

sively and completely cauterized. I began my operations in 1882 with a metallic sound, bare only at one extremity. In my first essays in cauterizing the mucous membrane of the uterus I had no other. Now I have improved the instrument, and my electrodes of carbon, though of different sizes, are all of the same length, two and a half centimetres. The metallic stem of this instrument is covered with caoutchouc, and on it, at distances of two and a half centimetres, lengths which correspond with that of the carbon electrode, I have slight circular grooves marked. The electrodes are applied as follows :

1st. After disinfection in some strong antiseptic solution, in order to secure full cauterization the instrument is driven as far as it will go ; if possible, to the end of the uterine cavity.

2nd. When the electrode is in this position, the highest bearable intensity of current is turned on, and we judge of the necessity of augmenting by the effect of previous operations. The intensity must be increased when the electrodes of larger volume, and consequently of more surface, are taken into use.

3rd. The first stage of cauterization being finished, the instrument is withdrawn just as much as the length of the carbon, and in that situation the second cauterization is effected the same as the first, and so on, changing the position of the carbon till all the interior of the uterus is cauterized section by section. To do this methodically, the index-finger is passed into the vagina, and the pulp and nail pressed on to one of the circular grooves of the stem. While, in shifting the seat of action, the other hand retires the sound, the index-finger in the vagina remains immovable, and gives information as to the extent of change of position of the electrode by the touch of the following mark.

4th. It is better, if possible to cauterize the entire cavity at one sitting, letting each sectional cauterization last from three to

five minutes, as the gravity of the case and the size of the cavity may show to be proper.

5th. In continuing the treatment, the duration and force of the current must be made to depend upon the effect produced by the cauterizations at previous sittings.

6th. It is well to be aware that, when the cauterization of the neck of the uterus is once made, the electrode, in passing through the internal orifice for further action, will occasion much more pain. I believe I was the first to mention the fact that the neck of the uterus, which is so little painfully affected by ordinary caustics, the hot iron, or the knife, is, on the contrary, very sensitive, much more so than the body, to the electrical currents, either induced or continued.

I think, in conclusion, I may say that it will henceforth be admitted we have in electricity a most powerful means of safely treating fibroid tumors, and that it will in future be felt as a duty by the surgeon to make use of it before adopting other measures. Carrying out my method as I have directed, I am convinced it will yield to others the same new and interesting results that it has been my fortune to witness.

Progress of Science.

DYSMENORRHOEA CURED BY GALVANISM.

By B. C. WILLIAMS, M.D., Chicago.

Med. Era, August:—Miss C., aged twenty-six, began menstruating at the age of thirteen. Menses were regular and normal until the age of twenty-one. At that time, during her menstrual period, she was out boating and was capsized. The cold bath stopped the flow. From this time she began having trouble with the menses. They were irregular, and accompanied by the most intense pain, and mental disturbances. I saw her for the first time about a year ago. At intervals for four years previous she had been under the care of physicians for longer or shorter periods, but with absolutely no benefit. Examination revealed a highly inflamed cervix, very sensitive, and bleeding at the slightest touch.

The vagina was also very sensitive. For two