

the American journals on the prevention of conception. There is no question but that education has so impaired the physical constitution of woman that she is no longer in many cases fit for the purposes of bearing and bringing up children. Every doctor has felt his heart touched with pity at the sight of such women dragging out a wretched existence under continual pregnancies; I for one believe them when they say that life is a burden to them. And yet, what can we do for them? It is not only morally but legally a crime to interfere with conception when once it has taken place, even if only a few days old, and in this country, at any rate, there are few practitioners so desperately low as to knowingly produce an abortion without some vital necessity, such as to save the mother's life. It is also morally a crime to avoid conception by resorting to any of the many means in vogue for preventing the fertilizing fluid from reaching the ovum, and no Christian medical man can advise such proceedings. But there is nothing in the law of God or of man forbidding abstinence from intercourse, and we are quite justified in advising our patients to abstain for ten full days previous to the periods. If the spermatozoa live less than ten days, and if menstruation is the funeral of a dead ovum, then conception will not take place if there is no intercourse during the ten days previous to the rupture of the graafian follicle.

Ahfeld of Leipsic has recently published a book on the best method of managing the third stage of labor. Of course he treats the subject exhaustively, but the general principle which he advocates is to let the placenta alone as much as possible. He says that by following the waiting method the unavoidable hemorrhage will be reduced to less than an ounce in primiparæ and a little over an ounce in multiparæ. I can corroborate his statement by my own experience. The more I abstain from interfering the better do I find the labor pro-

ceed. I have, by exercising great self-control, reduced the number of digital examinations to one or two per case. By cultivating external palpation one might do away with the digital examination of multiparæ altogether. Seeing that the idea of auto-infection is entirely exploded and that we now know that puerperal fever is septicaemia, it would be a great matter to remove from women the danger of being infected by their attendants; and the best way to do so is to examine her as seldom as possible, and then use the most rigid disinfection of the examining finger.

In my reports on gynecology I have not said anything for a long time about Apostoli's method. Nevertheless I have been using it daily and with fair success, only one out of fifteen cases failing to get permanent relief, and only two others who have not been symptomatically cured. But I prefer to lay before you the testimony of others. For instance, in the April number of the English *Lancet*, page 412, Dr. McClure of the Conner Cottage Hospital reports three cases illustrating the treatment of uterine and peri-uterine diseases by Apostoli's method. "Mrs. M., aged 35, married eight years, no children. Bleeding myoma. Sound four inches. Uterus fixed. Woman has blanched and seemed at death's door, after fifteen applications of a little over 100 milliamperes each to the interior of the uterus, the patient expressed herself as being quite well; better than she had been for years. The uterus was freely movable and much diminished in size. The periods became normal, with very little pain, and the nausea and vomiting was completely relieved. The bowels became regular and the sleep and appetite good. Still quite well a year later.

2nd case. 35, single. Parametritis of two years standing, involving the uterus and appendages. Suffering extreme, and she said she was never free from pain. Two large nodulated masses could be felt exter-