In the report brought before the notice of the profession by Dr. Lucien Carlet in 1884, we find full particulars of Dr. Apostoli's treatment and its results. The important points in its favor are: if followed carefully there is little or not danger of shock or peritonitis, and the patient is always more or less benefited. His careful observations and studies have done much to simplify its use, as well as furnish us with careful directions regarding the length of treatment, strength of current, and application of the poles. The advantages are, that it can be done without an anesthetic, in the office, is not apt to produce shock, and the danger of the wound made is reduced to a minimum. The needle is used exclusively through the vaginal portion of the tumor.

A little more than two years ago, I had the pleasure of seeing Dr. Apostoli at his clinic, his work was conscientiously done, and the patients, without exception, expressed themselves much improved by the treatment.

The active electrodes used were of two kinds, usually combined in one instrument, a long, moderately thick probe, finished on one end like a uterine sound; the other straight, with its extremity shaped like a spear with cutting edges. The one end would be sheathed in the handle while the other was being used, or vice versa. This was either of platinum or gold, the two metals least affected by the current. A rubber or glass tube was used as an insulator.

The passive electrode consisted of a pad of clay to cover the abdomen, the current connected with a copper or leaden plate was placed on the pad. This made resistance stronger, and distributed the current more evenly.

The internal electrode was usually negative, unless hemorrhage was a troublesome symptom, when the positive became the active electrode; this, being the acid pole, produces a caustic effect, and at the same time a contraction and condensation of the tumor. The sound is used more often than the spear; the latter is used in two particular instances with advantage.

1st. When a fibroid is within easy reach through the vagina.

2d. In a large intramural fibroid, when the instrument is passed along the uterine canal and plunged a short distance into the fibrous tissue.

It is needless to say, in our enlightened age, that complete and careful antisepsis of both vagina and instruments is of absolute importance. The instruments are made antiseptic by heat (alcohol lamp), and the vagina cleansed with an antiseptic solution. A milliamperemeter is also an indispensable aid to the careful physician.

For nearly two years I have had an opportunity to watch six cases, for a space of time sufficient to give an account which may prove interesting.

CASE 1.—Mrs. K. W., white, æt. 58, four, children, two miscarriages; seen 1st of March, 1886. Histroy: Prolonged, profuse and painful menstruation, steadily increasing for the last six years, together with a feeing of weight and dragging pain in the lower part of the abdomen, also an inability to sit down without pain. Examination revealed an enlarged and irregularly nodulated uterus, occupying almost the entire pelvic cavity. Uterine cavity, four and a half inches. To the right of the uterus, a small flattened body was felt, which could be separated in its lower half from the uterine body. There was no nausea or exaggerated pain on pressure. Faradic electricity was used (negative pole in the uterus-positive on the abdomen) thrice weekly for four weeks, after which the galvanic current was used exclusively. All the treatments were intra-uterine, with two exceptions, when the puncture was used. The uterus began to diminish slowly but steadily in bulk, after the first six weeks, until, in the early part of August, it measured three inches. The body smooth, almost normal to touch; the flattened mass on the right gradually became more rounded, and was now about the size of an English walnut, separate from the uterus, pressure giving some pain and nausea. About this time treatment was suspended. In November, nearly three months later, presented herself at my office. Uterus retroflexed and turned to the left; cavity, two and three-quarter inches; right and posterior half of pelvis occupied by a painless cystic tumor, about as large as a medium-sized orange. An operation was advised. March, 1887, I made an abdominal section, removed a parovarian cyst. *The uterus was seen to be perfectly normal in size and appearance.—Am. Jour. of Obstet.*

FLOODING.

(MONTGOMERY.)

A woman of twenty-eight complains of flooding for three weeks. Examination shows that uterus is about as large as that of a three months' pregnancy; but it does not feel like a pregnant uterus, nor do the other conditions favor this view. The probabilities are that we have here soft growth in the cavity of the uterus. Although she says that she has not had a chance to become pregnant since last November, we will not take the risk of inserting a sound into the uterus till we have had the woman under farther observation. Meanwhile she will be given this prescription for the flooding.

R Ext. cannabis indicæ..... ..gr. viij
Ext. ergotæ fluidi ..... ℥ j
Ext. hamamelis fluidi..... ℥ ss
Tinct. cinnamomi..... ℥ ss
M. Sig.—Teaspoonful three times a day.

Ergot would not be contra-indicated even if we knew her to be pregnant. Injection of hot water will also be given. As soon as we are quite sure that there is no pregnancy, the os will be dilated with a tent wide enough to introduce a finger; and then a positive diagnosis can be made.