some tumors had grown more rapidly after the use of electricity.

Dr. Stevenson, of St. Barts., holds about the same opinion as Mr. Croom, and many others in this country fall into line with them.

I have seen a number of cases treated by this method with little or no improvement. The electrical treatment of fibroids, brought forward by Apostoli, has not met with as great success in the hands of any one else, and from present statistics we might justly arrive at the following conclusions:

1st.—It cannot be doubted but that the hæmorrhage is less, or may be even controlled altogether for a time.

2nd.—That the tumors in a number of recorded cases have diminished greatly in size. But to say that the tumor has ever entirely disappeared in a single case, where the diagnosis of a uterine fibroid was beyond doubt, is a disputed point.

3rd.—That the applications of electricity to the uterus are far from void of pain, and patients object greatly to frequent applications on this account.

4th.—That local erosions may be produced when a current not exceeding 120 milliamperes is used; while Apostoli recommends a current as strong as 350 milliamperes.

5th.—That the employment of this measure is by no means unattended by danger to life, even when a current of much less strength than 250 to 350 milliamperes is used.

6th.—That puncture of the tumor and the employment of the galvanic current is far from being without danger, as a number of deaths from this procedure have been recorded.

7th.—That after all our labor, and pain to our patient, there is perhaps little more to be attained than we can get from the palliative treatment of rest, hot douching, ergot, etc.

Surgical Treatment.—This consists in the removal of the tumor through the vagina, or through the abdominal wall; or the removal of the uterine appendages with a view of checking the hæmorrhage and growth of the fibroid.

1. *Removal through the vagina.*—The cervix must first be dilated, then an incision is made in the mucous membrane covering the tumor. This checks the hæmorrhage, as it divides the venous sinuses in the capsule, which retract and are closed by thrombi. It also favors the expulsion of the tumor, which comes to protrude through the incised mucous membrane. After incision, the separation of tumor is generally left to the natural efforts, assisted by full doses of ergot. Should sloughing occur, the tumor must be rapidly removed, by a spoon-saw or other means. The mortality of this operation is from 15 to 20%.

2. *Removal through the abdominal wall by laparotomy.*—The operation here depends upon the nature of the growth. 1st. For subserous and pedunculated tumors, the pedicle can be treated intra-peritoneally as in ovarriotomy, *i. e.*, transfixed and ligatured in two portions, though it is desirable in addition to bring together with catgut the edges of the peritoneum over the end of the stump.

The statistics for this operation show a mortality of ten per cent.

In the second class of cases when the tumor grows from the serous aspect, but between the layers of the broad ligament, and into the cellular tissue, a more serious operation is demanded, viz., that of enucleation from the peritoneum and cellular tissue. The cavity, after the operation is sewn up with catgut, and the abdominal incision closed; or its margins may be stitched to the open abdominal wound, the hollow being packed with iodoform gauze. The mortality of this operation is very high.

The third class, when the fibroid is in the substance of the wall, gives occasion for two quite distinct methods of operation. (1) Enucleation from the wall; or (2) Hysterectomy.

1. Enucleation from the uterine wall, and sewing up the hollow, is an operation introduced by Martin, of Berlin. He describes the operation as follows:—"After the uterus has been exposed and drawn forward into the incision, a longitudinal incision is made over the tumor, which is shelled out of its capsule; the margins of the cavity are then trimmed with scissors, considerable portions of the muscular wall, and all the connective tissue portion of the capsule being sometimes excised, and the wound closed by continuous deep and superficial uniper catgut sutures."

The uterine cavity sometimes is opened during the operation, but if it be disinfected and packed with iodoform gauze, which acts as a drain, it does not affect the prognosis. The mortality from this method is 18 per cent.