

2. There are as many forms of septic salpingitis as there are forms of traumatic infection, and of microbes producing the same.

There is, however, an additional reason why Lawson Tait denies septic salpingitis to be a specific ailment. As we see from his startling remarks in the *Medical News*, April 24, 1886, he does not believe in sepsis at all, does not believe in infection, denies the principles on which the practice of modern surgery and obstetrics is based. He has been taught nothing by the researches of Semmelweis and Lister, Pasteur and Koch. And why? Because his own success in combating septic infection is to him proof of the non existence of septic infection. We are accustomed to Lawson Tait's reckless statements. Without taking the trouble to refute them scientifically, I but wish to call to mind his assertion that menstruation does not depend upon the ovaries, but upon the tubes; that the mortality of the Cæsarean operation is still 99 $\frac{2}{3}$ per cent. His denial of traumatic infection is a statement of the same kind. I should like to hear Lawson Tait's answer to the following questions:

1. What disease, before the introduction of Listerism, killed thousands of patients who had received wounds or who had been operated upon? What, according to his views, was the cause of death in his own cases, when he lost patients after operations, if not, as everybody else believes, septic infection?

2. What is puerperal fever?

Lawson Tait disputes the correctness of our teachings regarding infection, but he has failed to give us any other explanation of its phenomena.

(To be concluded.)

DOMESTIC CORRESPONDENCE

"ELECTROLYSIS IN UTERINE FIBROIDS."

Dear Sir:—In Dr. Cutter's letter of last week, "Electrolysis in Uterine Fibroids," I am indirectly criticised for remarks that I wish to modify somewhat as far as they concern me. Dr. Belfield's remarks on my article, "Electrolysis in Gynecology, with a Description of Dr. Apostoli's Method," were quoted by Dr. Cutter, and these remarks made me appear to say, "During the last twenty-five years various attempts have been made to reduce fibroids of the uterus by the galvanic current; yet none of them have been recognized as successful; because, doubtless, as Dr. Martin very properly says, the current has been used in an ignorant, inaccurate and bungling way." I do not wish to be understood as saying, "yet none of them have been recognized as being successful," because I have reported successful cases within the last two years of my own, and have also quoted successful cases of other operators. Neither do I wish to be quoted as saying, "the current has been used in an ignorant, inaccurate and bungling way," because it is not what I said, although I do not impute to the author of the remark any intention to misquote. What I *did* say, however, was this: "Unfortunately, the term electrolysis, as applied to the treatment of

diseases, has been by many, for some unaccountable reason, greatly misunderstood." This statement, while it does not differ widely from the remark quoted, is somewhat modified and not nearly as sweeping.

Dr. Cutter, I am sure, will agree with me, after having had sixteen years' experience with this method of treatment, that there is a great deal of ignorance abroad in regard to the principles it involves. He must also admit that improvements in the methods of electrolytic treatment have been rapid, and that with the new improvements in electrodes and means of measurement of the current, its usage is rapidly resolving itself into a science.

Within the last three years I have been able, by adopting improved electrodes, to increase the maximum strength of current used through a fibroid tumor without causing pain enough to require an anæsthetic, from 25 milliampères to 10 ampères—and this with *one surface electrode*. All who are acquainted with the history of electrolysis in the treatment of fibroid tumors will concede to Dr. Cutter his claim of priority in that field. Respectfully yours,

FRANKLIN H. MARTIN, M.D.

163 State St., Chicago, Feb. 8, 1887.

CASE OF GANGRENE OF THE MOUTH.

Dear Sir:—I desire to report the following case: Stella S., æt. 4 years, was attacked with gangrena orum on December 22, 1886. A gangrenous condition presented itself over all the visible part of the mouth, including the lips. There was fever, restlessness, loss of appetite. The face had a livid, sunken appearance. The discharge from the mouth was fetid and had the ante-mortem odor. The mouth finally presented a brownish-black and dry appearance, with black ulcers on the lips. The mouth and lips often bled. I put the child first on tinc. of chloride of iron and chlorate of potassium, and washed the mouth with a saturated solution of chlorate of potassium. No improvement took place until Christmas day, after I had changed the chlorate of potassium wash for a wash of bromo-chloralum, 3ij to the pint of water, and to-day, December 31, the mouth is moist and clearing, the fetor is subsiding and the appetite is improving. In fact, the child is convalescing.

About the time I commenced the solution of bromo-chloralum I had a powder of subnitrate of bismuth blown through a quill into the mouth of the child. I think the bromo-chloralum is worthy of trial in these cases of gangrene of the mouth. J. M. BATTEN.

309 Fifth Ave., Pittsburg, Pa., Dec. 31, 1886.

SECRET REMEDIES.

Dear Sir:—In THE JOURNAL of January 15 is a communication from Dr. Amos Sawyer on "Rumex Acetosa" as the probable secret remedy used by traveling cancer doctors for taking out tumors. His falling on the article used *by chance* reminded me of a secret with which I was entrusted some two years since. I had operated on an old gentleman for cat-