assert that in all cases of dysmenorrhœa exaggerated uterine contraction is the sole cause of the pain, for, undoubtedly, in some few cases more or less obstruction exists somewhere about the cervix. Then we have to deal with an obstructive or mechanical cause, which, in time, will lead to a congested or diseased condition of the endometrium and give rise to pain. There are apparently two distinct forms of pain—one is spasmodic or intermittent; precedes the menstrual flow; spreads from the uterus to the bladder and rectum, causing tenesmus, bearing down. The other pain is more persistent, steady, uninterrupted in its character, but equally hard to bear, and which ceases when once the menstrual secretion becomes fairly established. It is particularly this form that is so frequently described as the mechanical or obstructive variety of dysmenorrhœa, and the cause of the pain assigned to some flexion in the cervix, caused by some uterine displacement, as, for instance, an anteflexion, the bend in the cervix preventing the free escape from the uterine cavity, and, consequently, the uterus is thrown into contractions to get rid of the accumulated blood. In practice, however, such is not the case. As has been recently proved, the mere treating of the flexion, though it may in a measure relieve the patient, will not produce a cure or entirely relieve her of pain; indeed, there are many authorities who would totally ignore flexion as a cause of pain, claiming that no matter how acutely flexed the uterus may be, it can never be so much as to prevent the outpouring of the menstrual secretion, arguing that fluid will readily pass through a capillary tube. I am satisfied, however, in my own mind upon this point, that an acutely-flexed uterus will, in the course of time, lead to dysmenorrhœa, though, perhaps, not from obstruction. It will induce chronic disease of the mucous membrane of the interior of the uterus. The flexion interferes with the free circulation throughout the uterus, a stagnation of the circulation is the result; the uterus becomes enlarged and congested. The endometrium participates in this condition. It becomes swollen, tender, and chronically inflamed; and the healthy process of disintegration of the lining membrane of the uterus at the monthly period is interfered with. This disintegration, in a healthy uterus, is performed free from pain; but in one diseased, the process becomes also a diseased one. This act of disintegration becomes slow; the membrane is but imperfectly cast off, and points, or nuclei, are furnished within the uterus for the formation of clots, which give rise to pain in the efforts the uterus makes to expel them. The flexure in the body of the uterus is more serious than one in the cervical portion, because the former are met with in women whose health is much impaired, and who suffer much from anæmia. This condition of itself predisposes to neuralgia, not only in the uterus but elsewhere, and particularly so in some women at the monthly period; and this condition of the blood will frequently explain the cause of dysmenorrhœa in some patients, the uterus being quite free from disease, and treatment appropriately applied to restore the blood will be followed by the most happy results in effecting a cure of the dysmenorrhœa.

There still is met another class of cases in which the pain is referred chiefly to the ovaries, and described by some as dysmenorrhœa of ovarian origin. I believe such a deduction to be erroneous. A most careful examination in a large proportion of such cases fails to detect any ovarian disease whatever. The pain and tenderness met with in the ovaries at the monthly period is only temporary. It is not inflammatory, but rather congestive, consequent upon the general pelvic engorgement which takes place at the ordinary monthly period, and often met with in women of a neuralgic temperament. To direct your curative efforts towards the ovaries alone will not cure the woman of her painful menstruation.

There is still another set of cases depending apparently on the presence of a fibroid or polypoid growth in the uterus. Or perhaps the woman had at some previous period an attack of cellulitis, which has left her ovaries, uterus, and broad ligaments almost one compact, immovable mass in the pelvis. Or, perhaps again, her cervical canal has become so altered from the repeated applications of strong caustics as to have contracted and twisted and thickened the cervical canal so as to render