In considering dysmenorrhœa due to an *unhealthy uterus*, I may define it as being caused by any condition of that organ whereby the passage of the ovum through its canal is rendered abnormally difficult. These conditions are many, chief among them being stenosis of the canal, congenital, or accidental, anterior, posterior, and lateral, displacements; mural and sub-mucous fibroids; polypoid growths; metritis and endometritis. In my experience none of these conditions have been permanently relieved by internal medication, and, at best, I could but alleviate my patient's sufferings by anodyne—a practice which must be most closely guarded against, lest we then and there sow the seeds of a habit of dependence on them at such times, and which is more than likely to end by making them morphine habitués. Some good may be done by local application of remedies in cases of metritis and endometritis, although so satisfactory have been my results when I have resorted to the battery, that I have now nearly abandoned any other treatment, until I am assure that different means should be tried. The holding in place of flexed or verted uteri by pessaries, will also accomplish much; and for stenosis of the canal or os, as well as in cases of polypi, operative procedure is indicated. But with patients suffering from either mural or sub mucuos fibroids, as well as those where metritis and endometritis are the causes of dysmenorrhœa, nothing has given me such universally good results as the use of the galvanic current, when applied according to the directions of Apostoli. His method of administration of electricity for fibroids, is too well known to require extended notice here under this title; and for the treatment of inflammation of the uterus or its lining membrane, his procedure is as follows: Having thoroughly douched the vagina with an antiseptic solution, and inserted the forefinger of the left hand within the vagina and the os uteri found, the intra-uterine electrode should be carefully run along the finger and introduced into the uterine canal up to the fundus. I cannot lay too much stress upon the importance of exercising the utmost care and gentleness in this procedure, as any rough handling would be apt to not only increase the existing inflammation, but cause a peri-uterine one. The clay pad having been placed upon the abdomen over the fundus and the negative conducting cord connected with it, the *positive* cord should be attached to the electrode *in utero* and the current turned on so gradually that no shock will be felt by the patient during the increase of it, which may be accomplished by means of a rheostat. The strength of the current should depend upon the resistance of the skin and the sensibility of the patient—never using more than the inflamed organ can bear with moderate discomfort, and never causing severe pain. I have usually been able to use 30 milliampères at first, for a *séance* of three to five minutes, and have increased it as well as the length of time, at each successive treatment. The current should then be very slowly shut off and the electrode withdrawn, the same gentleness being used as upon its introduction: after which, if the patient can rest for a time, it will be to her advantage. The good results of this proceeding if done in this manner are a surprise to those accustomed to the older methods of iodine, carbolic acid, etc.

As for dysmenorrhœa due to inflamed ovaries—it may be recognized by its presence some days before the flow is established and its diminution after it has made its appearance. A vaginal examination reveals exquisite tenderness on pressure, generally accompanied by a sensation of nausea. For years it has been thought that treatment availed nothing for its relief, and so fixed has the idea become, that the patient has been hurried to the operating room and the organs removed with the idea of saving unnecessary suffering. In some few cases, it is true, operation must be eventually resorted to, but the number of these, I am thankful to say, is being rapidly reduced, and ere long they will be the great exception if the results of others who use the current of electricity in such cases be as happy as mine. When the grave questions of future maternity, prolonged convalescence, and risk, are taken into consideration, surely our patients will not blame us for making an honest effort to cure their dysmenorrhœa by treatment before consigning them to the knife. And when I say an *honest* effort, I do not mean two or three trials of a method about which little is yet known, but I mean the same endeavors in their behalf that would be extended to an orchitis before amputation or an iritis before removal of the inflamed organ. For many months past, I have made a special study of the cure of such cases, both in my clinic at the Woman's Hospital and in private practice, and when I have had sufficent time allowed me to make a thoroughly complete test of the following method, I have rarely regretted my efforts, nor has the patient. My procedure consists in placing a flat, pliable electrode over the inflamed ovary and a similar one beneath the lumbar region as the patient lies on her back. They are then connected with a faradic battery and a current as strong as can be borne without pain is turned on gradually, the *séance* lasting eight minutes. After a few treatments, it will be found that a ball electrode connected with the positive pole can be tolerated against the ovary, (the negative being on the abdomen), and a current of tension used thrice weekly. I apply it five minutes daily for a week previous to the expected flow, and have rarely been disappointed in its prompt and painless appearance and eventual cure of the case. During the course of treatment, complete rest and freedom