tumours of the pharynx have been observed by Porter and Syme, due to aneurysm of the internal carotid; and Barnes² has described a pharyngeal pulsating tumour which was arrested by applying pressure to the external carotid artery. Cresswell Baber³ has recently reported a case of pulsating artery on the posterior wall of the pharynx. It is probable that this condition is by no means rare, since it has been observed at the Throat Hospital at least twice during the last year.

THE TREATMENT OF UTERINE AND PERI-UTERINE AFFECTIONS BY THE METHOD OF DR. APOSTOLI.

By GEORGE ELDER, M.D.,

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For some time past my attention has been directed to the treatment more especially of uterine myoma by electrolysis, and most of the literature on this subject is known to me; but the manner of its use seemed not only so imperfect and uncertain, and also dangerous, that I hesitated to adopt the practice until the reading of a recent pamphlet on the treatment of endometritis by the galvano-caustic, as perfected by Apostoli, threw a new and more hopeful light upon the subject.

Dr. Webb's letter in your issue of May 7th stimulated my curiosity still further, and accordingly I went to Paris and attended Dr. Apostoli's *clinique* on two days, and will very briefly state what I saw.

1. Case of a woman, aged 41 years, who had been under treatment for a rapidly-growing soft myoma, which condensed and diminished in size after four galvano-positive applications. The floodings and pelvic pains had also ceased, and now the patient is under treatment for a form of heart-disease.

2. First visit of a woman with a myoma, who had had metrorrhagia continuously for four months. The uterine cavity measured four inches. Galvano-positive cauterisation was applied for five minutes, and two days afterwards she stated that the hæmorrhage had ceased the same evening.

3. A patient who had been under treatment for some time with an interstitial myoma in the posterior wall with the usual symptoms, and which had diminished quite two-thirds. Several galvano-punctures into the growth from the vagina had been made, and whereas, prior to beginning the treatment, she had been unable to work, and, as she expressed herself, only existed; now, and even the day after a puncture, she follows her occupation of a washerwoman, and lives.

4. A case of myoma reaching up to the umbilicus in a woman aged 31 years, and who has had since November, 1886, nine galvano-negative punctures. The last had caused some degree of suppuration and feverishness, but not sufficient to lay the patient up. The growth is diminishing, and the local discomforts ceasing, whilst *pari passu* there has been improved general health.

5. An instance of endometritis with metrorrhagia of two months' duration, under treatment since May 12th. The first galvano-positive cauterisation had relieved her, and now, after the third *séance*, there remains only a slight brownish staining of the discharge.

6. A case which originally had been under treatment for right parametritis, and which galvano-negative puncturing had cured. Now she comes complaining of what seems to be an enlarged and cystic ovary, but as it is not the seat of much discomfort, nothing is done.

7. A case of perimetritic exudation, which had been punctured thrice, with the result of resolving most of the thickening, but as there is still a considerable amount of pain, faradisation is now being used for its relief successfully.

8. A patient who had been under treatment four years ago with a myoma accompanied by much hæmorrhage. The tumour had, under treatment, all but disappeared, and the menstrual flow is now normal.

9. Examined a case where there had been general parametritis fixing uterus. Eight galvano-negative punctures had effected resolution of this mass.

10. The only case in which anæsthesia was used, was this of a woman aged 51 years, suffering from a large myoma. A galvano-negative puncture was made into the growth, and a current with the intensity of 220 milliamperes used for 5 minutes.

11. A new case of a young woman with a soft, rapidly-growing interstitial myoma, brought by her medical attendant. A galvano-negative puncture was made, and an intensity of 100 milliamperes used for 5 minutes, which is the average duration.

12. An instance of a bleeding myoma in a woman aged 49 years,

who before coming to the *clinique* had had the usual treatment by drugs for eighteen months without effect and been unable to work; has had six punctures. Hæmorrhage began to abate after the first. Now the flow is regular, lasting only two days, and she is able to work as a washerwoman.

13. A case of right ovarialgia, who had been under other treatment for fourteen months without benefit, is being cured by faradisation.

14. A case of metritis with constant bloody discharges for two months after an abortion, when three galvano-positive cauterisations had stopped hæmorrhage, and now she comes from time to time to verify condition.

The above, although not including all the cases Dr. Apostoli showed me, gives an accurate idea of the kind of cases under treatment and benefiting by its application.

What impressed me most favourably was the extreme care taken to record faithfully the histories and nature of the cases, with the subsequent results of the treatment upon them, and in all of the patients an opportunity was given of verifying the diagnosis.

With the exception of the instance above noted, no anæsthetic was used; in fact, nothing but a very transient discomfort seemed to be felt by the patients even when a puncture was made; and the majority of them, after waiting a few minutes, dressed and left the dispensary, evidently unaffected by the application.

Dr. Apostoli stated that in no case had any serious consequences followed the method—a result, I think, to be attributed partly to his attention to thorough antiseptics, and also to his making the tolerance of the patient the measure of the strength of the application.

To my mind this treatment opens up a hitherto neglected and very hopeful era in the therapeutics of uterine diseases, which is now only beginning to receive a full measure of recognition by gynecologists.

Dr. Apostoli has had a considerable number of American visitors, some of whom, since their return to their own country, have carried out the treatment with gratifying success; and during my own visit Mr. Skene Keith and Dr. Philip, of Edinburgh, shared with me in the valuable lessons the cases taught.

My thanks are due, first, to Dr. Apostoli for the courtesy which he showed me; and, secondly, to Dr. Webb, through whom my visit to Paris was made.

OPHTHALMOLOGICAL MEMORANDA.

CATARACT EXTRACTION (V. GRAEFES).

A New Method of Treating an Old Complication.

It is with considerable misgiving that I insert the word *new* in my suggestion for treating a troublesome complication which will occasionally occur to every experienced operator, and I leave it to the decision of those well acquainted with cataract extraction and its literature how far I am justified in the use of the term. What shall we do if during corneal section the iris falls over the knife?

In the hands of very skilled operators this complication rarely occurs, but there are accidents against which it is impossible to guard. I will relate the history of the case which induced me to write this communication. A. B., aged 42, a strong, healthy man, admitted into the Manchester Eye Hospital for mature cataract right, commencing left. I need say no more than that everything was as usual—eye euclained and patient in good heart, until the moment of contra-puncture, when, without the slightest warning, he lurched his head half round, throwing the upper segment of the iris over the knife and wounding it at the same time. Only two courses were apparently open. One, to proceed with the operation, cutting out the wounded and entangled iris with the knife. The other, to withdraw the knife, treat the case as one of "trauma of the iris," and operate at a later period.

The first, a usual and sufficiently practical method if a small flap is involved would in this case have sacrificed a third of the whole iris, making an enormous coloboma and materially affecting vision, beside leaving the operator's hands as a piece of work of which he might well be ashamed.

The second would appear the wiser course, but in private practice it is an impolitic thing, and very likely to lose you your patient, to confess that an accident has occurred which requires the operation to be postponed. These points occurred to me at the moment, and I decided on a third course. I withdrew the knife, leaving, as may be supposed, a very shallow anterior chamber and no aqueous, but I made a fresh puncture and contra-puncture higher up, completed the corneal section (a small one), and removed the wounded iris, treating the patient as though for preliminary iridectomy. Three weeks later the

² Ashurst's *Encyclopædia*, Vol. v.

³ BRITISH MEDICAL JOURNAL, p. 626. 1887.