

that chloroform increases the liability to death from "reflex syncope." A person partly under chloroform is more prone to die from fright than one to whom chloroform has not been administered. Nor must it be forgotten that deaths occur when only one or two inspirations of chloroform have been taken; this is liable to take place when a too concentrated vapour (that is, one of greater strength than 4%) is employed. In the event of syncope occurring in one of the ways above indicated, the line of treatment which offers the greatest chance of success is total inversion of the patient, while care is taken that the rima glottidis is maintained patent for entrance of air. Dr. Chisholm, who has strongly supported this, Nélaton's original manœuvre, has recorded some highly instructive cases in which the method of inversion being promptly performed, effected resuscitation, and so saved the patient's life. But here a caution must be given. Nélaton's method is valuable only in primary syncope, and is absolutely dangerous in cases of heart failure consecutive upon pulmonary engorgement and overfilling of the right heart; or, in short, when respiration stops before the heart ceases to beat. Cases belonging to this last category do not occur, as a rule, until the later stages of chloroformisation, and the respiratory failure is then due to overdosage with the anæsthetic.—*Brit. Med. Jour.*

RECENT EXPERIENCE OF ELECTROLYSIS IN UTERINE FIBROIDS.—An interesting discussion on the treatment of fibroid tumours took place at the American Gynæcological Society last month. Dr. P. F. Mundé said that he had found that the cessation of growth produced by Apostoli's method was not permanent. In his opinion the best treatment for the subperitoneal variety, in cases in which treatment of a surgical character was required, was removal of the uterus with the tumour, or removal of the ovaries alone. In the interstitial variety, the tumour could often be removed without removing the uterus; in the submucous variety, the tumour alone would require removal. He reported three cases in which he had performed oöphorectomy for the relief of uterine tumours the results had been satisfactory. In six cases in which subperitoneal tumours had been removed through the abdomen, recovery had taken place in four; in all cases the pedicle had been treated by the extra-peritoneal method. He considered that laparotomy should not be performed if a tumour was causing no serious trouble, and no operation was indicated in most cases in which the menopause was imminent.

Dr. W. Gill Wylie, on the other hand, held that if there were pain and failing health about the time of the menopause, it was usually an indication that degeneration was taking place, and hysterectomy would probably be indicated. Fib-

roid tumours, he thought, were like all organic matter, and had their periods of growth and decay; he believed that the life of a tumour was from two to eight years. The use of a curette sometimes controlled hæmorrhage, but if it failed he preferred to remove the tubes and ovaries. He spoke hopefully of hysterectomy, having had a death-rate of only 10 per cent., and being persuaded that he could attain still better results in the future. He spoke with some reservation of electrolysis, as his experience had only extended over two years, but he expressed his belief that its value had been overestimated. If it did no harm, it would at least cause delay, and thus might remove a patient's only chance for relief by operation; though electricity would doubtless stop bleeding from fungous growths of the uterus, it might also cause damage, and was, in his experience, no safer than the curette.

A more favorable opinion of electrolysis was expressed by Dr. Reamy, who said that he had met with cases in which oöphorectomy would not always stop the hæmorrhage caused by uterine tumours, and Dr. G. J. Engelmann, while admitting that his results in the treatment of uterine fibroids by electricity had not come up to his expectations, said that the effect had been excellent in cases in which the uterus was surrounded by hard masses of exudate. The same was true in the treatment of both profuse and scanty menstruation. In most cases in which electricity had been used by him the patients had become more comfortable. In poor working-women this was, he considered, of great consequence.

Dr. J. R. Chadwick, on the other hand, spoke very strongly against electrolysis. He said that he had followed Apostoli's directions carefully in twenty-four cases, and had seen improvement in but one. In that case the hæmorrhage was checked for three years. In none of them had the tumours been reduced in size. In two cases death had resulted, and two others had been nearly fatal. Two other speakers, however, Dr. Van de Warker and Dr. Mann, mentioned cases in which the treatment had been used with success, and Dr. Mundé stated that he had seen three tumours disappear after galvano-puncture.

It will thus be seen that very considerable difference of opinion continues to exist among gynæcologists in America who have given electrolysis a more or less extended trial.—*Br. Med. Jour.*

GOITRE TREATED SUCCESSFULLY WITH STROPH-ANTHUS.—Up to the present date I have treated successfully five cases of goitre without a single failure.

Miss Anna C., æt. 22, called on me, Dec. 10, 1888, suffering from "big-neck," as she called it. Various remedies (such as ergot, bromides, and digitalis, were given internally, and injections of