(8) Obesity, especially that which is associated with mental hebetude.

The above forms a guide to the lines along which this form of treatment should advance. It is deserving far more extensive trial than it has hitherto received.

2. **Galvanism in Joint Disorders.**—Acute synovitis with effusion in a superficial joint is greatly benefited by the passage of a heavy galvanic current. Large lateral electrodes are used; this may be preceded by faradic or galvanic stimulation of the muscles around the joint. The effusion is frequently absorbed with great rapidity.

In chronic synovitis with effusion and wasting, faradization of the surrounding muscles is of more value.

In acute gouty, rheumatic, or gonorrhœal arthritis, galvanism through the affected joint will nearly always bring about rapid relief of pain, and sometimes speedy resolution of the inflammatory condition. Deep-seated joints, such as the hip, are difficult to attack satisfactorily by this means.

3. **Galvanism in Neuritis.**—Mild galvanic currents are of great use if the condition is not of too long standing. The direction of the current is probably not of great importance, but, generally speaking, the positive pole should be placed centrally to the negative—*i.e.*, the current should flow from the central to the peripheral end of the nerve.

Brachial, intercostal, and sciatic neuritis are all very amenable to this treatment. Herpes zoster sometimes speedily yields to it, a large positive electrode being placed along the spine over the affected nerve roots, and a negative electrode covering the vesicles on the chest wall.

The current in these cases should not exceed 15 ma., and in the acute stages considerably less is