

hence they should be discontinued as soon as the pain is relieved in a marked degree. Should the pain and tenderness return at the succeeding menstrual periods, the bromide and hydrastis should be resumed. In some cases, much larger doses of bromide are required, and in others it fails altogether to relieve pain. Then it is necessary to employ other agents especially during menstruation. Ten grains of salicylate of soda and five of antipyrine given between meals and in the night when the stomach is empty, answers for some; others, more especially those markedly debilitated, do better on full doses of aromatic spirits of ammonia, camphor and chloric ether, with small doses of cannabis indica. This combination is best suited to those who get relief from gin and whiskey, but it is to be preferred, as alcoholic stimulants ultimately do harm, though they may give temporary relief. Direct or local treatment should be adapted to the social state of the patient, and the presence or absence of complications such as endometritis. In the unmarried local treatment is often injurious. In fact, in such cases, it is better to avoid any examination of the pelvic organs, if the history is sufficiently clear to enable one to make a diagnosis with reasonable certainty. Hot Sitz bath, counter-irritation and hot vaginal douches, the latter to be employed by a competent nurse, comprise about all that I employ in the way of direct treatment. The vaginal douche should not be continued unless it is decidedly sedative in its effects. In married women (and those who are so in all but the name) local treatment is more valuable. The treatment of any disease or displacement of the uterus that co-exists should be managed in the usual way, and such local applications should be used as may aid in relieving the tender and hyperæmic ovaries. I employ a small tampon or pledget of cotton or wool saturated with equal parts of the tincture of belladonna and glycerine, applied behind the cervix uteri, and permitted to remain forty-eight hours, and after its removal a hot douche. These are continued during the first days of treatment. The effect is to support or steady the ovaries, while the sedative effect of the belladonna and the depleting effect of the glycerine are obtained. This I have followed with applications of tincture of iodine after the manner of Dr. Emmet. Recently I have used, with good effect, the sulphur ithyolate of ammonium, five parts in ninety-five of glycerine, applied in the same way as the belladonna and glycerine.

The general and local treatment, thus briefly outlined, gives relief from the more pronounced symptoms. The pain becomes less and the tenderness also. The general health improves and the pelvic congestion subsides. This is apparent in the color of the mucous membrane, the improved menstrual functions and diminished leucorrhœa.

Then the local treatment may be employed at longer intervals or suspended altogether. The constitutional treatment should now be modified. Tonics and laxatives may still be required, but alteratives are also indicated. Iodide and mercury are the chief agents. They act upon the ovaries, as they do upon all glandular organs, and modify or arrest the morbid histological changes which take place slowly. Small doses of bicloride of mercury, with chloride of iron, when iron is indicated, followed by syrup of the iodide of iron in doses as large as can be borne. These can only be used when the bromides are given up. When giving these alteratives the patient often misses the bromides used to give sleep. Sulphonal, at such times, is of great value. In fact, it is the most potent sedative that is at the same time free from ultimate or after-effects that are unfavorable, that we have in gynæcological practice. When a sedative is required while iodine of mercury is being used, I find ten grains of salicylate of sodium and five grains of antipyrine, given three times a day, an hour before meals, gives much relief, especially in those who suffer from nervous dyspepsia and flatulence.

One important element in the treatment is patience and careful watching. Improvement comes and the patient or the physician gives up treatment, and there is danger of relapse. The poor in hospitals often suffer for want of time for prolonged treatment, and this often tempts the surgeon to seek more prompt relief by removal of the ovaries. This does not apply with the same force to those who have time and means to secure the needed care.—Alex. J. C. Skene, M.D., in *Boston Med. and Surg. Jour.*

HYSTERIA.

I well appreciate the onerous, and, in some respects, questionable, task which I have set myself in attempting to discuss the subject of hysteria. I approach the task with some degree of temerity, too, for there can be but few more difficult than that which requires the orderly arrangement and intelligent analysis of such a conglomerate as that presented by this disorder.

In the first place, then, can the task be accomplished? Is there a disease, having a sufficient identity to justify its separation and independent study, which can properly be called hysteria? The term hysteria is so inappropriate to most cases which have been so designated, that there has been a constant rebellion against its use, and numerous attempts have been made to furnish a more rational and scientific substitute. The influence of precedent and usage is so strong, however, that we constantly revert to the old term, and possibly it is as well to adhere to this, known to be inappropriate