

means of a substance called gelosine, a semi-solid vegetable material, which is injected into the uterus so as to touch the whole mucous membrane. It does for the interior of the uterus what the clay does for the abdomen—enlarges the surface of contact.

Dr. Goelet, of New York, has recently introduced a steel sound, which, owing to the peculiar manner in which it is prepared, is able to withstand the action of acids. As it is cheap and is a good conductor, it should supersede the costly platinum sounds and trocars which have hitherto been in use. I lay considerable stress on these points of diminishing the cost of necessary apparatus, as I have no doubt that the great expense of the armamentarium hitherto necessary has prevented many of the most wide-awake and progressive practitioners from possessing an outfit.

When the negative pole is used in the uterus the ordinary intra-uterine sound with a hole in the handle for connecting the wire from the negative pole is all that is required. I have a number of them curved to different degrees, always standing with their insulators in a carbolic solution, and I soon become familiar with the curves in the uterine canal of each patient and choose the sound which suits her best. If you have only one sound it soon becomes cracked by frequent bending. The negative pole is bathed in alkalis which only brighten its polish.

In dysmenorrhœa from stenosis of the internal os, the softening and dilating influence of the negative pole has been thoroughly established. In cases of fibroid in which the dysmenorrhœa is a more marked symptom than the bleeding, I also prefer the negative pole in the uterus, which I fancy can be tolerated stronger than the positive. But when there is hemorrhage the positive pole is decidedly indicated. Nevertheless, I have frequently observed the duration of menstruation to be rapidly diminished by the use of the negative pole. The positive pole also seems to have a more tonic effect on the system generally.

I now come to another point, namely, the necessity for irrigation before and after each application. During the first year I used this method I spent a great deal of time in giving each patient a vaginal antiseptic douche, not only before but after every application, and per-

haps if one is apt to produce a lesion of the uterine lining membrane, it would be well to take that precaution; but having learned from several of my confreres, whom I have induced to adopt Apostoli's method, that they had modified without bad effects the rigor of his instructions, I have for the last few months been contenting myself with swabbing out the vagina with a one in a thousand bichloride solution before and after each application when the speculum has been used; or with ordering a weak sublimate injection to be given by the patient herself at her home before and after each application, when the speculum cannot be employed.

As for the duration and frequency of applications I have generally tried to give them every second day when I had time or as long as the patient was able to come. As a rule the treatment of out-patients is often enough interrupted so that it is unusual to be able to get on an average more than eight or ten applications a month. Most of my cases felt so well the next and following days after an application that they were anxious to come back. I have also noticed that the strength of current which a given patient could comfortably endure gradually increased with each application. No rule for the strength of current can be laid down. I give the patient all she can bear, but the moment I see by her face that she is beginning to suffer a little I reduce the current, as I do not think anything is to be gained by giving a current strength which they would have any reason to dread. Apostoli says in his work on treatment of endometritis (p. 74) "Could we not, in order to render the operation still more harmless if possible, and at any rate extinguish all operative sensibility, diminish the dose by lowering the intensity to 30 or 40 milliamperes for instance, and increase in proportion the duration of the application, in order to render always the same the sum of the electric out-flow?" He answers this question in the negative in the case of endometritis, because in that particular disease it is the intense local action which is required. But in electrolysis I see no reason why 100 milliamperes for ten minutes should not be as effective as 200 for five minutes.

Indeed I believe that some way will yet be devised for passing a comparatively weak cur-