

tion of superfluous hairs—we have normal tissue to act upon—one, in addition, which is very resistant to external impressions, and readily regenerated. Here we need strong currents, because the tissues have normal chemical and vital stability, and we must produce complete destruction of the papilla if the hair shall not be renewed. It is not improbable in this case that the electrolytic action may continue after the cessation of the operation, although I am inclined to attribute little effect to this.

For the destruction of new formations, the more succulent and of lower vital resistance require less current strength than those composed of the more resisting tissues, such as fibroids and vascular growths. Fibro-pigmentary growths (pigmented naevi) are usually very resistant to electrolytic destruction, and require strong currents and thorough application to the whole affected surface if good results are expected.

In stricture of the urethra we have pathological conditions which should react favorably to the electrolytic current. Excluding stricture due to traumatism or to ulceration of the mucous membrane, the pathological condition consists in an inflammatory new formation in the submucous tissue. The removal of this infiltration by absorption is rationally indicated and after in most methods of treatment of stricture. The method of gradual dilation by means of sound can only be justified and explained on the score of causing absorption of the submucous infiltration. The very uncertainty of this method shows that it fails to bring about this absorption in so large a proportion of cases. The method of cure by internal urethrotomy seeks to produce such a change in nutrition that the inflammatory neoplasm will be absorbed and the normal calibre restored. Those who hope to widen a strictured urethra by a cutting operation with a view of inducing nature to insert a strip of cicatricial tissue between the borders of the incision, have a childlike notion of pathological anatomy that no time need be wasted in paying attention to their opinion. All surgeons who study pathology practically, and not transcendently, will agree that the only possible way to cure a stricture is to cause absorption of the submucous inflammatory deposit. No method promises theoretically to accomplish this so safely, promptly, and thoroughly as electrolysis.

Upon the principles stated in the foregoing pages, this method seems the most rationally indicated one. The electrolytic current promotes absorption by causing a chemical resolution of the inflammatory infiltration. And this chemical resolution of the pathological tissue I believe possible without unfavorable influence upon the mucous membrane covering it. Of course, the strength of the current must be properly graded to secure this most desirable result. The statement sometimes made that electrolysis in stricture can result only in the formation of a scar, and consequent contractility of this tissue, is based upon a misapprehension of what takes place.

When Fessenden N. Otis, nearly twenty years ago, brought to the attention of the profession the results of his inquiries into the calibre of the urethra and of improved methods of treating stricture, he was subjected to much ridicule. To-day the views of Otis are accepted by genito-urinary surgeons the world over. The urethrometer eliminated the personal equation and rendered the detection and measurement of a stricture a matter of almost mathematical exactness. Until lately the advocates of electrolysis, whether applied for the relief of stricture or fibroid tumors of the uterus, or other pathological conditions, have likewise been derided, ridiculed, or flatly accused of lying. These weapons, first used with effect by writers and teachers of prominence, have now been picked up by a number of youthful imitators, who, by reporting one or two unsuccessful cases and incidentally exhibiting their gross ignorance of the agent they are handling, endeavor to throw discredit upon a procedure which they show that they do not understand.

At a recent discussion of the merits of electrolysis in the treatment of uterine fibroids an English surgeon, who has attained enviable distinction as an ovariologist, declared his unwillingness to try the method because he was "a surgeon," and evidently thought it beneath his dignity to meddle with batteries, needles, and milliamperemètres. His impertinence received a sudden check, however, when the two greatest living abdominal surgeons in the world, Sir Spencer Wells and Thomas Keith, asserted their belief in the efficacy of electrolysis and their intention of giving it preference over the knife in all suitable cases in their practice. The humptiousness of this Englishman is exactly