

to that of the appendages, and the response which it gives makes clear to us the degree, presumed or not, of their inflammation.

Moreover, that which it demonstrates in a peremptory manner is the experimental proof which I have acquired in a sufficiently great number of uteri, intolerant before the castration, becoming obligatory too late, once accomplished, freed the uterus from its galvanic hyperæsthesia in an instant, and caused a tolerance identical or a little greater than that which is the case when the integrity of the appendages is physiological.

Besides this first source of intolerance, the most frequent and important of all, are ranked the other causes, secondary in frequency and importance, between which it is usually easy to establish a differential diagnosis :

a. True hysteria, sudden, with lively reactions, and its symptomatic *ensemble*, which strikes the eyes of the least discerning.

b. Fibro-cystic tumors of the uterus, whose nature is most probably malignant.

c. Pelvic cellulites, comprising those of the intestine, and which have a very characteristic symptomatic history.

The clinical results drawn from these premises very briefly set forth are the following :

1. Every uterus interrogated galvanically at the dosage of 100 to 150 milliamperes, which gives no reaction operative or (and principally) post-operative, and which not only tolerates this dose, but has its dominant symptoms, such as pain or hemorrhage, lessened thereby—such tolerant uterus has a healthy periphery, or at least has no actual inflammation of the appendages justifying surgical interference, and indicates electric treatment of which the galvanic dosage should not be limited except to fulfill the clinical indications. There may be also a co-existence of a simple cyst of the ovary ; but if there is no

inflammation of the tubes the same tolerance will be preserved.

2. Every uterus which does not support fifty milliamperes, or which supports them badly, and where the operative sequences are very painful or febrile, is a uterus whose periphery is suspicious, and should not be experimented with except with the greatest moderation and prudence.

3. Every uterus whose initial intolerance is lessened with the number of the applications, and whose symptomatic amelioration is accentuated and increased with the time employed, either is a hysterical case, or one in which the inflammatory condition is undergoing retrogression or arrest.

4. Every uterus whose intolerance, excessive from the first (not supporting twenty or thirty milliamperes), develops and increases with the number of séances and is accompanied by an elevation of temperature, is one whose periphery is affected with a lesion not appropriate to conservative gynæcological treatment. Here a suspension of galvanic treatment is demanded, the diagnosis being thus at once made clear, and it becomes necessary to proceed to operative interference, which will usually be castration, this being justified by an ordinary suppurative salpingo-ophoritis.

NOTE UPON A NEW APPLICATION OF THE ALTERNATIVE SINUSOIDAL CURRENT IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

The alternating sinusoidal current which M. Arsonval has introduced into electrotherapeutics is utilizable in gynæcology, and the following is a summary of the new acquisition :

* Presented by Dr. G. Apostoli at the International Gynecological Congress at Brussels, and session of the American Electro-Therapeutic Association, in New York, Oct. 4, 5 and 6, 1892.