This condition is related to the pelvis in various ways. In one set of cases, a local lesion, capable or not in itself of causing pain, may be the primary cause of development of a neurotic state manifested by diverse phenomena. The more marked these become the more is the pelvic pain intensified—a reactionary exhibition of the neurosis, as it were, on the seat of the primary affection.

In another class of cases there may be a slight pelvic lesion, causing very little discomfort. A neurotic condition may be developed from causes foreign to the pelvis, and this may manifest itself in intense pain, related by the patient to the pelvic lesion.

In another set the symptom of pelvic pain is developed as one of the phenomena of a wide-spread neuropathic state, there being no local lesion of any kind.

There is another interesting class in which the local symptom is practically the only neurotic feature in the patient. In some of these cases the condition is somewhat like that in which the possession of a "fixed idea" is characteristic.

In others it is of the nature of a "secondary reflex action" induced by a former continuity of habit when there was an actual painful local lesion which has since been cured. The patient's nervous system has so registered the former habit that it is reproduced apart from all control of the higher centres.

In the treatment of dysmenorrhœa, the failure to consider the existence of relationships between local and general conditions, between pelvic suffering due to and commensurate with pelvic lesion, and that which is due to neuroses, and the fixation of attention upon the local state, have resulted in a form of practice very often fraught with disappointment both to physician and patient.

The mechanically-minded specialist on coming into contact with his dysmenorrhœa case, at once proceeds to establish *a locus standi* in the pelvis. He argues thus: The patient complains of pain in the pelvis. It must be there. Its cause is there; its treatment must be by measures directed to the pelvis. He then has a choice of procedures. Probably he thinks first of a uterine flexion, and a pessary may be brought into requisition; or he may diagnose a stenosis of the cervical canal and proceed to a dilatation or to a cutting operation; or he may deem the ovaries at fault and decide heroically on their removal.

It may be that he will carry out these different operations *seriatim* in the chance that he will at last hit upon one which will be successful. Sometimes he cures his patient; sometimes he does not. When he is successful, he attributes the good result directly to his operation, forgetting that very often the benefit is obtained either through its