

cases, ten increased in size, and sixteen remained the same, but the latter were growing very slowly if at all."

I have learned enough about the treatment *à la* Apostoli to know that its results are not certain enough to induce me to pursue it as a routine treatment, and that it is occasionally fatal—through the fault of the surgeon, if you please, I am willing to admit, but, still once in a while fatal. If the practice of a method to be efficient and harmless requires the presence of the inventor, as well as his apparatus, then its beneficial effects can only be experienced in the presence of the inventor, and patients must go to him. Such a method can hardly be of general use.

Dr. Bigelow's lithocapaxy, for instance, can be practiced by any intelligent, practical and competent surgeon with almost as good results as if practiced by Dr. Bigelow himself; but electrolysis for fibroids *à la* Apostoli has not been as encouraging. efficient and harmless in my hands as Dr. Apostoli's books would lead me to suppose it ought to be. I have hardly used my battery during the past year.

*Diagnosis of Pelvic Inflammation in the Female* is the title of an address delivered before the British Medical Association by Dr. CHARLES J. CULLINGWORTH, of London. He said:—

"By pelvic inflammations I mean pelvic peritonitis and pelvic cellulitis, and not inflammation of the various viscera contained in the pelvis. These latter will only be dealt with so far as they are concerned in the pathological processes that lead to the affections I have just named.

"Is it possible clinically to distinguish between inflammation of the pelvic peritoneum and inflammation of the pelvic connective tissue? I believe that in most cases it is. The diagnosis is undoubtedly beset with difficulties, and, in the present state of our knowledge, there are still some cases where it is impossible. Year by year, however, their number is diminishing. Our knowledge of the anatomy of the female pelvis is becoming, chiefly from the study of frozen sections, more precise, while, owing to the advance in abdominal surgery, our opportunities of comparing the physical signs with the actual conditions are much more frequent than they ever were before. Exploration of the pelvis by abdominal section, now so frequently practiced, is teaching us on the living subject, and, therefore, under far more favorable conditions, the