

siderations, and look at the facts. I may rely upon them, with confidence, as my great support. I desire, however, in the first instance, to prove the comparative safety of intra-uterine medication when my method is adopted.

Both in my *clinique*, and in my private consultations as far as regards gynæcological practice, the application of electricity therapeutically assumes two forms. In the one, it is exclusively faradic, in the other galvanic. For the present I pass over faradism, to occupy myself solely with what relates to the patients who have been subject to the treatment by continuous currents.

In the five years, from July, 1882, to July, 1887, I have made, either privately or at the *clinique*, as many as 5201 applications of continuous galvanic currents, for most of the maladies included in the gynæcological nosology; and I may enumerate them in the following order:

- 1 Fibroids of uterus—polypi;
- 2 Entire or partial hypertrophies of the uterus;
- 3 Subinvolutions;
- 4 Acute and chronic metritis and endometritis;
- 5 Ulcerations of the neck of the uterus;
- 6 Peri-uterine inflammations (perimetritis, parametritis, cellulitis, phlegmons);
- 7 Ovarialgia;
- 8 Ovaritis and periovaritis;
- 9 Salpingitis;
- 10 Ovarian and tubular cysts at an early stage;
- 11 Atresia;
- 12 Hæmatocele.

These 5,201 operations were thus partitioned:

I. AT MY CLINIQUE, 2,837.

- a. 1,524 galvano cauterizations, chemical, positives intra-uterine.
- b. 745 galvano cautizations chemical, negative, intra-urine.
- c. 368 galvano punctures, chemical, negative, vaginal.
- d. 200 cauterizations, galvano, chemical, of neck of uterus.

II. IN MY PRIVATE PRACTICE, 2,364.

- a. 1,245 galvano cauterizations, chemical, positive, intra-uterine.
- b. 1,027 galvano cauterizations, chemical, negative, intra-uterine.
- c. 72 galvano punctures, chemical, negative, vaginal.
- d. 20 galvano cauterizations, chemical, of neck of uterus.

These 5,201 operations, which range over a space of five years, were made upon 403 patients, who went through the treatment more or less systematically. And I must not omit to mention that I intentionally say nothing about the number, far in excess of the above, who were merely the subjects of faradism, as I have the intention of publishing a separate memoir on that subject.

Now in referring to the history of these 403 patients (276 at the *clinique*, 127 private), the number of whom, for the time occupied, may really be considered as great, I have only to deplore the loss of two. Of these two deaths I take upon myself the entire responsibility. My method was not in fault. I only was to blame, as may be seen by the full and detailed report.

In one case, I admit candidly that there was a fatal error in my diagnosis. I did not recognise the presence of a suppurating ovarian cyst, which ended in death from peritonitis. Death was due, in the second case, to a puncture made too deeply. The consequence was intra-peritoneal gangrene, for which the abdomen was not opened.

In addition, I have to confess to having either excited or aggravated, in the course of the five years, ten peri-uterine phlegmonous inflammations. These must be attributed to blunders in carrying out the treatment, as will be shown when the account is published at length.

But these errors of practice happened during the early days of my work, and were either:

a. Negligence of antiseptic measures, which were either omitted altogether or done imperfectly; or,

b. The too violent, or too intense, use of the negative pole, in cases of subacute peri-uterine inflammations.

The fact is, that the negative pole, having a strong power of producing congestion, is a dangerous weapon, which at the beginning of any treatment must be brought to bear with great prudence and reserve, if one would avoid overshooting to mark for which it is intended.

To lay before you the facts of these accidents will serve the double purpose of warning you of what may befall you, and of preventing you from falling into similar errors. My caution is, that whenever the negative pole is put in use, and there is any trace of peri-uterine inflammation present, you must not only redouble your antiseptic heedfulness, but your operative proceedings must be carried on with deliberate carefulness. You must