

plastic operations, colporrhaphy, perineorrhaphy and trachelorrhaphy with shortening of the round ligaments, for experience has shown, he says, that isolated operations are quickly followed by a return of the displacement. In thirty cases thus treated he has had twenty-seven cures and three partial failures. In a private letter which I have lately received from Dr. Kellog, of Battle Creek, Mich., he writes: "I have been doing a considerable work with Alexander's operation, and performed my fifty-fourth case the other day. I have got the operation down to a pretty fine point, so that I now do it without ether. I usually find the ligament in from six to seven minutes, so I make short work of it."

Although I have seen pretty good results in suitable cases from this method alone or combined with colporrhaphy, I have been investigating in another direction, namely, to ascertain whether tone may not be restored to the relaxed muscular fibres of the uterine ligaments, by means of the interrupted faradic current. My paper on this subject may be seen in the *American Journal of Obstetrics* for June, 1888. I am inclined to think that we have in this means a resource which may prove of the greatest possible advantage. Speaking of fibroids, my friend, Dr. Kellog, writes that he is obtaining cheering success with Apostoli's method; although he says he does not succeed in getting the patient to bear as large a current as I frequently do, namely, 200 to 250 milliamperes. This is probably owing to difference in size of the electrodes; the larger the electrode the less the friction and the greater the current that may be borne. He says he has discharged several patients cured, and has several more progressing rapidly in that direction. My own success with Apostoli's method in treating fibroids has gratified me more than anything I have ever done; I have at present eight cases under treatment in various stages of recovery.

I intend to give a full report of every case I have treated, but in the meantime I can say that its use has always been followed by great relief or more often complete cure of the pain.

Secondly: that menstruation has been rendered normal both as to time and to quantity.

Thirdly: That the flow has been increased when it was scanty, and diminished to normal when it was profuse.

Fourthly: That the size of the abdomen has invariably diminished, although in some cases it

was not striking, and in other cases the decrease in the size of the tumor has been counterbalanced by a large deposit of fat in the abdominal wall. Fifthly: The obstinate constipation and the distension of the colon with gas has invariably been removed;

And Sixthly: The canal which sometimes resists the introduction of the sound during 5 or 6 sésances has become in every case a matter of the greatest facility to enter.

I frankly admit it is tedious, requires untiring attention to details, and is only absolutely safe on the condition that the latter are never for one moment neglected.

As several cases of acute poisoning with Bichloride of mercury have been lately reported in medical journals of different countries, and as I have had one case which I have already reported, in which diarrhoea and collapse occurred after an intra-uterine injection of a one in three thousand solution, it would be well to warn obstetric practitioners of the danger of using Bi-chloride for those purposes. Although I was at the time under the impression that the accident was due to my having neglected to thoroughly empty the vagina of the surplus liquid retained there, the writers who have reported the cases I now refer to seem to be of the opinion that the absorption took place through the placental site of the uterus, and this opinion would seem to be borne out by the fact that I have given several thousand vaginal douches of the one in five thousand bi-chloride solution, without a single bad effect. In any case, I think it would be better to discard the corrosive sublimate altogether in obstetric practice, as we possess in the permanganate of potash a means totally devoid of danger, yet probably quite as effective. I have been for many years in the habit of using it after delivery in the strength of one in forty of the Liquor Pot. Permanganatis, and invariably with the result of speedily reducing the temperature when above normal. In fact, with a thermometer carefully used to detect the disease at the beginning, and a return flow Fritz-Bozeman's intra-uterine catheter, and plenty of permanganate solution, I almost feel that I might bid defiance to puerperal fever, as out of 367 cases I have not lost one from this dread disease, the only death which I have ever had being a case of heart failure in a woman, whom I saw for a confrère, and who was delivered prematurely and incidentally. In every case of abnormal