. Fortunately for suffering woman this is one of the rarest varieties of painful menstruation. It is also the most difficult to cure. Numerous methods of treatment have been instituted and highly recommended for this trouble, but that method which will cure all cases has still to be discovered.

One of the most highly praised methods is thorough cauterization of the interior of the uterus with the positive electrode of a galvanic battery, and this will doubtless cure many cases, especially if seen early.

Curretting, with or without the application of strong caustics, has many adherents, but, in the majority of cases, the membranes reorganize before many months elapse. Reamy, of Chicago, reports