

is nothing more than a therapeutical hysterometry, might have appeared formidable before the common adoption of the practice of intra-uterine racleage. As that which I do is only a sort of galvano-chemical racleage, there is every reason to regard it as equally beneficent in its action, and my experience more than fully justifies its *a priori* sanction.

B. I put entirely out of the question all abdominal or suprapubic punctures. Any one who is not both gynecologist and electrician might be expected to set down the vaginal galvano-punctures as hazardous. In making them we certainly do come within the risk of doing mischief, which must be guarded against, and which my experience enables me to disclose with exactness.

a. It has been urged as a point against my treatment, that after a number of punctures, when there is free suppuration, or a quantity of necrosed matter in the womb, or in the centre of the tumor, there must be a difficulty in keeping off septicæmia. The objection would have some force if there were neglect in following the rules which have framed, viz. :

1st. To observe a constant and perfect antiseptic practice.

2nd. To make the punctures only every eight or fifteen days, so as to avoid accumulations of fetid matter; with temporary suspension of the sittings as soon as there are any threatenings of fever.

3rd. To make, without exception, only superficial punctures, not more than half, or, at most, one centimetre deep, so as not to cause any central gangrene, and to admit of an incessant antiseptic treatment.

b. Perforation of the bladder or rectum, followed by fistula, and the wounding of some great blood-vessel, are accidents to be apprehended. I admit that a misfortune of this nature happened in one of my early operations. I now point out the way in which it may be avoided.

1st. Never make a puncture in the anterior cul-de-sac.

2nd. Confine the punctures to a lateral, or to the posterior, cul-de-sac.

3rd. Make use of a very fine trocar.

4th. Never introduce a speculum through which to make a puncture; and before proceeding to puncture make a minute and scrupulous examination of the part chosen for puncture.

5. Puncture as near as possible to the body of the uterus, from without inward, making the axis of the instrument correspond with the axis of the organ.

6th. Choose for the seat of puncture the most prominent point of the tumor found in the vagina, making it project more, if necessary, by directing an assistant to press it downward with his hands upon the body above the pubes.

7th. First pass the insulating celluloid sheath through the vagina, and fix it at the spot to be punctured, on the point of the index finger. Then slide the trocar up the sheath and make the puncture.

c. The high intensities, which I have been falsely represented of using exclusively and abusively, are denounced as sources of danger; and the less tolerance shown by rabbits' than the human uterus, under a galvanic current, has been made the base of an objection. As regards the animal, it affords no grounds for comparison. As regards woman, clinical observation has more than sufficiently proved the perfect impunity with which high intensities can be supported; and more than that, it has demonstrated their utility by establishing the fact of the progressive rapidity with which improvement takes place in proportion as the ascending force of the current increases, if it be well applied and well tolerated. I ought, however, to add that there is a limit to this increase of intensity; and it must be regulated by the therapeutical effect obtained. For the present I disclaim all participation in recommending what I regard as the abuse of those intensities—such as the adminis-