destined to often require the support of the same electric treatment to make clear its route, to confirm or correct a doubtful diagnosis, to force or hasten in certain cases an operation, the necessity of which does not seem to be immediately necessary, or, on the other hand, to proscribe the operation as superfluous, useless, or dangerous.

Every day two vital questions, most difficult to solve, are presented in gynæcology: Are the appendages affected? If so, is there pus? If not, what is the degree of their inflammation?

It is to solve these two problems that so-called exploratory laparotomies are daily performed, where the real inflammatory process does not always justify castration, and it is to solve these same problems that I propose the foregoing course of electric treatment.

Truly, every so-called exploratory laparotomy and every mutilation performed rashly, either for so-called obstinate ovaritis, or for a lesion of the appendages of a doubtful nature, ought in the future to be delayed or more often definitely proscribed until all the resources, on the one hand, of *faradic sedation*, or, on the other, of *galvanic* intra-uterine *reaction*, have been exhausted.

I affirm that intra-uterine applications, either faradic or galvanic, employed with sagacity and perseverance, are destined to nearly always clear the diagnosis in the clinical conditions, of which the following is the embodied and synthetical formula:

*A. Faradic current.*—It ought to inform us upon the true nature of the so-called ovarian pains, of which it produces the most rapid and efficacious sedation. All ovarian pain usually indicates the *faradic current* of *tension* if the rules and the operative technique which I formulated in 1883, concerning the number of séances, the duration of the application, the choice of coils, the time of employment, etc., are followed.

Yes, all ovarian pain, if it is hysterical and only hysterical, is, if not cured, at least almost always relieved by the faradic current of tension, which otherwise is a little less powerful against the pains of inflammatory origin, and notably against those which are due to inflammation of the appendages.

Therefore, if in such a case the curative success clears up the diagnosis, and imposes on us an abstention from operation, on the contrary, the lack of success will show us that the pain has a deep source, and which requires either supplementary galvanic treatment or operative interference.

*B. Galvanic current.*—Applied intra-uterine, it is destined to indicate to us the state of integrity of the appendages; their possible inflammation—its degree; the existence of pus; if it is of a curable nature or not; if the inflammatory process is in a state of evolution or not. We ought to avoid the errors with their clinical and operative consequences, and especially that one which is so frequent, viz., mistaking a sub-peritoneal fibroma for a salpingitis, and *vice versa.*

Two facts of the utmost importance dominate all the galvanic intra-uterine therapeutics:

First. The absolute tolerance (with the exceptions which I shall indicate) of the uterus when its periphery is not affected.

Second. The intolerance, which increases with the acuteness of the inflammation of the appendages; this is daily confirmed clinically, in the first place, by the variable tolerance of the uterus to the same dosage of the galvanic current, and secondly, by the variance of tolerance in the same patient to the galvanic current according to the state of the appendages, because if the uterus supports all when its periphery is not affected, on the contrary the intolerance will be increased with the intensity of the inflammation of the appendages.

*The uterine sensitiveness to the continued current is above all subservient and tributary*