with which gastralgia was never associated, and which rather simulated ulcer or chronic gastritis. To turn also to the ovaries themselves, there is such a thing and a common thing too, as hyper-æsthesia of the ovaries, but this differs entirely from ovarian neuralgia, as I should describe it, in which the ovaries need not be very tender to pressure, though of course they sometimes are so continuously and often are so soon after an attack of pain. In ovaralgia there is often no disorder of function whatever, but acute aching or, it may be, agonising pain. This pain, when severe, is too often mistaken for urinary calculus, lithiasis, or even for peritonitis. This latter is a sad blunder, but I fear far from rare, if I may add my own observations to the warnings of Dr. Addison, who, says Dr. Jones, "appreciates fully the difficulty there may be in distinguishing abdominal neuralgia from peritonitis." The ovarian neuralgia to which I refer comes on either as a mere weight or burning, or as a true 'tic.' As in the case of Mrs. Mc——, it often comes in a moment and continues as an agonising paroxysm for one or several hours. The pain may dart from the ovary of one side, often thence downwards towards the perineum or upwards to the false ribs even to the arm pit, though sometimes we have to allow for a little exaggeration in descriptions of severe pain. The pain rarely occurs in both ovaries at once, though it frequently attacks them alternately. The occurrence of the pain does not seem to depend upon any well defined immediate cause, for it may occur at almost any hour of the day. Indeed, its demeanour is in every respect very like that of ordinary facial tic. There need not be and often there is no coincident local disorder of any kind, though a local cause of irritation—such as ascarides, for example—no doubt might determine an outbreak. At the same time I think sexual excitement may not unfrequently be accused of some complicity in the attack. This is a subject on which clinical questioning is almost impossible; but I have seen severe uterine neuralgia twice in newly married women, and once in a married woman who was believed by her own medical adviser to make great claims upon her husband. That the immediate cause of the attack in a predisposed person was in another instance the combined influence of cold and fatigue seems clear. As mastication again may bring on facial tic, and food may bring on gastralgia, so ovaralgia is often produced by quick walking or running. Ovarian ovaralgia will need the same general treatment as the other neuralgias; quinine and steel being more especially useful. As a palliative measure hypodermic morphia has the same marvellous value that it has in gastralgia and in every other form of nerve pain. But year after year adds to my conviction that the remedy is as dangerous as it is effectual. In a paper published some time ago in the Practitioner I drew attention to the unquestionable fact that the use of the morphia syringe tended even more surely to become a habit than the use of anodynes in other modes and forms. Those who have learnt to fly to the syringe, as a remedy from instant pain, soon discover that in it they find also a most effectual stimulant. Delicate ladies, when under the influence of the injection, can stir about their houses, can frequent dinners and balls, can receive company at home and feel generally hungry, active and gay, to a degree before unknown to them. Hence its terrible fascination for them, a fascination which seemingly is as potent when once established as that of alcohol. Like alcohol, too, it creates the recurring need for its repetition. The dose may not be greatly increased, the sixth of a grain may not grow to more than half a grain or a grain, but the system claims it again and again, and denial seems cruel or even impossible. When the influence passes away a state of depression seems to come on,—a want, a sense that the lamp of life must be re-trimmed, and many persons have not the strength to resist this. Not only so, but this very reaction becomes the cause of a renewal of the neuralgia, so that the morphia treacherously keeps alive the very pains it pretends to relieve. A lady of great intelligence, and a great sufferer from neuralgia, told me that she discovered the temptation of morphia injections after the first half dozen operations, and she decided to bear pain rather than run the risk of becoming a slave to them, Among numberless cases of a contrary kind I may mention one of a brave lady, suffering from intense cervico-brachial neuralgia and habituated to the use of the syringe, who, in obedience to our urgent wish, broke the habit, and the pain gradually ceased to return. On the other hand a medical friend, who lives away from Leeds told me that a lady stopped him one day in th street, and begged him to give her an injection in his brougham, as her syringe was broken and her own medical man was away out of town. This lady was not at the time suffering from actual pain, and, much to her displeasure he declined to operate. Therefore I would warn my readers not under any circumstances to permit the use of morphia in this way to become periodical, or they will find the last state worse than the first. In old persons with neuralgias that are admittedly incurable the periodical use of hypodermic morphia may, as Dr. Anstie argued in a review of my paper, seem the lesser of two evils, and may not indeed be any great evil; but in younger persons it should be discountenanced for two reasons, namely, 1, the regular use of it sets up a periodicity in the system which actually favours the return of pain; and, 2, during that regular use all other treatment loses much or all of its power. Case after case has come before me, of late years, in which I have seen, not only the establishment of a periodic pain in spite of all remedies, but also, in addition to this, a love of intoxication, with slow and almost imperceptible deterioration of mental stability and calm intelligence which has defied all management. Several brave persons suffering from gastralgia, hepatalgia, facial tic, ovaralgia, &c., &c., at my urgent entreaty have broken off the habit, and in these cases, without any special treatment the neuralgia has *pari passu* given way likewise, while it had previously defied even the continuous current. Therefore I feel very strongly opposed to the regular use of this