

We cannot too strongly recommend it to the notice of our readers.

APOSTOLI'S METHOD IN MENORRHAGIA.

Dr. I. L. Watkins, of Montgomery, Alabama, writes as follows:—

"1. I have been engaged in a limited way, certainly, in the application of this remedy, as taught by Apostoli, through yourself, for the last two months. In some instances my expectations have been realized, while in others I have been disappointed. If your time is not too much taken up, I would be glad if you would give me a suggestion. In one case of metrorrhagia in a negress with doubtful habits, the first three applications, beginning two weeks before menstruation, resulted in a very satisfactory period—just little in excess of normal, positive galvano cauterization having been used at a strength of 25 to 50 milliamperes. I continued the same treatment the next month, with favorable symptoms, until a few days before the time for her period; she then began to flood, and continued for six or eight days, although I gave her one positive galvano cauterization during that time. Was this the fault of the remedy or the application? Should I have left off the treatment after first menstruation; or should it have been changed? I am having a similar result in a case of fibroid, with menorrhagia, which I treated every five days with positive applications from 25 to 125 milliamperes. Result: Satisfactory, with the exception that she flooded for five days after a normal period. I am using Martin's platinum electrode. Is the partial failure due to the electrode becoming firmly fixed in one part of the endometrium, thus allowing some vegetations to go unaffected by the current; or should I use a different current?"

"2. Are the evil symptoms of sub-peritoneal fibroids relieved?"

"3. How would you apply this treatment to cancer of the uterus? I can't get my patients to stand the high currents spoken of by Dr. Massey."

As these questions are very much to the point, and are of interest to a large number of our readers, we answer them in our columns.

1st. Our correspondent will find that his success with this treatment will increase with his experience of it.

2nd. That even with a great deal of experience the result is very often as he has described it. At first the patient feels better, generally. Then the periods are

postponed gradually until the interval reaches four weeks; then the duration of the period is diminished until it comes down to three days. But, during the treatment, several relapses will probably occur although, on the whole, the improvement will be decided. These relapses are probably due, as our correspondent surmises, to the electrode only shrinking a certain number of the vegetations at each sitting, while the others may be bruised by the passage of the electrode. For that reason, and because the larger the electrodes the stronger the current can be borne, we prefer to use as large an intra-uterine sound as can be introduced. As large platinum sounds are expensive, we prefer carbon ones, which can be obtained from Jannard, electrician, 667 St. Lawrence street, Montreal. When the patient cannot bear a strong current, then the duration of the weak one should be lengthened. Make sure that you are using the positive current, and never use any other when there is bleeding.

Sub-peritoneal fibroids and fibrocystic tumors of the uterus are the least amenable to this treatment, as it is difficult to pass the current through them. They are better treated by removal, with extra peritoneal treatment of the stump. If they are accompanied by bleeding endometritis, electricity will do them much good.

To apply this treatment to cancer of the uterus, we would recommend positive intra-uterine galvano cauterizations three times a week, with boracic acid tampons to the vaginal surface of the cervix, and, at the same time, not to neglect to improve the general condition.

We should never allow this or any other method of treatment to prevent us from attending to the body as a whole.—[EDITOR CANADA MEDICAL RECORD.]

PERSONAL.

We learn that Dr. Trenholme, who for many years has devoted a large part of his time to gynecological works, and especially to abdominal surgery, has decided to retire from general practice, and will in future only attend cases of diseases of women and consultations in midwifery.