

equivalent of base, whatever may be the composition of the body under experiment. The only preponderance which one pole has over another is purely qualitative. The dry, positive eschars offer a considerable resistance to the flow of the current, and consequently impede its diffusion. The negative eschars, on the contrary, are softer and more moist, and, only feebly opposing the current, allow of its more easy dispersion. There is no difficulty in convincing one's self of this fact. Take two electrodes of equal dimensions, of gas-carbon it may be, covered with moistened leather, and place them symmetrically on two parts of the body. Of the two poles it is the negative which will first give indications of its activity by the pain it occasions, the eschars and the extent of the eschars which it burns. In the same way after punctures with two trocars actually of the same character, the loss of substance resulting from the fall of the eschar, made by the negative pole, will be much more considerable.

In conclusion, if the electrolytic action is found to be concentrated at the two points of entry and outlet of the current, it is impossible to deny the intermediate dynamical action, which is more powerful than either. It matters little for our purpose whether this intermediate action be directly upon the tissue-cells, or, which is more probable, upon the nervous influx of which it augments the tension, as auxiliary to the normal currents in them. The clinical results are incontestable. There is the same retrogression of fibromes that is often found to take place after the menopause, or the excision of the ovaries, without our being able to furnish any unimpeachable theory to account for the facts.

VI. MY METHOD IS OF NO USE, AND THERE ARE BETTER WAYS OF TREATMENT.—Let us consider the worth of these other modes of getting rid of fibroid tumors.

A. Mere expectation, or literally doing nothing, aided by repose in bed, is sometimes trusted to as sufficient to assure the

retrogression of the tumor and the quiet existence of the patient. This can only be true of a few fibroids, especially after the change of life. But it will not do to lay down an absolute rule, based on these particular cases. Every day's experience shows us that the death of a great many women is the consequence of their tumors, and that others, in large numbers, have their lives embittered by pain and hemorrhage. I admit that some, under the influence of confinement to bed for several months, find a temporary amendment, but I cannot see that this enforced rest ever produces a spontaneous and regular diminution of the fibroid and the disappearance of the symptoms, such as follow the use of my method. Nor can it be maintained that similar improvements under my treatment are mere coincidences, for my patients are not kept in bed, continue their ordinary occupations, mostly come for their sittings to my consulting-rooms, and follow the common mode of life. I believe that much more is to be expected from the influence of the menopause alone, although not as a matter of course; for I have had under my care not a small group of women from fifty-five to sixty-five years of age, who had experienced the disappointment of finding their tumors enlarged considerably, and even doubled in volume, after the menopause.

B. Then it is said that treatment by medicines will give relief and is equal to the cure of fibromes. This assertion will not bear examination. The very multiplication of the remedies eulogized is a proof of their powerlessness. What, in fact, do the recommendations amount to? As for mineral water patients may go on using them, hopefully and unprofitably, year after year till they arrive at the time of the menopause. Internal medication is very uncertain, and for the most part untrustworthy. Ergot stands at the head of the list of things tried. Independently of the local and general mischief of which it may be the cause, it must be allowed that it more often fails