

While he believed that many cases, perhaps the majority, would reach the office of the gynaecologist, yet he could see no reason why the general practitioner should not treat such cases with marked benefit to themselves and to his own satisfaction. He felt that he had been able to relieve the great bulk of his patients by medicinal treatment, and that failure had been mostly in the mechanical variety, where subsequently the knife of the surgeon had been required to produce relief.

In discussing the drugs used, he unqualifiedly condemned both opium and its derivatives, as tending to produce the opium habit, and the administration of gin or any kind of liquor. Many a bright life had been blasted by the liquor taken in the first place for the relief of menstrual pain. In the congestive form, he recommended the administration of some of the coal tar derivatives and viburnum. For the neuralgic variety, he thought general treatment most important with potassium bromide in half drachm doses three times a day at the period. Membranous cases he invariably handed over to the gynaecologist and in the ovarian variety, tincture of conium twenty minims three times a day, with the application over the ovarian region of equal parts of extract of opium, extract of belladonna, and iodide of lead.

Dr. D. J. EVANS did not agree with Dr. Smith in considering pregnancy nature's cure for dysmenorrhœa, and cited several cases in support of his opinion.

Dr. J. C. WEBSTER stated that he would limit his remarks to some statements regarding the treatment of dysmenorrhœa in general, which would supplement Dr. Lockhart's paper, and be a sequel to Dr. Gardner's.

The latter speaker had pointed out that dysmenorrhœa often occurred in cases of slight or non-recognizable pelvic lesion. These were instances of disturbed innervation in one or other of its various manifestations. Notwithstanding the great increase in neuroses among women during the present generation, it must be confessed, that in the gynaecological world, scant attention had been paid to them. When we remember the great disturbances which mark the advent and departure of the reproductive era of a woman's life; the profound changes taking place during ovulation, menstruation, pregnancy, labour, and lactation; the subtle and complex activities of her psychical life in her various diastaltic functions; it is not remarkable that neuroses should manifest themselves, particularly in relation to her reproductive mechanism. That they are increasing, *pari passu* with the advance in our higher civilization, cannot be denied. Among the