

condition without regard to wider physical and psychical relationships.

The accusation of the broad-minded general physician, that the gynæcologist works in ignorance of the neuropathies and organic diatheses in that region of the body where they are of chief importance, is a well-merited one, and the majority of gynæcologists will, if they be honest, acknowledge its force.

In considering a case of pelvic pain we must bear in mind the following points:—

1. The pain may be directly due to pelvic lesions sufficient in themselves to produce this symptom.
2. Pain may exist with minor degrees of pelvic trouble, insufficient in themselves to cause more than a small amount of suffering.
3. Pain may be a pelvic symptom in association with some condition which in itself cannot directly produce this symptom.
4. It may be a prominent symptom in cases in which no local changes of any kind can be made out.

It is, therefore, very evident that other than local factors must be taken into count as explanatory of the symptom which we are considering. Among these, attention should be directed most markedly to the neuropathic condition—neurosis, in the widest meaning of the word.

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 widespread 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 treat-