

The sound only gives information as to the uterine cavity. The greater part of fibroids, both subperitoneal and interstitial, may co-exist with a nearly normal cavity, and consequently may and have undergone reduction without any appreciable modification of the depth marked by the sound. But independent of this question of anatomical change, variable according to the situation of the tumor, we have to look at that of the symptomatic cure, here the most important. For how often do we meet with considerable fibroids of which the bearers have no consciousness, while the lives of other women are put in peril by small and even the smallest tumors. What is it that brings women with fibroids to the consultation-room? Generally because they have pain or hemorrhage. Why are they operated on? Always for the same reason, to save them from the consequences of pain or hemorrhage. Cavil as much as you please about the importance of such anatomical reductions as I have obtained; but so far as concerns the symptomatic cure there can be no doubt, for I affirm that the greater number of my patients have been made and remain well. Is there any other known method of treating these affections of which so much can be said?

*C. Many of the reports of my cases are incomplete.*—No one knows better than myself that it is so. If I have nevertheless persisted in including these cases in my statistics, it has been with the plain intention of giving a complete view of my practice, so that an opinion might be formed from it of the harmlessness of the electrical treatment which I have introduced.

*D. The treatment is long and troublesome.*—This I am so well aware of that since the year 1884 I have made every possible attempt to shorten it by increasing its efficacy. It is with this motive that I have gone on gradually augmenting the intensity of the electrical current, and have made many alterations in my mode of procedure. It will be seen, too, in the new

series of cases, under treatment since 1884, which I have almost ready for publication, how marked is the progress made, in all respects, since the commencement of practice.

II. MY METHOD IS ONLY AN OLD STORY, AND MANY OTHERS HAVE ATTEMPTED THE CURE OF FIBROIDS BY ELECTRICITY BEFORE ME.—There is some truth here. But one may observe about the same difference between former applications of electricity and my method as would be found between the ancient theriacal quackery and modern therapeutics. Electricity has been used: but what electricity? in what dose? where? how? for how long and how often? All this is unknown and empirical. Over and above the many indications I have scientifically established as to the technique itself, the mode of operating, the electrical localization, the choice of poles, the acquired tolerance of the indifferent or inactive poles, there is one fact which gives me a right to claim priority, and that is, that no one before 1882, or before me, had taken an exact measure of the current he employed, or had employed an intensity of power known to above fifty milliamperes.

III. MY METHOD IS DANGEROUS AND THE DANGER ARISES IN VARIOUS WAYS.—A. *From the intra-uterine application.* B. *From the making of galvanic-punctures.* C. *From the use of high intensities of current.*

I have been reproached on account of several recent deaths said to be directly attributable to my treatment. To this indefinite assertion I again give the most positive denial, as I did last year in publishing my complete statistics. I prove, too, by figures relating to nearly seven thousand galvanic applications, the innocuousness of my method provided the operative conditions are appropriate, that it be used rationally, and with antiseptic scrupulousness. I will say a word on each of the three sources of danger specified.

A. The intra-uterine cauterization, which