Slide the trocar through the celluloid sheath which protects the vagina, after having examined and chosen by touch the point where the puncture is to be made.

5th. Take the precaution of *ascertaining the seat of any pulsation*, so as to avoid wounding an important vessel.

6th. In case of any unusual hæmorrhage, immediately *dilate the vagina* with an expanding speculum, and if necessary put on pressure forceps to the bleeding point.

Such is a rapid sketch of the directions for operation; what now are the anatomical and clinical results to be expected?

A. As regards the *material* changes we may affirm, that every fibroid tumour, submitted to this treatment, sometimes after so short a time as one month, but certainly when the treatment is fully carried out, will undergo a manifest reduction appreciable by the touch, and demonstrable by internal measurement. The further diminution of the tumour which continues for some months, varying in amount from a fifth to one half of the original volume, is generally associated with a coincident and equal accumulation of subcutaneous adipose tissue on the abdominal walls.

The regression of the tumour is not only apparent during the time of active treatment. but goes on continuously after it has been suspended, and is the persistent proof of the enduring influence o the electrical operations.

The liberation of the tumour from its local attach ments takes place simultaneously with its decrease of bulk. The tumour which at the commencement of the treatment was immovable can progressively be made more and more to change its position, as the absorption of the enveloping tissues, deposited round it, advances.

Another phenomenon is observed in connection with the regression of the tumour. It not only contracts on itself, but it shows a tendency to separate it self from the uterus, to become more distinctly subperitoneal, to detach its mass, as were, from its setting in the uterine wall, and to remodel itself into a pedunculated form.

B. Clinically.—The results are not less striking. Perhaps they are even more so, as they are not only matter of proof by the examination of the surgeon, but the patient herself is the living exhibition of them. We may generalise the extent and importance of these results by saying, that ninety-five times out of one hundred, they comprise the suppression of all the miseries constituting the fibroidal symptomatology, which may be thus categorically enumerated:—*Hæmorrhages, the troubles of menstruation, dysmenorrhœa, amenorrhœa, nervous disturbances, the direct pains in the growth itself, and from mechanical pressure, and the harassing series of reflex actions.*

In a word, the assertion may be safely advanced that, though our therapeutical resources only carry us so far as the sensible reduction of fibroid tumours, and not to their total absorption, we may, with regard to the symptoms, certainly anticipate their complete removal, and the establishment of a state of health equivalent to a true resurrection. I am justified in saying, that the greater part of women who have persisted in the necessary treatment, not only were cured but remain well.

I use the expression, the *greater part*, because there is no such thing as human infallibility, especially in medicine. I acknowledge having been sometimes unsuccessful, and so instructive are my failures, that I shall recount them at length in a work now preparing. It will be seen that they were cases in which there was no possibility of satisfactory treatment, owing to an apparently absolute intolerance of high intensites of current. I see now that I was wrong in retreating before this supposed intolerance. Among them, were three cases of fibrome with ascites, and I regret now that, with the aid of anæsthetics, I did not persist in going to the limit of my power. I have also met with the same intolerance in some hysterical subjects, in cases of very irritable uterus, and in others of peri-uterine and intestinal phlegmasia. Now, with my present experience, I should not hesitate to operate to the fullest extent with the patient under chloroform. There remains yet the obscure question as to the class of cystic fibromes, and tumours with a tendency to malignant degeneration, where there is often an accompanying fearful and irrepressible hydrorrhœa. I have recorded three such instances, and in them intra-uterine galvano-cautization generally proves useless. Something more is demanded, and we must seek in galvano-punctures means of denutritive action more powerful and more efficacious.

Finally, I may lay down the following proposition. No operator should admit the failure of intra-uterine galvano-cauterization, before having had recourse to the galvano punctures, *which he must enforce either with or without anæsthetics.*

We will now turn aside from all theoretical con-