

nerves, and the other button is applied by the patient herself, or by a female attendant, immediately over the os pubis. In order to protect the patient from the inconvenience of getting the shock through the hand which holds the button, a thick glove should be worn.

Having desired that one button be kept firmly pressed upon the os pubis, the physician commences, by passing the other button along the spine, from the occiput to the os coccygis. After this has been done slowly four or five times, the button is then kept for five or six minutes immediately over the sacrum, and the electricity is thus passed in an uninterrupted current through the uterus. It is by no means necessary to put our patient to great torture by increasing the strength of the shocks; more benefit will be derived from an uninterrupted and steady transmission of a moderate quantity of electro-galvanism, than by occasional shocks of great intensity. The current may also be sent transversely through the pelvis, by placing a button on each hip, above the great trochanter.

Of course, it is needless to add that, with ordinary care, there need not be the least exposure of the person of the patient, for all the necessary manœuvres can be completed without removing the bed-clothes—the patient lying on her side, with her back turned to the physician. In some cases it may be useful to carry the current more directly through the uterus, which can be easily done by applying one button to the sacrum, and having the other wire attached to a curved brass rod, which can be introduced into the vagina so as to touch the cervix uteri. This is the plan I have advised a medical friend to adopt in the case of his wife, who has for years been a martyr to dysmenorrhœa.

It is not proposed to employ electro-galvanism to the exclusion of those remedies, whose efficacy in the condition of the system accompanying derangements of the uterus is so well established; on the contrary, they should always be employed during the intervals between the menstrual periods.

My usual practice is, to administer a combination of sulphate of quinine, and sulphate of iron, in small quantities—for in these cases both the stomach and head are easily deranged by large doses—and if (as often happens), the patient be subject to constipation, I combine with the foregoing, one ounce of the sulphate of magnesia to eight ounces of water. This I find to be the best and most pleasant way of combining, in the same mixture, the properties of a tonic, a chalybeate, and a mild aperient.*

* The following is the usual mode in which I exhibit these remedies:—

℞ Sulph: Quinina gr. iv. vel vi; Sulph: Ferri gr. viii.; Sulph: Magnesia ʒi; Acid Sulph: dil. m. x. Aquæ ʒ viii.; of this half an ounce four times a-day.

In Graves's "Clinical Medicine," the reader will find the history of some cases that fell under my own observation, of which I shall here introduce a few particulars:—

1. *Anne Cummins*, admitted with ptosis and amaurosis of right eye, and in a lesser degree of the left eye. She had also amenorrhœa of ten months' standing. Electro-magnetism was employed for the relief of the two former symptoms: and on the 20th, as well as for a short time on the 18th, I also applied electricity to the region of the uterus, and on that evening she menstruated. This action continued on the 21st and 22d, and the fluid was natural both as to colour and quality. In this case not a grain of medicine of an emmenagogue nature was administered.

2. At page 423, the details of Cunninghame's case, are given. She was of an extremely hysterical habit, and was frequently an inmate of the hospital during the period of my connexion with that institution—June 15, 1842. She laboured under an attack of hysterical paralysis of one leg, for which electricity was recommended. Whilst this remedy was being applied to the region of the sacrum, the catamenia returned, having been suppressed for the thirteen months previous.

3. *Carroll*—Suppression of menses for 18 months. From 16th to 19th August, applied secondary electricity according to my usual practice. 20th, Learned that she had menstruated on the previous evening after I had left her.

4. *Smith*—Irregularity of catamenia for many months. 23d August—Yesterday, the 22d, she had a trifling manifestation of the catamenia, being then six weeks since their last appearance. Electro-magnetism was applied; and for the next two days the discharge was more abundant than it had ever been.

Since my arrival in this city, I have employed this agent with the greatest success in numerous cases of amenorrhœa and dysmenorrhœa, the details of which would be highly instructive, did space allow of their insertion. The four following examples, however, so clearly and satisfactorily demonstrate the advantage to be derived from this remedy in these diseases, that I shall make no apology for laying them before the reader:—

I. An unmarried lady, aged 25, of dark complexion, and spare habit, consulted me, on March 20th, for severe palpitations, accompanied with pain in the cardiac region, headache, dyspnœa, and pains and weight in the lumbar region. She had commenced to menstruate at the age of seventeen; and, for two years afterwards, the catamenia were quite regular, and she enjoyed good health; but for the last five years they were very irregular in their returns, and were accompanied by excess-