

*On Standard Meters.*—Dr. Margaret A. Cleaves of New York read a report of this Committee. The report stated that a good meter should possess a clear, legible scale of long range, and should be so constructed that it could be easily read by the operator while at work; that although in itself a shunt is not disadvantageous, it is undesirable, because of the possibility of its heating and thereby changing its resistance; that the instrument should indicate in all positions, and is preferable when constructed to indicate with the current passing in either direction; that it should be very portable; and lastly, that it should not easily get out of order. Instruments of the galvanometer type were considered to be inaccurate on account of the magnetic influence exerted by surrounding objects.

Then followed a detailed description of the nine meters which had been submitted to the Committee for examination, and the tests to which these instruments had been subjected. The report concluded with the statement that in the opinion of the Committee the two meters which most nearly fulfilled the requirements were the Weston and the Kennelly meters, and the Association was urged to adopt at once a standard meter.

The report called forth a long and earnest discussion as to the advisability of adopting at present a standard meter. Some of the members were of the opinion that one of the meters especially recommended by the Committee had not been sufficiently long before the profession to enable many of those present to pass intelligently upon its advantages or disadvantages, and they therefore deprecated hasty action. Others thought it was impossible to combine in any one meter all the points a meter should possess in order to render it a thoroughly reliable instrument for all kinds of clinical work; and they consequently favored the adoption of two types of standard meters. It was also suggested that to avoid unnecessary discrimination the Association should adopt a type of meter as a standard rather than any one particular instrument. The report of the Committee was finally accepted, and the Chairman of the Committee continued.

*On Static Machines.*—Dr. Morton reported that in order to pursue their investigations systematically, a number of questions had been sent out in a circular letter, but no responses had been received. The Committee made the following recommendation: That electro-static machines adapted to medical practice should not have less than four revolving plates, and that the diameter of these plates should not be less than twenty-six inches. The report of the Committee was accepted and the Committee continued.

*On Constant Current Generators and Controllers.*—Dr. W. J. Herdman, of Ann Arbor,

read a carefully prepared report on this subject, in which he considered in detail the work accomplished by the various batteries which had been submitted to him for examination. No secondary batteries had been submitted, and mention of one or two batteries which had only been very recently sent in was omitted for lack of time to make the necessary tests. On motion, the report was accepted, and the Chairman of the Committee continued.

*On Electrodes.*—Dr. A. Laphorn Smith, of Montreal, read a report of the committee. The committee expressed the opinion that the best ground-work of all electrodes is copper wire gauze, and that the connection is best made by copper wire soldered the whole length of the gauze and terminating in a binding post—that known as No. 6-32 (?)—which is largely used by telephone companies throughout the world. Clay was considered the best covering, as it was the only substance which could be rendered moist enough to conduct properly without at the same time soiling the patient's clothing. It should be half an inch thick and of the consistency of putty. Before each application it can be readily cleaned by washing its surface with soap-suds. The back of the electrode is insulated with common table oilcloth.

The committee recommended three sizes of dispersing electrodes, viz.: each having a uniform length of one foot, and the width three, six and nine inches respectively. It was desirable that these sizes should be given in the metric system. For active electrodes to be used with the positive pole, the committee naturally selected platinum as the best, its one objection being its first cost. Where the applications are to be made to the surface of the body or to the interior of a cavity like the uterus, carbon is equally good, and for such purposes carbon beads can be threaded on platinum wire. Zinc is also a useful material for intra-uterine galvano-cauterization. It should be connected with the reophore by means of the standard binding post already mentioned. It was recommended that the conducting cords employed in electro-therapeutical work should be of the standard sizes and lengths used by the Bell Telephone Company.

For negative intra-uterine application, a Simpson sound made a useful electrode, and its size should be stated according to the French scale. Where the surface of the electrode is necessarily very irregular, its area should be determined by ascertaining how much water it will displace. It will be well for manufacturers to stamp all electrodes with two numbers—one giving the French scale, and the other the displacement of water on the surface of the electrode.

The committee recommended that a standard insulating material be adopted, and that the standard screw should be No. 2-40 of the American gauge.