

millimètres in length. Upon introducing the electrode into the uterine canal now, as shortened by the position of the muff, the active portion of the instrument will reach exactly to the point that was acted upon at the previous application. It can readily be seen that in this second operation another portion of the canal has been treated. This same procedure is continued every day, with a change of the gauge every time, until the whole canal has received the action of the metal portion of the electrode. This line of treatment (the galvano-positive) should be thoroughly carried out the four or five days immediately preceding the regular time for menstruation to appear. If the patient exhibits an indifference to the effect of a 50-milliamperè current, the work can be done in half the time, and just as well, by substituting the electrode of 4 sq. ctm. in surface with the 100-milliamperè current.

"The positive intra-uterine galvanism should be employed the week preceding the regular menstrual flow. If, as in a large number of these cases, the hemorrhage has lost its regular periodicity or the hemorrhage is continuous, the judgment of the operator should guide him in selecting a time when the hemorrhage is not present, or when there is the minimum amount. If, however, the hemorrhage is continuous, the treatment must be given during the flow.

"*Negative intra-uterine galvanism.* The second operation. The negative intra-uterine galvanism, can usually be performed with the 100-milliamperè current, unless the patient is particularly susceptible to the effects of electricity. In this operation the intra-uterine electrode is carefully introduced to the bottom of the canal, as in the first operation, but is connected with the negative pole of the battery instead of the positive. The surface-electrode is properly arranged, and, after all connections are rendered secure, a current of 100 milliamperès is gradually turned on and allowed to work for five minutes. Of course, if the surface-effects of a 100-milliamperè current is at all disagreeable, the electrode requiring the 50-milliamperè current should be substituted and the 50-milliamperè current employed. The same procedure should be adopted in regard to changing the position of the active surface of

the electrode, in order to accomplish the characteristic action on all portions of the canal.

"The effect of this operation is to produce rapid reduction in the size of the growth, and it should be employed in the early days of the month following a menstrual period, and should always be followed later in the month by the positive intra-uterine galvanism, in order to prevent the excessive hemorrhages that would otherwise occur at the following menstruation. This latter operation can readily be tolerated every second day, and very frequently every day.

"In the two simple procedures here presented we have a safe, painless, accurate, and rational method of treating fibroid tumors of the uterus by Apostoli's method. By this method all the beneficial effects of electricity can be obtained, without in the least exposing our patients to any of the possible evils that we are able to discern in other methods. It has been shown that the maximum current advised, 100 milliamperès, by proper condensation will do exactly the same work locally, and with more certainty, than currents of much higher intensity that are employed without taking into accurate account the extent of the active surface of the electrode. The atrophic effect of the current is more liable to be obtained when there is a systematic condensation of the current at successive applications to the whole internal surface of the uterus, and therefore, through all portions of the tumor at different times, than when a much stronger current is employed indifferently diffused through all portions. For the same reason the electrolytic effect of the current becomes more certain and effectual when the current is concentrated than when it is indifferently diffused. The antineuralgic effect of the current is obtained almost invariably with this method, although this particular procedure offers no advantages in this respect over any other.

"In recommending this gradual process of treating these difficulties, I do not do so because of any great advantage that I expect to obtain from lessening the strength on account of the pain, but because of the more accurate application, and the more definite results that are obtained with a smaller surface of concentration. I have had a large experience with Apostoli's method, and have employed much stronger cur-