

*ally pushed over it*; but now, I understand Dr. Goelet to teach that the *best* effects of the secondary coil can only be obtained when the primary coil is completely covered by the secondary coil. If so, ought not a *stationary* secondary coil do just as well as a movable one, provided a rheostat is used to ensure a gradual increase and diminution of the current?

I have several times perused your little brochure, "A year's experience," etc., and it appeared to me singular that after the eulogiums you had passed on the faradic current as a tonic to uterine muscular tissue, etc., you said *not a word* about the faradic current in this summary of a year's experience. I was on the point of referring to this in a letter to you at the time; but I did not wish to be troublesome, and so put it off. However, if information is to be got it must be sought for, and this is why I am now intruding on you at such length.

I would like to know: Do you still value the faradic current as highly as in the fall of 1887? From your experience, who is right, Massey or Goelet; and what kind of faradic apparatus would you advise me to buy? Believe me, I am writing to you in good faith, and your reply, if you so favor me, is for myself alone, and for my own guidance in a matter I find a difficulty in deciding for myself. Trusting you will pardon this liberty. Yours truly &c.

*Answer*.—This letter was not intended for publication, but I have obtained permission from the writer to publish it. As I receive a great many letters asking for similar information, I will in future answer them through the columns of this Journal where all letters on medical topics from our subscribers or readers will always be welcome. My correspondent, rightly I think, attributes his failure in the above cases to arrest hemorrhage to the small size and consequent small strength of current that the patient could endure. He does not state what current strength he employed, but I have never failed to arrest hemorrhage when I was able to employ a strength of 150 milliamperes. A few times I have had to give a little anæsthetic in order to make it endurable. If the intolerance depends on the burning of the skin of the abdomen, the abdominal electrode must also be made larger. Where the presence of a polypus is suspected, it is much easier to dilate the os with Goodell's Rapid Dilator, under antiseptic precautions, and explore with the finger, and if a polypus be found, to remove it with the scissors or écraseur wire. I have recently removed several in this way, with the result of immediately arresting the hemorrhage.

With regard to his second question as to a good faradic apparatus, see answer to Dr. Darragh below. The Galvanic Battery Co. of Toronto supplies a good enough fine wire for the general practitioner for \$15.00. Mr. Chapman, of Montreal, supplies one of Garffe's for

about \$25.00, which is a little better. But the longer the fine wire coil the better the results in curing pain. Even with Gaiffe's fine wire coils of 600 yards, I have cured many cases of pain in the pelvis, which had been condemned to the knife. Only specialists would be warranted in purchasing any more powerful pain-killing faradic machine than Gaiffe. The Bell Telephone Co. of Montreal has made one for me with 4,500 feet of No. 36 wire, costing \$50.00. In reply to the next question, concerning Dr. Goelet's views as to the rheostat for the faradic apparatus, I can assure our correspondent that it is not necessary. I purchased one and find it very useful, as by means of it I can give very bad cases enormous doses of fine wire faradism. I have connected six Law cells in series of tension, then weakened the current down with Goelet's faradic rheostat, so that it would barely run the machine. Then I introduced the vaginal bipolar electrode, and gradually pushed on the secondary coil until it was all on; then I have turned on the rheostat until the whole six cells were on, and by that time the pelvis was completely anæsthetized, so that I could have cut into it by the vagina, without the patient feeling it. The anæsthesia lasts from 4 to 24 or 48 hours, and longer after each application. But during four years I got along very well without Goelet's valuable improvement, and my correspondent would do the same. This brings me to the fourth question: "Why did I say nothing about fine wire faradism in my paper, 'A Year's Experience with Apostoli's Method?'" Simply because Apostoli's method only includes, properly speaking, the continuous current applied in exact doses to the inside of the uterus. In another article entitled, "Fine wire Faradism in Gynæcology," read before the New York Academy of Medicine, and published in the *Philadelphia Medical News*, 25th January, 1890, I went into the merits of bipolar faradism very fully. I am still using the faradic current and value it more highly than ever.—EDITOR CANADA MEDICAL RECORD.

#### WHAT KIND OF BATTERY TO PURCHASE.

DR. R. J. DARRAGH, of Portsmouth, Ont., writes as follows:—"What kind or make of electric battery would you recommend a beginner, who has no practical knowledge of electricity, to purchase to use in the practice of medicine? I have read of so many cases being benefited by it, that I am anxious to try it on some cases I now have, among others one of prolapsus uteri, who, I think, would be benefited by it. Do you think a novice would be able to use it, or would it be necessary that I should have instruction first? Any information or advice would be gratefully received."