

pain or hemorrhage—with little benefit, Dr. Apostoli punctured the spot with his usual precautions, with much satisfaction to himself and gratification to his patient. The punctures are never deeper than one-eighth of an inch, and the needle employed has a small point, protected by a sheath up to the spot desired to enter the tissues. The strength of current is twenty-five to thirty ma. galvanis. Resolution took place and no bad symptoms developed. The yarns, that we have heard in America of the agony these women are made to suffer is all bosh, because one of the first rules of all electro-therapy is to stop the current if not well borne by the patients. Some patients take with ease, and without flinching, 130 to 150 ma. of current. Much care is taken to see that the skin is in no place abraded, and also that the clay-pad is thick over all sensitive areas.

At present there is quite a revolution of feeling in Paris among the profession, as to the claims of Apostoli. The operating surgeons say electricity is no good, and will do nothing for the diseases said to be benefited and cured by Apostoli and his followers. At a meeting of the Society of Practical Medicine of Paris, of which Apostoli is a member, a commission was appointed to investigate his work at his request. Consequently, every day a number of old patients treated years ago are examined by one of this commission, and their present condition noted and compared with that previous to treatment. The new patients are carefully examined, and a diagnosis made and compared with that of Apostoli, and the treatment is begun. This naturally makes the work very interesting to us all, and each one of us visiting the clinic are delighted to see how frank and honest Apostoli is in all of his work. To say that he is unscientific and uneducated is unfair, and to accuse him of quackery and dishonesty is an infernal libel. Enthusiastic? Yes; one capable of working with indefatigable energy, true; and, at the same time, full of a desire to do what is best for those women who place themselves under his care. In this impression I am sure I am borne out by every man who is to-day visiting the Rue du Jour.

I have attended Terrier and Champonnier, and other solid abdominal surgeons in Paris, and I believe the best work is done by Terrier. His hospital—Hôpital Bechat—is a modern institution, and thoroughly equipped for all kinds of scientific work. Here asepsis is arrived at. He has a splendid operating room, with glazed walls and ceilings, and the floor of cement. It is divided into two portions, separated by iron doors. The one room is for old suppurative cases, and the other for non-septic ones. The instruments are sterilized by heat, and put into sterilized hot water. The napkins and towels are also treated by a special process, and made sterile. No antiseptics are

used, excepting to wash the body of the patient and the operator's hands, and salve or iodoform is applied on the wound, with antiseptic gauze over it.

I saw him perform an abdominal hysterectomy last week, for a very large uterine fibroid. An incision was made about two inches above the umbilicus, extending to the pubes. There were no adhesions; consequently, when the peritoneal cavity was fully opened, the great mass could be rolled out of the abdomen. The interesting feature was the treatment of the pedicle. A long steel bodkin was pushed through the mass as near the vaginal vault as possible. A piece of rubber tubing—solid—was firmly drawn and fully stretched under this steel pin, and tied with silk. The tumor was amputated, and the pedicle was left about an inch in length. The center was dissected out and seared over with the thermo cautery, then the edges were brought together like the flaps of a stump and sewed firmly and finely with silk sutures. The steel wire was removed and the stump was returned into the abdominal cavity and the rubber ligature left in situ. (?) It was a very brilliant operation, and made one feel proud of the triumphs of surgery. I have also seen him perform many other tube and ovary operations, and a few days ago a hysteropexie or ventro-fixation, which also pleased me very much. The woman was fifty years of age, and suffered from extreme proclentia uteri, complicated with pyosalpingitis. An abdominal incision was made of good length—in fact, these men always make large openings—and the tubes and ovaries carefully removed. Both tubes (?) were cystic and filled with pus. The abscess was then pulled up and four silk sutures were passed through its anterior surface, leaving about one inch of uterine tissue within their grasp. Each suture was carried into the peritoneum of the corresponding side, and then firmly drawn together; holding, therefore, in their grasp, the uterine wall and the peritoneum of the incision. The rest of the peritoneum was picked up and sewed, then the fascia, and finally the skin. A drainage-tube was left in the abdominal cavity.

Dr. Terrier told me he knows of a woman in whom a hysteropexie was performed—the tubes and ovaries being left in—who conceived and carried her ovum to term. Unfortunately one does not see only brilliant, good, and justifiable surgery; but, on the contrary, the most wholesale mutilation of women. It is only a few days ago when one of the first men in Paris diagnosed an enlarged and painful ovary, on the right side. Immediately the young woman was placed on the table and an abdominal section made. When the abdomen was opened, the ovary in question was found to be normal, but the opposite tube was slightly bound down so, in order to take advantage of the incision, this tube and ovary were gouged out. Another