

to the nitro-glycerine factory at Belœil near Montreal, I was promptly affected, as were the other members of the party, with a rush of blood to the head and palpitation of the heart.

In the *New York Medical Journal*, Dr. A. H. Goelet maintains that the use of a dilator and intra-uterine stem, by which dilatation is maintained, is a safe, satisfactory and reliable substitute for all the cutting operations upon the cervix heretofore used to overcome stenosis, obstruction, and flexions of the cervical canal. He insists upon using a moderate amount of dilatation, after which he employs the intra-uterine stem, which should be two inches long, that is half an inch shorter than the virgin uterus, and which is perforated through its centre with a considerable sized channel, which allows free drainage from the uterine cavity while it is in position. It terminates in a cup-shaped shoulder which prevents further entrance. This pessary is introduced after the dilatation is completed and retained in position by a cotton tampon, and is kept in usually about a week, the patient being confined to bed. There are three sizes, ten, twelve, and fourteen, the first being used for the first twenty-four hours, the second, the next two days, and after that the third size. To those who object to the stem as dangerous, he says that at one time they did not hesitate to use a sponge or laminaria tent, which blocks the canal, prevents drainage, and provokes constant irritation by its expansive power as long as it is retained. The stem is absolutely clean, allows free drainage, and provokes no irritation if the patient is kept quiet. In an experience of over three hundred cases he has not yet seen an objectionable symptom follow its use. Although this is a very good method I think the treatment of dysmenorrhœa from stenosis of the internal os by means of the negative continuous current through an olive-shaped electrode is a better method. As an instance of the good result following the treatment of dysmenorrhœa by means of the negative continuous current, I might mention the following case: Mrs. M., aged 26, came to me on the 23rd of May; had been attended by me six years ago for a miscarriage, or rather for the hemorrhage, which had lasted seven eight weeks when I saw her. After appropriate treatment she became regular although the flow was scanty, only lasting a day and a half, and there was a good deal of pain on the first day; the uterus was hard and immovable, and the sound went in with the greatest difficulty three and a half

inches. I gave her forty Milliampères, negative five minutes, when the sound came out with the greatest ease.

On the first of June I gave her fifty M, neg. five minutes; the sound entered quite freely, although a similar one had entered with difficulty the week before. She says she feels much better since.

On the seventh of June she informed me that she had menstruated since, and that it lasted three days instead of a day and a half, and that she did not suffer at all. I gave her 75 M., neg. five minutes.

July 7th she called to say that she had passed through a second menstrual period without any pain whatever; it lasted from Wednesday to Saturday morning, and was more profuse than it had been for two years, but not more than normal. Her bowels were regular every day, and she passed water without any discomfort.

August 2nd, she has now passed through three menstrual periods free from pain. She has had altogether three applications of the——current, gradually increasing in strength from forty to seventy-five M.

I have many similar cases recorded, but their history is pretty much the same as this, and the result has been generally quite as satisfactory, although in one case there was a slight return of the pain, requiring a few more applications of the current. I am not the only one who can speak thus well of this method of treating dysmenorrhœa. It might be well for me to remark, however, that it is only or at any rate especially useful in those cases of stenosis, in which the contraction of the canal is due to an inflammatory condition of the endometrium, or of the fibrous tissue in the uterine wall surrounding the internal os. I have no doubt whatever that the benefit which I have invariably found to follow its use is due to the resorption of this fibrous thickening. I do not think that this form of the current would be suitable for spasmodic cases, as there is generally a little hyperæmia of the mucous membrane following the application of the —— pole. I also think that I perhaps used a stronger current than was necessary, as in strictures of the urethra, I have dilated up to twenty-eight French with a current not exceeding five M., for 10 or 15 minutes.

Doleris, one of the leading gynecologists of Paris, occupying a position similar to that of Munde in New York, says in the *Annales de Gynecologie*, that since 1885 he has adopted in the treatment of uterine displacements the combination of