

reason platinum is generally chosen, but it is rather expensive, and the copper cores insulated and wound with platinum wire for a short distance from the tip have proved treacherous in my hands; hence I have had an aluminium one constructed with a hard rubber tip, then an acting portion of about two and a quarter inches, and the shank insulated with hard rubber tubing and fitted into a short brass rod, this screwing into the ordinary handle. It is not very readily oxidized, and can be kept clean without trouble. It is introduced to its full extent, and from ten to thirty milliamperes passed for ten to twenty minutes, always remembering to commence with low doses.

In *chronic cervical catarrh* this same method is often successful.

Passing from the genital organs of woman to those of man, *stricture of the urethra* has proved a most fertile field. The best results are from the treatment laid down by Newman, the positive electrode being used on the surface of the thigh, and the negative in the urethra. The latter are urethral sounds insulated up to the tip, which is an egg-shaped metallic bulb in the curved, and acorn-shaped in the straight set, and of various sizes. Having located the stricture and determined its calibre, an electrode three sizes larger (French scale) is introduced up to the stricture, pressed gently against it, and a current of two and a half to five milliamperes gradually turned on. In ten to twenty minutes the stricture will gradually yield and the bulbous tip pass through; the current is then turned off and the sound withdrawn. There should be no pain, no hemorrhage. In about ten days the patient is ready for another seance. A sound about two sizes larger is used, and so on till all the cicatricial tissue is removed by absorption. For tortuous strictures a filiform guide is first passed, then a tunnelled electrode threaded on to it and passed as before; in this way the formation of false passages is avoided. There are many rules to be observed, but they would be out of place in a paper intended for the general practitioner, and I earnestly advise all such to avoid trying experiments with this treatment. When a celebrated genito-urinary surgeon in New York admits his failure with this method, you can see it is not half as simple as it looks.

In *prostatitis*, very mild currents, with the negative inside, while the positive is on the perineum, one to three milliamperes for five to ten minutes may hasten resolution; but a safer plan is to use a negative ball electrode covered with absorbent in the rectum, with the positive over the perineum half the time, and above the symphysis pubis for the balance. Ten, fifteen, twenty, or twenty-five milliamperes passed for ten to twenty minutes have given good results.

*Stricture of rectum* and of *œsophagus* have derived benefit, but I have had very little experience with them.

Many affections of the skin and its appendages are in our field.

*Hypertrichosis* is a source of much annoyance with ladies. In this case the positive electrode is held in the hand of the patient, while the negative is a fine needle called by watchmakers a pivot broche; this is fastened in a handle which has a spring for making and breaking the circuit. There is little pain, but the parts may be smeared with a five per cent. oleate of cocaine. The hair to be acted on is seized by a pair of epilation forceps; the current from two to six cells or one to four milliamperes being previously turned on, the needle is thrust into the hair follicle, and to the bottom of it; contact is made, the bubbles of hydrogen escape around the needle, and in a very short time the hair is loosened and removed by the forceps after the needle is withdrawn. It is a mistake to attempt to remove too many hairs at one seance, or take them out closer than one-eighth of an inch apart at the same seance. The follicle should come away with the hair bulb. The parts may be bathed with boracic solution, and dry boracic dusted over lightly. If there is much irritation, warm bathing, followed by vaseline or cold cream, will soon allay it. Treatment should not be repeated till all inflammation has subsided. If carefully done there should be no pitting.

*Nævus*, when superficial, may often be removed at one seance by insertion of the negative needle in the base, and transfixing the growth in every direction, one to three milliamperes usually being sufficient. With adults anæsthesia is not necessary, and they may hold the small positive electrode in their hand. With small children it is better to anæsthetize,