

a. The *tangible* effect, at the points of entry and exit of the current, which, according to the dose and duration, will be a chemical cauterization more or less severe (but not thermic), variable in conformity with the pole, and different in its character at the *positive pole* and at the *negative pole*. This polarization, at the will of the operator, may be either *monopolar* or *bipolar*.

b. The effect resulting from the circulation of the current from one pole to the other, which is therefore called *interpolar* action. This action follows every electrical application and sets up a subsequent process of disintegration, proportionally wide and lasting, of the morbid products through which it is made to pass.

In serving myself to the utmost of the polar and interpolar effects of the electric current for the treatment of fibromes, I adopt always a galvanocaustic, intra-uterine and *monopolar*. I thus only use directly one active pole, closing the circuit outside the abdomen by a second pole, made as nearly as possible inert. At the same time, I reckon upon the interpolar effects of the current, as it necessarily finds its way through the entire uterine substance, from the internal pole to the external or cutaneous pole. This, as I have explained elsewhere, is the principal reason why I do not place the two poles in the vagina, and why I advocate the method known as uterine monopolar.

6thly. *More scientifically exact*, from the due appreciation of the topical effects of the two poles, and the precise chemical and anatomical indications peculiar to each of them.

I have been able to demonstrate, in the clearest manner, that we have in our hands a double edged agent, that we can make use of at discretion, to afford us local effects quite different. On the one side, is an *hæmstatic* more or less rapid in its action, and either direct and immediate, or secondary and remote. I allude to the *positive* pole, with which we can arrest hæmorrhage, either instantly, if the cavity of the uterus be of normal dimension, if the action be relatively intense, and if the hæmorrhage be not excessive; or more deliberately and gradually, after several successive operations, by the formation of contractile cicatrices. The various gradations of the narrowing of the uterine canal are the plain evidence of this secondary and prolonged effect of positive cauterization.

The *positive* pole will therefore be the "*in vicament par excellence*" in cases of bleeding or hæmorrhagic fibromes.

On the other hand, with the *negative* pole we obtain a state of *temporary congestion*, without *direct* hæmstatic effect. The interstitial circulation of the uterus, thus momentarily stimulated, will be hurried on, and a regression of the non-hæmorrhagic fibromes is the consequence, either of this state of congestion, or of the supplementary artificial and salutary hæmorrhages which take place. The negative pole will therefore be found to render invaluable benefit (though with the positive pole it is possible to arrive at the same point by a way more indirect and tedious), in those cases of fibroids accompanied with *amenorrhœa* and *dysamenorrhœa*, which are only too often the despair both of patients and doctors without such means at command.

Looking therefore at the difficulties and dangers of abdominal surgery, and at the avowed impotency of the greater part of medication in cases of fibromes I do not hesitate to assert for my method of treating them a precedence on the following grounds :

1st. It is *easy* of application; since it only requires an elementary acquaintance with the principles and practice of electro-therapeutics; it being, however, unconditionally understood that a profound knowledge of gynæcological science must be the indispensable prelude to any attempts.

2ndly. It is *simple*; for it is ordinarily nothing more than a skilful, uterine, therapeutical soundage. This is only what may be expected of ever surgeon provided with a good galvanometer of intensity, some sort of battery capable of yielding an adequate current of electricity, an inoffensive cutaneous electrode in wet potter's earth, an inattackable intra-uterine electrode in platinum, and a steel trocar for the galvanopunctures.

3rdly. The current is mathematically *dosable*; so that every operator can carry on the treatment under the same conditions and adjust the force of his remedy to the nature of the effects he has to obtain.

4thly. The *seat of operation* is *optional*; for the surgeon has the power of limiting and defining the point of entrance of the current, making it either the mucous membrane or the tissue of the organ.

5thly. It is of a *ye control*; and only utilizes an amount of force, which should cause neither shock nor suffering, and ought never to be put to use but in progressive and adjusted doses.