into the fibroid, a distance of half or three-quarters of an inch. The dose is very gradually increased to 100 or 150 milliampère and the trocar is left in for 5 minutes, when it is withdrawn, and the wound dressed with iodoform gauze. A large, soft slough comes away in a few days, the negative pole having been used. The result is two fold : the fibroma is diminished in bulk at each sitting to the extent of the scar, and the current contracts all the vessels of the uterus, and causes absorption of the hyperplasic deposit. The operation is in nowise dangerous, and though a little painful is often performed without any anæsthetic. Of course it is antiseptic as that amount of electricity kills all germs.

He only continues the operation until the tumor is so much diminished in size and in nature, that the woman no longer complains of any symptoms, or, as he calls it, until she is symptomatically cured.

He applies the same treatment to cases of chronic pelvic cellulitis, and I must say with remarkable results, but it must be chronic. In a few sittings the diseased tissue either comes away in slough or is re-absorbed. But still more remarkable because almost instantaneous were the results of the application of the faradic current in cases of ovarian pain and hysteria. Over and over again patients came there for the first time with such tender ovaries, that they could not bear the weight of the hand on the abdomen, and who after ten or fifteen minutes of the intra-uterine application of the faradic current with the long, fine coil, could bear any amount of pressure.

In cases of relaxation of the vaginal and uterine muscles he employs, on the contrary, the current from the coil of thick, short wire, which has a more powerful effect in contracting muscular tissue, while the long, thin wire acts more as a nervous tenic.

In my opinion, we have here precisely the means we have been waiting for for years to strengthen the uterine supports. For example, when we are called upon to treat a case of lateral curvature of the spine, which we know to be due to weakness of the erector spinæ muscle of one side, it is not by ordering stays that we can cure the case, for they will only make the muscles weaker and more lazy. While good air, good food, frictions, and gymnastics, either voluntary or artificial, by the aid of the faradic current, will soon train the defaulting muscles up to the point of doing their duty.

So, for the same reason, instead of introducing pessaries into the pelvis of a women, whose uterine

muscles are not doing their work, we would do much better, I think, to put these defaulting muscles through a course of electrical gymnastics, until they have learned to do their duty. Apostoli has charged me with the task of translating his last work, and until it appears, I cannot more than briefly hint at the manifold methods in which electricity, in its various forms and strengths, can be applied. In tedious labour, and in ante- or post-partum hemorrhage, it is more certain than ergot, much quicker to act, and under perfect control. In subinvolution of the uterus, after miscarriage or abnormal labor, it is an easy and sure means of getting perfect contraction, alike of the bloodvessels and the muscular tissue. In extra uterine fectation it is the only means of killing the fectus. In hysteria, hystero-epilepsy, neuralgia and gastralgia one must see its effects properly applied, in order to realize what it can do. I feel sure that when electricity becomes better understood, spaying, now so fashionable, will become a lost art, and the death rate in gynæcological practice will become nil, while the treatment will be more effective. Even dyspepsia, the bane of medical existence, Apostoli believes can be fought and triumphed over at the point of the electrodes (on the pneumogastric nerves in the neck,) as he believes that the disease depends on defective innervation of the digestive organs.

Making all due allowance for the natural enthusiasm of an inventor, I think that we will all before long admit that the advantages of Apostoli's method are real, and that the method itself has come to stay.

I spent several hours under the magic eye of Professor Charcot; but I fear my letter is already too long, so I will speak of him in my next, when I also intend to say something of Berlin. Till then,

I remain, your truly,

LAPTHORN SMITH.

Progress of Science.

REST FOR PAINFUL EYES, IS THIS ADVICE ALWAYS GOOD?

By JULIAN J. CHISOLM, M.D., Professor of Eye and Ear Diseases in the University of Maryland, Surgeon in Charge of the Presbyterian Eye and Ear Charity Hospital of Baltimore City, etc., etc.

When the eyes tire under much and long continued use, relief naturally comes with rest, and we voluntarily desist from work so that the