

puncture, having lost one case through an error of diagnosis and neglect of strict antiseptic precautions, and having, in another, caused a good deal of suffering without proportionate results. My chief objection to it, however, is that it almost surely causes adhesions which, in case of the necessity ever arising for removal of the uterus, would greatly increase the difficulties of the operation. A minor but still important objection to punctures is that they frighten the patient away from continuing the treatment. I have to record one complete failure with negative galvanopunctures to relieve the pain of an impacted non-bleeding fibroid. The death above referred to is the only fatal or even dangerous accident I have had since I first began the use of galvanism.

With positive intra-uterine applications, on the contrary, my success has been almost invariable. I have employed them in rapidly-growing bleeding fibroids, in subinvolution, in *fungous endometritis*, and in *menorrhagia* from other causes, the disease having been arrested in about ninety per cent. of the cases. Success has been due to attention to the following points: Correct diagnosis; the introduction of a solid or flexible sound the whole depth of the uterus; the employment of a sufficient current strength to furnish at least twenty-five milliamperes to each square centimetre of surface of the sound, and the rigorous following out of the aseptic and all the minor details of the method as laid down by Apostoli. One of my failures (Miss B.) to arrest hemorrhage with positive intra-uterine applications of galvanism was due to the eating into a small uterine sinus with the end of the electrode, which, at that time, I was not in the habit of taking the precaution of insulating with a little wax.

This case would have been a complete success had it not been for this accident, but owing to the slight hemorrhage lasting

however two weeks I was led to class it as a failure, and the uterus was removed, the patient making a good recovery and now enjoying good health.

It is interesting to note that although she received over fifty strong applications with the clay electrode on the abdomen, there was not found the slightest sign of an adhesion anywhere, except at a small spot at the back of the uterus where the latter had been rubbing on the brim of the pelvis.

Another failure, Miss S., was due to the condition of the appendages which prevented me from giving adequate doses. By the aid of a little anæsthetic occasionally I was able to give her one hundred applications lasting each from seven to ten minutes and of an average strength of one hundred milliamperes. The tumor was reduced in size one-fourth, the hemorrhage was reduced fully three-fourths, and the patient regained her color. But her home being a thousand miles away, and as she feared that the hemorrhage might return when she would not be able to return for treatment, she urged me to perform hysterectomy, which I told her was the only absolutely certain treatment that would prevent hemorrhage returning. At the operation there was not a sign of an adhesion anywhere after one hundred applications of galvanism, some of the doses going as high as one hundred and seventy-five milliamperes. She made a rapid recovery, and is now in excellent health, performing her duties as principal of a high school where there are six hundred girls. So far from the treatment with electricity making the operation more difficult and complicating it with adhesions, I feel convinced that it had placed her in a much better position for undergoing it. I certainly should have dreaded undertaking the operation while she was in the exsanguinated condition which she presented when she first came under my