She had been anæmic for over a year. A frequent desire to urinate had been noticed for some months. Menstruation always regular, but for about a year the flow has been increased, lasting at times eleven days. When unwell she complains of pain in lower abdomen. No particular pain at other times in lower abdomen, but suffers from neuralgic pains in the limbs and headaches. A leucorrhœal discharge combined with the menorrhagia drew her attention to her condition and she consulted her family physician, who asked me to see her with him. On examination without chloroform I felt a mass in the pelvis, and immediately asked Dr. Noble to put her under chloroform. I then felt a hard, firm, irregular mass attached to and surrounding the uterus. The greater tumor was high upon the left side, springing from the fundus. From the denseness of the mass and its nodular feeling, together with its uterine attachment moving, as it did, with the uterus, there could be no doubt in the mind of any one with an experienced finger, "that could tell a fibroid when it felt one," that this was a case of multinodular fibroid of the fundus uteri pure and simple. This was very clear. And then we had the menorrhagia to back up the diagnosis.

The case was so clear that I used it for clinical purposes before several classes of students. Many of them examined the patient, so that I could point out the features of fibroid tumor as found by the examining finger. The stony hardness was dwelt upon. The patient was then sent out of the hospital and told to come for electrical treatment. Her mother was told that the tumor was only a fibroid, usually an innocent tumor that might remain quiescent for years and that would disappear after the change of life. She was also told that it might grow or bleed, and that under such circumstances electricity would check both in, some say 95 per cent., others say 80 per cent. of cases. This was very satisfactory to the anxious parent, the fretting patient, and the interested physician. Her case would probably be one of the fortunate ones; she would thus escape the horrid knife of the abdominal surgeon and add one more triumph to the marvellous powers of the battery.

Time after time she wended her way to my office for treatment. The platinum electrode was passed into the uterine cavity, the abdominal electrode placed *in situ* and the current from my 60-cell battery turned on to 150 milliamperes for ten minutes at each application. She suffered much pain and began to dread the visits very much. Menstruation was as profuse as ever and her pains were worse, but of course these peculiarities were due to the want of skill and knowledge and imperfect battery and fittings of the operator. There could be no doubt about the cause of the failure. If some one who had wasted a lifetime in Paris had applied the electricity, the results would have been different. Then the patient remained away. I went for a holiday. She was certainly no worse on my return than she had been for a year, so that the disease could be recorded as "stayed" in its progress. I could even imagine that the hard, firm tumor had diminished in size; but the restless spirit of abdominal surgery was too much for me, and I told her that I thought it better to take no chances and have her ovaries and tubes removed first, and all the electricity she wished for afterwards. This conviction was forced upon me by three facts: 1. Because a few days before I was forced to complete an oophorectomy for fibroid by doing a hysterectomy (fortunately with a favorable termination), because the tumor had already grown too large to permit of the performance of the tumor operation. 2. Because I had been unable to remove ovaries and tubes or do a hysterectomy in another case owing to the adhesions. 3. Because I had just opened an abdomen to remove either a fibroid ovary or fibroid with a long pedicle and found the belly full of blood and a ruptured ectopic gestation with no definite symptoms to point to its presence, and the woman walking back and forward to my clinic while in this condition.

Gynæcology has indeed been blessed by the "restless spirit of abdominal surgery," notwithstanding the efforts of the so-called electricians to lower it to the level of the indefinite and enshrouded gynæcology of the past. The surgical pendulum undoubtedly swung too far in the hands of many who wanted more balance and more experience, but now "he who runs may read." It is "may" read, not "will" read.

Now to proceed. I advised removal of ovaries and tubes from the patient. Many had