

and general, salines, diaphoretics, hot hip bath and douche. Phenacetin is most useful, both to relieve headache, promote perspiration and to allay nervous irritation. Bromide and chloral are also most useful.

In some such cases I used to practise scarification of the cervix and abstraction of blood by means of the artificial leech, but of late years I have found other ways less objectionable, and perhaps just as efficacious.

In the ovarian form, where the ovaries are enlarged, tender and prolapsed, the treatment is often extremely difficult and unsatisfactory. Over and over again I have been tempted to remove the ovaries in such cases where but temporary relief has been afforded by regulating the general system, tamponing with glycerine and belladonna, giving bromides, etc., and rest with warmth, but have resisted the temptation, and in some cases where there has been no ovarian organic lesion complete recovery has followed pregnancy. This has confirmed me in the view that oöphorectomy should only be done to relieve the condition, if organic ovarian disease exists, and even then *the pain sometimes persists*.

In the membranous form of dysmenorrhœa, we have the labor-like pains, and relief after the extension of a membrane which may be distinguished from that of pregnancy by the absence of the chorionic villi. In my cases there has been almost invariable headache at the onset and sickness of the stomach.

Temporizing by medical treatment alone is of little use. Dilatation of the cervix, thorough curetting and the application of Churchill's tincture of iodine have been the means most useful in my hands. In such cases, if pregnancy follows the treatment, relief of the condition follows parturition at full term.

The constant electric current by the electro-chemical action of the negative pole in the uterine cavity, and about 50 to 75 milliamperes passed through from aluminum or platinum intrauterine electrode to the large abdominal electrode, gives good results in this form of trouble, though I doubt if the results are any better than when the treatment is by mechanical dilatation and curetting. The only advantage of the electricity is that it is done without chloroform, and, if the application is aseptic, it is also without danger.

Mechanical dysmenorrhœa, caused either by a flexion or by a narrowing of the passage from inflammatory changes, is most common. Though the average amount of menstrual fluid secreted rarely exceeds two-thirds of a drop a minute, and that one would hardly think so small an amount capable of producing much pain, we have