

harvest of healthy ovaries, pain in which is so easily cured by high tension faradism, are not pleased with Apostoli, and they have declared war to the knife against his method. As a rule the fight is conducted fairly, but in the last *British Medical Journal*, Mr. Tait has been tempted to use an argument which is quite unworthy of a man of such acknowledged greatness. He was in Paris a year ago, and because the leading gynecologists there did not tell him anything about Apostoli, Mr. Tait argues that the treatment of fibroids by electricity is worthless. If Mr. Tait will turn to page 33 of the English Edition of Apostoli's book on Metritis, he will find this objection anticipated. Apostoli says: "It was in France that curetting the uterus was first practiced; it was a Frenchman, Recamier, who was the first to formulate it scientifically, and it is in our country full of new and original ideas, which timidity, *to say nothing else*, soon so often strangles, that it is actually practised the least."

Thus it has always been and thus it will always be. When Mr. Tait himself goes abroad he is everywhere received with the highest honors; it is principally in his own country that his statements are treated with coolness and suspicion.

If Mr. Tait would say that he had tried Apostoli's treatment in the balance and found it wanting, the argument would have far more weight; but Mr. Tait does not want to learn anything about it, for he will not even give it a trial, as the honest old Scotchman, Keith, has done with the result I have mentioned at the beginning of my article. To add to the weakness of his argument he says: "I have just been called to Paris to a lady with a fibroid who has been given up by all the doctors." We see the same thing here in Montreal every day, patients going to New York to have wax removed from their ears, or to have a laceration of the cervix repaired, which could be quite as well done at their very door. The fact that Mr. Tait was called to Paris to attend a lady, who could be far better treated by a gynecologist at her very door, therefore proves nothing. If Mr. Tait should be convinced of the advantages of Apostoli's treatment, as Mr. Keith has been, there will still remain for his skill thousands of cases which Apostoli's method does not pretend to touch.

I recognize in Mr. Tait the most skilful remover of ovaries the world has ever seen, but this does not render me blind to the advantages of a treatment which leaves the ovaries in.

Dr. George McKeough of Chatham, Ontario, is the author of an important paper appearing in the *Canada Medical and Surgical Journal*, in which he records eleven cases of puerperal albuminuria which may be recapitulated thus: Nine mothers recovered and four children were born alive. One case in which convulsions did not occur was no seen until labor had set in naturally; the mother made a good recovery but the child was still born. In the four cases in which temporizing measures were instituted until labor came on, convulsions came on in three, one mother died and three recovered, the child perished in all four. In the two cases in which labor was excited after convulsions occurred, both children born dead, one mother recovered and one died. In the four cases in which labor was induced after a temporary trial of expectancy, but before convulsions took place, all the mothers made good recoveries and the four children lived.

After reviewing the advice given in the standard text books, which is altogether in favor of letting things alone, he comes to the conclusion that it is better to induce labor without waiting for the appearance of nervous signals, which only come on after the child has been irretrievably damaged and the mother's life has been placed in danger.

In a paper which I read a little over a year ago (14 Jan., 1887, before the Medical Society of Montreal) *Can. Med. Rec.*, Mar., 1887, I laid down dogmatically as a guiding principle of treatment: that, unless for grave reasons to the contrary, we should induce premature labor at any time after the seventh month, at which we find the urine of the pregnant woman loaded with albumen or considerably deficient in urea. By freely accepting this course, I said, all doubt and hesitation in the treatment of these most anxious cases were removed. I was led to adopt this axiom from the following considerations: that even if there were no convulsions, the condition of uræmia from mechanical pressure on the renal veins was a very serious one for both mother and offspring. The child suffers even more than the mother from uræmic intoxication, and may even be killed by it before convulsions come on, while the mother may have her brain more or less seriously injured by the circulation through it, for a long time, of the poisonous fluid, and so end her days in an Insane Asylum. This occurred in a case which I reported in the same paper, and in which I have ever since regretted not having induced premature labor.