throughout the whole paralyzed part (although most intense where the anæsthesia was present) would certainly bear out Bastian's assertion in regard to the kinæsthetic centre, rather than the theory that the Rolandic area is purely motor in its function. (3) The distribution of the anæsthesia is remarkable, and is just the converse to one of Charcot's cases, in which the anæsthesia extended down the arm to almost exactly the point where the loss of sensibility begins in this case, the fingers and part of the hand remaining in his case unaffected. (4) The difference in the pressure on the dynamometer with the eyes open and closed is also remarkable, an additional motor power evidently being derived from the visual impulse.

The prognosis is, I think, favorable, and a complete recovery is to be hoped for.

In regard to treatment, I may say I have applied static electricity, and she is continuing at present the tonic given her by Dr. Baines. I may add that I believe much good will be derived from methodical exercise, and that moral treatment will also be of essential benefit.

The patient, when presented at the Clinical Society this evening, Nov. 8, 1893, had entirely recovered from her sensory symptoms. The anæsthesia had disappeared, and the muscular sense so improved that she could imitate movements given to left arm very closely with the right. The muscular force had improved, but was not yet normal. I may also add that the prick of a pin in the previously anæsthetic area was followed by a slight hæmorrhage

TORONTO, 199 Simcoe St.

P.S. The patient recovered completely within one month after last note.

THE GALVANO-CAUTERY CURRENT OBTAINED FROM THE ALTERNATING CURRENT IN THE STREET.

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So recently as ten years ago electricity was still in the experimental stage,—if indeed it may not be said to be so still, for every day we are finding new uses for it and new methods of handling and controlling it. But at the present day at least it has become a commercial commodity, and can be purchased in almost every city for about three-quarters of a cent per ampere hour. On the other hand, the galvano-cautery wire is one of the handiest and most convenient instruments for a great variety of work in gynæcology, as it is in laryngology and dermatology. For certain delicate little operations, such as the removal of vascular growths from the female urethra, or the removal of portions of the cancerous uterus, or, in fact, any operation where we wish to cut without causing hemorrhage, it is simply invaluable. Paquelin's thermo-cautery is not to be compared with it, for the galvano-cautery wire can be applied and carefully adjusted while cold, and then by the touch of a spring it becomes red or white hot as long as desired, and it can be allowed to cool before being removed. Moreover, the heat can be regulated to any shade from straw color to cherry red or pure white, which is not so easily done with any other form of cautery. The great objection to the galvano-cautery has been so far that it has required a very expensive and cumbersome battery to be carried around with it in order to obtain the supply of current. These batterries had to have a very high potential or electro-motive force as well as a large amperage, necessitating the employment of a strong acid and violent chemical action on the zinc. The latter metal became rapidly polarized or covered with bubbles of hydrogen, so that it was necessary to have a bellows constantly working to keep the liquid in motion in order to wash these bubbles off, otherwise the chemical action would stop and the flow of the current would cease. The cleaning and renewal of this battery was a dirty and expensive business, and though improvements were constantly being made in its manufacture, it was always dirty, heavy, and constantly getting out of order, owing to corrosion of the connections. The advent of the storage battery was gladly welcomed, for although it weighed 40 lbs., and was therefore much lighter than the acid battery, required no bellows