little urethral fever. I used my gleet olives for dilating, to keep the strictures from reforming. I waited two months for the discharge to stop, using antiseptic injections, etc., but there was no diminution in the discharge. And the month of October was coming on apace. I advised him to postpone the important event if he could possibly give an excuse, but he said he had none. Having the good results in the case I was treating with the galvanic current, I determined to try it on him. At first the result was discouraging. The discharge did not decrease, but on the contrary increased and set up a more or less inflammation, so that for nearly ten days mucturition was very painful. I kept up the treatment, however, every three days, using mild current; after ten days the pain gradually left and at the end of two weeks the discharge stopped almost suddenly. I kept up the treatment about ten days, then stopped, thinking I had cured my patient in two weeks. But I was doomed to disappointment, for in about a week the poor fellow came back blue as ever. The discharge had started on him again but it was slight. I commenced the treatment and after one séance the discharge stopped. But I gave a treatment twice a week for four weeks more, then stopped, as I believed him cured. Six weeks afterward he came in to report that he was going East to get married and settle down there. He thought himself entirely cured, but promised to write if he had any trouble. I have never heard from him, so believe him cured.

Since then I have used galvanism in five cases of gleet. Three of which resulted in a cure. In one after four weeks treatment—two treatments a week—no result could be noticed, and the patient suddenly stopped coming, and I have not seen or heard anything of him since. In the other there seemed to be unusual pain after each treatment, and after three trials the patient would not have it tried again. I have since practically cured him with injections of peroxide of hydrogen and solution of boracic acid.

In reference to the cure of stricture by electrolysis, I have had so little experience compared with others who have written upon the subject that it would be presuming a good deal if I should attempt to take sides against the opposers of Newman and his followers. In more than one case the discussion has gone so far that if the lie was not given it came so near to it that a shadow of a doubt would be felt in the mind of the reader as to whether it was so meant or not.

So without wishing to take part in the discussion, I would say that I have cured five cases of stricture with electrolysis and failed in one. Three of these cases were accompanied with gleety discharge, which was cured in each case. At some future time I propose to elaborate more on my experience with electricity, especially in urethral diseases and in impotency, but before doing so I want to see the result in cases recently and at present under treatment. In closing I wish to call attention to the advantages I claim for my set of olives. In one set of instruments there is, 1st, a set of bougie á boulé for locating stricture. 2. A set of sounds for curing stricture by dilatation. 3. A set of electrodes for curing gleet with electrolysis, and 4th, a set of electrodes for curing stricture with electrolysis. They were made for me by H. C. Sample, of Chicago.

Of course there is so much more notoriety and surgical ability (?) displayed in cutting a stricture than in curing it by dilatation or by electrolysis, that though the operation is more dangerous and though it does leave the patient with a deformed penis in many cases, it will continue to have the most followers.

But for my part, having tried the different methods, I shall hereafter confine myself when possible to electrolysis and dilatation with short sounds.

I think this will be the opinion, too, of others who will give the method, especially electrolysis, a thorough intelligent trial, provided they understand the use of electricity.

But on the table before me is the May number of the *Western Med. and Surg. Reporter*, and under the heading "Electrolysis," a professor of surgery discourses on the uses of electricity, closing his article as follows: "We would at no time use more than 75 to 100 milliampères for stricture of the urethra." He certainly would not—on the same patient.

CONTAGIOUSNESS AND INCUBATION PERIOD OF SCARLET FEVER.

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For the last forty of the over fifty years of my practice in the medical profession, I have not doubted the contagiousness of scarlet fever. I will give a very few of the many evidences I have had to justify my conclusions. My observations have been over several hundred cases of scarlet fever, and I do not remember of a case where the invasion has been less than the seventh or the eighth day after the exposure. In cases where I have been called to attend a case evidently contracted away from home, and others of the family predisposed by not having had the disease, have advised preparation to be made for the care of the others, that would probably be taken sick in eight days after, and dieting recommended, to commence in six days from the day of exposure, as I have often observed a mor-

bid appetite for one or two days previous to the invasion of the disease.

1. In the autumn of 1849, I visited two sick children of S. Hart's. Had not seen or heard of any case of scarlet fever in the village for some months previous. They were suffering from sore throats, chilliness, nausea, etc. Among other things advised for their relief, were ears of corn put into hot water, taken out, surrounded with napkins and placed to the sides, legs and feet of the children for a short time, or until the chills should subside. At my visit the next morning, the children were covered with the scarlet efflorescence. Ten days after, a child residing in a house adjoining had the disease developed, and soon after the disease appeared in different parts of the village, as there was no strict quarantine observed.

2. The ears of corn mentioned, were the next morning given to the pigs, four in number, weighing about 60 lbs. each. Eight days after eating the corn the shoats were all taken sick, with swelled throats, so that it was with difficulty they swallowed the best prepared food. Their bodies became scarlet, three of them died in from one to three weeks, all apparently suffering all the symptoms usually seen in the human subject.

3. In the evening of the 18th of January, 1868, I visited the son of J. D. L., of this village, O., aged 14. He was suffering an invasion of scarlet fever of the anginose form. He had, on the 8th and 10th, visited a cousin at Baldwinsville, twelve miles distant, sick with scarlet fever. At this time there were no other cases in this village. On the 26th two of his sisters were taken sick with scarlatina, one aged 12, the other 8. The 28th inst. his brother Frank, aged 10, and another sister aged 5, were also invaded with scarlatina. All finally recovered.

4 Across the road from this family lived Mr. R. P., whose son I saw on the 6th of February, 1868. He had a chill, nausea, etc., rash appearing on the same day. On the 14th inst. five others of the brothers and sisters were sick, with the disease fully developed, all finally recovering. One of the girls was very sick, and did not swallow food for some days, and finally was fed milk by the aid of a soft rubber hose for two days, introduced into the stomach. During the stage of desquamation of this one, had the skin from the palms of her hands, with two of the nails of her fingers, exfoliated whole or nearly so, which I kept some time as a rare specimen. From this time the disease spread rapidly through the village and vicinity. During the winter and spring I treated 68 cases, and others treated many more. There were five practitioners in the village.

5. Mrs. S. F., a widow, the mother of one son and one daughter, living in the country, went one-half mile and took care of Mrs. Morse's sick child one night (the 13th of February, 1868), returning home afoot through a deep snow in the morning. On the 21st her two children, not otherwise exposed to the disease, sickened with scarlatina. The girl, aged 4 years, died the same evening in convulsions. The boy recovered.

6. The daughter of I. S., aged 14, attending school at the Falley Seminary in this village, her father's family living one mile in the country, was taken sick and carried home the 2d day of March, 1868—vomiting, febrile irritation, etc. I saw her in the evening at her father's house. The disease developed in a grave form. After a severe sickness she recovered. On the 10th inst. one brother, one sister, and two grandchildren of I. S., living in the same house, were taken with the disease in a milder form—simply, we claimed, owing to care and dieting in anticipation of, or preparatory for, scarlet fever.

7. On the 1st of October, 1878, a son of Prof. W. H. C., aged 6 years, sickened with scarlet fever. On the 8th inst. a sister not otherwise exposed, aged 4, had the invasion of the disease. On the 14th the babe, aged 16 months, was taken ill of the same disease. All recovered.

As this paper is getting lengthy, I will cite no more evidence of the contagiousness and the incubation period at present. I well recollect the time when the contagiousness of this disease was doubted by many in the medical profession. That scarlatina is a contagious disease is generally believed at this time. It is not caused by sewer-gas, cesspools or malaria (neither is diphtheria), although when either of these are present, it does without doubt add to the severity of the disease.

SOME INTERESTING POINTS IN AN UNUSUAL CASE OF ANTEFLEXION, WITH OTHER ANOMALIES.

Read in the Section of Obstetrics and Diseases of Women, at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D. C., May, 1891.

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Exceptions are often as valuable aids to diagnosis as rules. Were there no exceptions, medicine would be an exact science, and instead of having only the average result for a starting point in all cases, every diagnosis would be as certain and easy as mathematics.

Prominent among the causes of sterility are anteflexions, extremely small os and conoidal cervix; the last stated by some authors to be the most common of all. Any one of these alone being a sufficient cause, what would be thought of a patient having all three of these peculiarities? Many cases like the following would necessitate rewriting all the text-books.

Mrs. H., 33 years of age, came for an examination for this reason. She was troubled at