

that the frequency of the hæmorrhages is in inverse proportion to the volume of the fibroids.

2nd. The pains and functional troubles improve next; these phenomena are not generally in proportion to the size of the tumor, they relate rather to the existence of an inflammatory and more or less soft zone which surrounds the tumor.

3rd. Finally, the mass diminishes, but in this diminution it is important to distinguish two phases: (a.) The above-mentioned inflammatory zone, after having become temporarily congested, is absorbed; the fibroid becoming thus more freed appears to be smaller and harder, but this diminution is only apparent. This is the period at which we observe the diminution of the pains, the building up of the general condition and the cessation of the hæmorrhages, if they have not already disappeared after the first sittings. The momentary aggravation of all the symptoms which occurs sometimes at the beginning of the treatment depends generally on the congestion of the inflammatory zone. (b.) The fibroid itself at last diminishes; but this effect is far from being constant, and is only produced after the amelioration of the symptoms has been obtained, and provided we continue the treatment long enough.

It will thus be seen that the electrical current has more influence over the products of inflammation surrounding the tumor than it has on the tumor itself. In eight of the total number cited above, very large masses, which appeared at first to be homogeneous, were seen to become separated into a variable number of segments; the explanation being that they were really several fibroids joined by a sort of solder, and which became free again after the melting away of the latter. In two other patients the fibroids, which were adherent to the neighboring parts, became movable for the same reason.

From the consideration, not only of the above remarks, but of other observations as

well, which I have made in my practice, I am inclined to attribute great importance to the development of metritis around the tumor, which latter I consider as indifferent when stripped of all inflammatory zone. From a clinical point of view we are thus led to distinguish two classes of these productions—the first tolerant, not having brought on inflammation around it and often not causing any inconvenience; the second intolerant, surrounded with an inflammatory one and making their presence known by a lot of symptoms—but is not this just what happens in many other diseases?

Sometimes, though rarely, the treatment is followed at the end of several months by an atresia of some part of the cervical canal, or even of the uterine cavity. This narrowing yields easily to gradual dilatation and is of no importance. It is, however, advisable to warn the patients of the possibility of such a thing occurring, and to make them promise to consult their physician if menstruation should become painful.

So much for the ulterior results of intra-uterine electrolysis. During the seance itself the following local phenomena may be observed. (a.) At the beginning, during what may be called the period of ascension, or gradual increase of the current, we sometimes see a contraction *en masse* of the tumors and uterus, which is quite perceptible to the hand. This phenomenon showed itself with the greatest clearness in three of my patients, and it appeared at each sitting. (b.) We shall then find that there is a congestion of all the organs which increase manifestly in volume. The neck of the uterus is turgescient. This congestion is almost constant and lasts generally several hours. It is generally accompanied by colic, which is evidently due to slow and partial contractions of the uterus, which, however, are not perceptible to the hand. (c.) At the end of the sitting, during the period of diminution of the current, I have sometimes noticed a contraction resembling somewhat that of