

fibro-myoma the immediate cause of the hemorrhage may be endometritis or poly-pus, which should be removed before proceeding to perform oophorectomy or hysterectomy. Dilatation alone may relieve pain and hemorrhage. Preliminary dilatation and exploration of the uterine cavity should precede Apostoli's treatment.

As the only failures I have had with Apostoli's method were due to errors of diagnosis, I heartily endorse the suggestion of Dr. Routh to begin the treatment by making sure of what we have to treat. Moreover, when the uterus has been well dilated, we will be able to introduce a much larger electrode, and consequently apply much stronger doses without causing pain. At any rate, if the patient does not improve rapidly under Apostoli's treatment, rapid dilatation and exploration should no longer be delayed, as a malignant condition requiring early removal of the entire uterus may be present.

Van der Warker (*American Journal of Med. Sciences*, Dec., '92) makes a strong plea for the gynæcological treatment of insane women in whom the origin of the trouble is situated in a diseased ovary or lacerated cervix or perineum. Innumerable cases are on record of patients of this kind being restored to health mentally as well as physically by this means.

B. B. Robinson (*North American Practitioner*) describes gonorrhœa as an infectious, unlimited, progressive disease of the cylindrical epithelium of the generative tract. The habitat of the gonococcus is cylindrical epithelium; it does not thrive so well in squamous epithelium or connective tissue. The walls of the urethra contain numerous glands, which are lined by cylindrical epithelium, although the urethra is lined with squamous epithelium. Sânger's assertion respecting the impossibility of gonorrhœa producing suppuration in the appendages is not supported by the experience of the majority

of observers. Suppuration may depend upon mixed infection, as was pointed out by Bumm. The investigations of Wertheimer showed the gonococcus to be present in a number of cases of pyosalpinx, and in sixteen cases no other form of bacteria was present. The same observer proved that gonococci could penetrate the ovary and form an abscess there.

Gonorrhœal puerperal fever depends chiefly on the exacerbation of a chronically or recently inflamed gonorrhœal organ. Conception and gonorrhœal infection may occur at the same time, and gonorrhœal puerperal fever occur at the abortion or labor. The tendency of the gonorrhœal poison to produce sterility limits the presence of this condition chiefly to primipara. Although gonorrhœa usually produces a bilateral lesion and consequent sterility, pregnancy not infrequently occurs from the fact that the trouble has been confined to one side of the uterus. Peritonitis may then occur at abortion or labor at term. The exciting cause of the abortion in these cases is an endometritis of specific origin. When the gonorrhœal fever occurs at labor it is frequently due to the rupture of pathogenic cysts, but it is generally the exacerbation of a previously inflamed gonorrhœal organ. Sudden death sometimes occurs at the time of abortion or labor due to the rupture of a pathogenic (gonorrhœal) cyst, caused by the mechanical pressure incident to parturition.

NEW CONTRIBUTIONS OF THE ELECTRICAL TREATMENT, BOTH GALVANIC AND FARADIC, TO DIAGNOSIS IN GYNÆCOLOGY.*

BY DR. G. APOSTOLI.

Conservative gynæcology has found in electricity her best and most precious auxiliary. Surgery, in its turn, is equally

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