

strual life she suffered but little. The best of care and tonic treatment had no beneficial effect. A trip to the continent was advised, and during her first period after leaving home, which took place on board ship, she suffered none, and during a stay of three months on the continent she was free from pain though travelling considerably. She remained free likewise for some months after her return. A summer in Muskoka had a like beneficial effect, and the trouble has not returned in anything like its original severity for now more than a year.

Mrs. P., aged 34, had two children and one miscarriage. Suffered greatly during menstruation, also had dragging and bearing down pains, menorrhagia, etc. A dilatation with curettage and packing completely relieved the symptom.

Mrs. J., aged 27, suffered greatly, more since marriage. Examination revealed a latero-anteverted, undeveloped uterus. Marked tenderness on examination. Left ovary tender to touch. A thorough dilatation with curettage and packing relieved somewhat the pain for about three months. A year afterward I removed the left ovary. This resulted in a partial cure of the pain. The woman is still sterile.

Mrs. G., aged 22. Suffered from dysmenorrhœa. Was sterile. Had a retro displacement. Right ovary tender, enlarged and displaced. Two years ago I removed this ovary, pain was relieved. She has now a son eight months old.

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