

even with an intense current. E. Flexible and strong connecting cords.

The rules for the electrolytic application are: 1st. Have the patient in the recumbent posture, and give an antiseptic vaginal douche. 2d. Adjust the connecting cords between battery and electrodes, and apply the clay electrode over the abdomen, telling the patient beforehand how cold it will feel. 3d. Carefully introduce the warmed and oiled intrauterine electrode. 4th. The uterine poles should be positive in all hemorrhagic uterine diseases, and negative in others. 5th. Start the battery. We should never take a patient by surprise or make a too painful application. Some uteri are very irritable, and can stand only a feeble current at first. Begin with a mild current, and increase the strength as the patient becomes accustomed to it. Generally after the third application, the strength of the current can be raised to two hundred milliamperes, the strength being regulated by the tolerance of the patient, the duration, gravity, and extent of the disease. 6th. The duration of the sitting should be from five to ten minutes, according to the intensity of the effect desired and the reaction of the parts. 7th. The application may be repeated every second day or once a week, according to the necessities of the case. 8th. A rest in bed of a few hours must be observed after each sitting to prevent an inflammatory reaction, and to aid the effects produced. 9th. Vaginal injections of carbolic acid or mercury bichloride solution should be used morning and evening.

This simple and inoffensive treatment is a galvanico-chemical destruction of the mucous membrane of the uterine canal, either by the acid or basic pole, as the case may require. The destroyed mucous membrane may be replaced by a new and healthy one, or may serve as a surface for exudation so long as may be required. Apostoli has shown the beneficial effects of this treatment in a large number of cases, improvement being shown after the first few applications, and cure soon following. The patients are only obliged to keep in bed for a few hours after each sitting. Compared with curetting, this treatment is more lasting, easier, and less apt to be followed by inflammation.—*Am. Jour. of Obstet.*

EXTRAORDINARY CARDIAC EXCITEMENT BEFORE A FIRST MENSTRUATION.

Dr. Draper reported the following case before the Obstetrical Society of Boston: The patient was an overgrown, nervous, well-developed girl, aged thirteen years and two months. Two years ago she was under medical treatment for chorea. During the past three years she had not attended

school. Recently, her health had been satisfactory, and it was the intention that she should presently resume school discipline. Her mind was undeveloped and her tastes were childish; she liked the plays and companionship of little girls much younger than herself. She had never menstruated.

In the night of July 1st, she was restless and uneasy, sleeping but little. Her mother attributed the unrest to a somewhat later and heartier supper than she was accustomed to and recalled also that the girl exercised rather more vigorously than usual after supper. Dr. Draper saw the patient at 3.30 A.M., July 2nd. She was tossing, restless, anxious, and irritable. She complained of pain in her left side and of the "thumping" of her heart. There was an occasional short, dry cough—the familiar cough of cardiac palpitation. The hand over the heart detected a rapid but regular and not violent action of that organ. The stethoscope discovered no abnormal sounds; the rapid action was the only abnormality. There was no irregularity or intermission, then or later. The heartbeats, at this visit and subsequently, were counted as follows:

July 2d, 3.30 A.M.	212	July 4th, 9.30 A.M.	234
" 2d, 7.30 P.M.	232	" 4th, 5.15 P.M.	230
" 3d, 10 A.M.	228	" 5th, A.M.	98
" 3d, 5.30 P.M.	236	" 6th, A.M.	80

The highest temperature which the thermometer recorded meanwhile was 100.5°, in the afternoon of July 2d. The culmination of the case was reached July 5th, in the afternoon of which day menstruation began in a perfectly normal manner, without pain or other disorder. The pulse quickly regained its normal rate and kept it thenceforward. In August and September there was no recurrence either of the catamenia or of cardiac disturbance.

During the three days, July 2d, 3d, and 4th, various measures directed to the control of the heart were wholly negative in their effect. Rest in bed, low diet, counter-irritants, emetics, cardiac sedatives and stimulants (aconite, veratrum, digitalis), proved unavailing; but with the premonitory indications of the menstrual function the heart resumed its natural action.—*Boston Med. & Surg. Jour.*

MEDICAL NOTES.

Prof. Parvin states that *pruritus vulvæ* may be sometimes due to wild hairs.

Prof. Bartholow thinks *ptyalism* can be averted by giving atropine combined with the mercurial.

A most valuable remedy for *functional impotence*, especially when accompanying hypochondriasis, is the chloride of gold and sodium.

Atropine can be better managed, the results more readily reached and controlled, than can be accomplished by any of the preparations of *bella donna*.