

fused as in areolar hyperplasia, so that the sound will enter four or five inches, will invariably diminish in depth by means of electrical treatment.

Then again, what is the enormously enlarged uterus after delivery but a bleeding myoma? Does it not stop bleeding when the arteries which supply it with blood are squeezed by its contracting walls? Does it not rapidly get smaller when, for the want of blood and exercise, that immense mass of muscular tissue silently undergoes fatty degeneration and returns to the blood from whence it came?

Wonderful and almost incredible as the total disappearance of a fibroid or myoma may seem to some, it is no more mysterious than this wonderful process of nature which we call involution.

Have those who doubt, and even worse, deny the power of electricity to work a change in fibroids, never reduced the size and weight of a uterus which nature had failed to involute? Has Emmett never reduced its size by repairing a lacerated cervix? Have Churchill and Athill and ten thousand others with honored names never reduced the quantity of tissue in the uterus by the application of iodine? Have not a hundred thousand others never reduced the weight of blood and muscle and areolar tissue in the heavy uterus by means of glycerine and hot water and other therapeutic measures? Then why, in the name of reason and justice, will you deny that an agent, which we can see blanching tissues before our eyes, and making muscles of every kind contract, why will you deny, I say, that it can diminish the blood supply to and favor the fatty degeneration and absorption of the fibrous or myomatous uterus?

Gentlemen, the electrical treatment of fibroids, reduced to the above simple equation, and stripped of all the extravagant claims which were at first made for it, in darkness, but in good faith, stands to-day

upon a foundation so strong and true, that it will find an honored place in the treatment of fibroids as long as women shall dread to die by the surgeon's knife, which I think will be as long as the world shall last.

INDICATIONS FOR TOTAL HYSTERECTOMY.

An abstract of a Paper read in the Section of Obstetrics and Diseases of Women at the Forty-sixth Annual Meeting of the American Medical Association held in Baltimore, Maryland, May 8, 1895. By AUGUSTUS P. CLARKE, A.M., M.D., of Cambridge, Mass., U.S.A., Dean, and Professor of Gynæcology and Abdominal Surgery of the College of Physicians and Surgeons, Boston, Mass.

The author, after making some introductory remarks in reference to his interest in the work of total hysterectomy, speaks of a new method of operating by a vagino-abdominal incision. He says, by the advantages that may be gained by this method of operating it is not unsafe to say that total hysterectomy is indicated in cases in which the uterus may be in a position opposite to that of prolapse, and in such a state of immobility, superinduced by previous inflammatory processes affecting the appendages, as to necessitate for relief operative interference. By the facility with which the whole organ can be removed by the operator's adopting the improved method of technique, the danger usually attendant on the carrying out of such radical measures will be greatly lessened. Total hysterectomy should be had recourse to in cases of rapidly growing interstitial fibroids, or in cases of large subperitoneal growths developing from a broad sessile base.

The operation is indicated not only from the hæmorrhage which they occasion, but also from the pressure which may take place upon the surrounding parts. Fibroids