contact with the perineum. (e) The circulation of the blood remains free; the nerves are not benumbed by a double pressure, and the perineum, therefore, continues in its natural condition, that of a living, elastic and sentient tissue. This method I have more fully described in an essay published in the *American Journal of the Medical Sciences*, Jan. 1871, p. 75. To it I beg leave to refer those of my readers who are interested in the subject of the management of the perineum during labor.

Misdirected traction on the aftercoming head, viz., too much in a downward direction as the head is about to emerge, is very commonly followed by a very bad rent of the perineum. Even in head-presentations, requiring apparently but slight traction, the use of the forceps will often occasion a slight tear in the vagina, which the passage of the shoulders prolongs into the perineum. From too hurried a delivery, or from faulty traction, I have seen so many bad lacerations following the use of this instrument, even in practiced hands, that I cannot withhold the opinion that, in the majority of cases, nature can accomplish the final delivery of the head through the soft parts much better than the physician. In the essay previously adverted to, I use the following language, which the riper experience of three years more has not induced me to change: "Delivery by the forceps, even in skilful hands, will often produce laceration: for the head is liable to be brought down too quickly on the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The cautious physician is liable to be caught, as it were, on the center." He sees the perineum stretched out to a perilous thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps-handles and turn out the head, or to depress them, and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, at the last moment the physician's courage fails him, and he depresses the forceps-handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." My advice, therefore, that, other things being equal, as soon as the perineum is well dilated, the forceps should, as a rule, be removed, unless the blades are so firmly imbedded in the child's tissues that their withdrawal requires a force which might hasten the delivery of the head. This practice, if not so brilliant, will, I believe in the long run be found much safer.

At the risk of becoming prosy on this subject, I wish to add my convictions that, through sentiments of delicacy, many lacerations of the perineum escape the notice of the physician. After the delivery of the placenta, he should, therefore, make it a rule to introduce the index-finger into the rectum, and the thumb into the vagina. By bringing them together he can estimate the thickness of the intervening tissue, and thus determine whether any extensive laceration has taken place. If a rent be discovered, he should decently inspect the parts. By daylight, this examination can usually be made without the knowledge of the patient. When candle-light is needed, he will be compelled either to make some excuse, or boldly explain his object.

STRICTURE OF THE URETHRA BY THE ELECTRICAL TREATMENT.

By A. J. Steele, M.D., St. Louis.

The attention of the profession has been of late especially called, and very justly, to a comparatively new method of treating strictures of the urethra, namely, by the use of galvanism. The ease of the application the slight inconvenience to the patient, and the rapidity and permanence of the cure, make it really deserving of a prominent place among the surgical advances of the day. As my own experience corroborates the favorable reports that have been made in regard to it, I cheerfully add testimony in its favor.

The form of electricity used is that of the continuous current, and tension is sought rather than quantity, so that many small cups are demanded rather than a few large ones. I have usually found that from ten to fourteen pairs of the zinc-carbon elements have generated sufficient electricity for the purpose.

The negative electrode is a metallic point pressed gently against the stricture; the positive electrode a moist sponge placed anywhere upon the surface of the body, though I have believed the action to be more energetic when it has been placed near the negative pole, as to the iliac region or thigh, rather than remotely, as to the leg or palm of the hand.

A metallic oval tip, connected to a wire passing through a gum catheter, is the form of bougie recommended, and which I have used, but I now prefer the ordinary conical steel bougie. A set, including all sizes, makes the convenience of application greater, and being silver or nickel-plated prevents oxidation.

The instrument is insulated to within an inch of the point by the application of a coating of collodion; Squibbs' flexible, I find well adapted for the purpose.* A *sene-fine* affords an eligible method of connecting the wire to the handle—not coated—of the bougie.

Two factors enter into the thoroughness and rapidity with which a cure can be effected, viz., the electro-motive force used, and the character of the structure to be acted upon. The softer, the more moist and vascular the stricture, the more readily will it be decomposed and absorbed; whereas extremely hard tissue will demand increased time and greater tensoin, and possibly, also, increased quantity. Though in regard to the latter I am prepared to believe that mistakes have been made, and failures recorded, from its injudicious use. Quantity gives a calorific effect, with rapid destruction of tissue, as in the case of the galvanic cautery, the scar resulting therefrom would be highly prejudicial in the instance of a stricture. It is rather the electrolytic action that is desirable, whereby the organic structure is disintegrated, decomposed. The negative pole attracts hydrogen, and gives an alkaline re-action when acting upon moist

* Ether will dissolve it off when desired.