recourse is to remove the scabs as well as possible by means of a probe and pledget of cotton.

Very naturally there are other plans of treatment which are not to be despised. I desire to make no reflection whatever upon any other method. This I do say, however, the method which I have detailed is one which must commend itself to every one. It is simple in its application, scientific in its proceedure and sufficiently easy in detail as to be within the range of every practitioner of medicine.

I turn now to the title of my paper: "How a general practitioner may treat chronic atrophic rhinitis." I feel that I have answered the question in so tangible a manner that its acceptance and adoption by the general practitioner is a matter of choice and not one of long-considering deliberation. The question narrows itself down to this: Will you treat these simple cases in this simple manner, to the credit of yourselves and to the benefit of yourselves, or will you, with less pride, less reason and less professional honor, allow those who have placed their well-being in your hands, to go on day by day, without any relief, subsequently to fall into the unscrupulous hands of some catarrh nincompoop? I believe you will adopt the former course.—H. A. Loeb, M. D., in *Saint Joseph Med. Herald.*

DR. APOSTOLI'S LATEST CONCLUSIONS ON THE CONSTANT GALVANIC CURRENT IN GYNÆCOLOGY.

The following summary of Dr. Apostoli's conclusions in regard to the subject of which he is at present the greatest authority, will be of interest to our readers:—

1. The constant galvanic current, he says, is indicated in gynæcology principally in endometritis and in fibroid tumors. It is very effective in abnormal conditions of uterine circulation (amenorrhœa and menorrhagia) as well as in painful menstruation; is a powerful aid in arresting the development of simple neoplasms and in facilitating the absorption of peri-uterine exudations. It exercises a salutary action towards resolution in many peri-uterine phlegmasiæ, and in certain forms of catarrhal ovaro-salpingitis; but it is powerless in suppurative inflammations of the appendages, nay, even it is injurious in strong doses, particularly if the intra-uterine pole be negative. The variable intolerance of the current which increases with the degree of the inflammatory action of the appendages serves as a valuable means of diagnosis in determining the existence and the nature of undetected or only suspected peri-uterine fluid collections, hæmic or suppurative, and in deciding the necessity for surgical interference or not.

2. The effects of the constant galvanic current are polar and interpolar. The interpolar action is trophic and dynamic, which increases as the square of the intensity of the current used, and is superadded to the polar action. The polar action is utilized for a different purpose according to the pole employed, as first shown by Apostoli himself. A calorific action is developed by the passage of the current which augments the interstitial circulation; and lastly, the antiseptic action of the positive pole has been recently demonstrated by Apostoli and Laguerriére.

3. Strong galvanic applications exceeding 50 milliampéres, employed in a variable manner according to the tolerance of the individual patient and the special clinical indications form the basis of Apostoli's method, and find their justification in the circulatory depletion, "*drainage circulatoire*," a direct consequence of the calorific action due to the resistance offered to the passage of the current, and proportionate to the square of the intensity; in the antiseptic or germicidal action, which increases with the intensity of the current used; in the rapidity and efficacy of the effects produced, which are proportionate to the square of the electric energy, according to a formula analogous to that of the measure of energy in other natural forces: $Q = \frac{1}{2} m V^2$; in the easier generalization of the method as applied to obstinate cases, as hard fibroids of the subperitoneal variety or fungous endometritis, and to conditions in young subjects; and in lessening the frequency of relapses, which, all other things being equal, are less to be feared the stronger has been the current employed.

4. If the vaginal application of the galvanic current (which is the method introduced by M. Chéron for fibroids only, and applied since by A. Martin, Brachet, Ménière, Onimus, Carpenter, Munde, and others) produces certain results, these are very inferior to those obtained by intra-uterine applications, which must remain the method of selection, because it utilizes at once the maximum of the current expended and of its energy, and at the same time the antiseptic action of the positive pole, which is entirely local, and which disappears in the interpolar circuit and at the level of the negative pole. It also utilizes the derivative and caustic action of the intra-uterine application, thus treating at the same time either a simple endometritis or, as is often the case, one complicating a fibroid or a peri-uterine inflammation, and ensuing thereby a more rapid, more complete, and more permanent cure. It also enables us better than by vaginal applications to palliate pain, and to render the use of strong doses more tolerable.

5. The vaginal galvano-punctures to the depth of from two to five millimetres, by means of a filiform trocar made of gold, insulated in all its extent except at the point, form the complement of intra-uterine electro-therapeutics introduced by Apostoli as a more accurate means of localizing galvanic