

8. The plates must be immersed in the fluid before the electrodes are placed on the patient, and raised again after the electrodes have been removed.

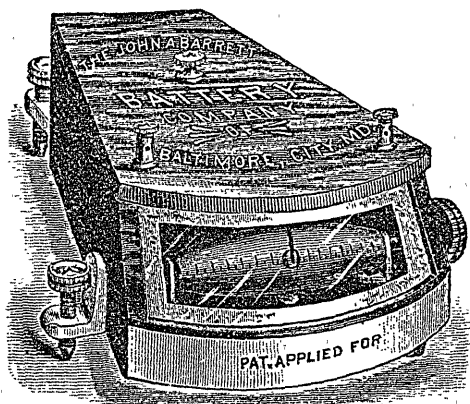
9. All operations must begin and end while the battery is at zero, increasing and decreasing the current slowly and gradually by one cell at a time, avoiding any shock to the patient.

10. Before operating, the susceptibility of the patient to the current should be ascertained.

11. The problem is to absorb the stricture, not to cauterize, burn, or destroy tissues.

12. *Weak currents at long intervals.*

13. In most cases a current of six cells, or from two and a half to five mille-amperes, will do the work, but it must be regulated according to the work to be done.



Mille-ampere Meter.

14. The *séances* should be at intervals, not too frequent in succession, about once a week average; and lasting from five to twenty minutes.

15. The best position for the patient to assume during the operation is that which is most comfortable to himself and to the operator. I prefer the erect position, although the recumbent or others may be used.

16. Anæsthetics I like to avoid; I want the patient conscious, so that he can tell how he feels.

17. Force should never be used; the bougie must be guided in the most gentle way; the electricity alone must be allowed to do the work. Avoid causing hæmorrhage.

18. During one *séance* two electrodes in succession should never be used.

19. All strictures are amenable to the treatment by electrolysis.

20. Pain should never be inflicted by the use of electrolysis; therefore it should not be applied when the urethra is in an acute, or even sub-acute inflammatory condition.

21. The electrodes should not be greased with substances which are non-conductors, and would insulate.

22. For ordinary strictures, the size of the bougie selected should be three numbers (French) larger than the stricture.

Since my method has become popular, some instrument makers have sold an inferior and faulty article by the thousands cheap. Some have even manufactured at random instruments which they sell as Newman's Electrodes, for which I am not responsible, and deny most emphatically the parentage. Some of these I have seen here in Toronto, with which nobody could perform the operation correctly. For such and many other reasons, it is only a wonder that more failures are not reported.

*Electrolysis in Gynecology* is too large a field to enter on this occasion in detail, for reasons given before. However, I consider it my duty to mention that gynecologists have almost as a unit adopted the practice of electrolysis, and gained thereby wonderful successes. It has been used with success in the following conditions and diseases:

1. *Tumors and Cysts*, principally fibroid and ovarian, *Peri-uterine Hæmatocele*, *Cellulitis*, *Peritonitis*, with and without adhesions, including all sub-acute and chronic pelvic inflammations.

2. *Uterine Diseases*: Subinvolution, hyperplasia, stenosis, displacements, menstrual irregularities, chronic cervical catarrh, etc.

3. *Diseases of the Genito-Urinary Organs and Appendages*: Oophoritis, salpingitis, stricture of the urethra, atresia vaginae.

4. *Extra-Uterine Pregnancy*.

The application and methods vary very much in these diseases, and the question of the day to be solved is the strength of the current, weak *v.* strong currents, either of which has its advocates, and either is applied in extremes.

Coroners' juries proverbially bring in curious verdicts. The latest is by a Pennsylvania jury: An embankment caved in on some railroad laborers, and the verdict was: "Died of Gravel."