

rent. As long as she is able to feel very much she is able to help herself to the mixture, but when her sensibility has been sufficiently dulled she will cease to put any more on her handkerchief. I feel perfectly safe in doing this even without an assistant. As soon as the maximum has been reached the anæsthetic may be removed. I have made a great many applications in this way, and have never had the slightest accident. The only inconvenience is that the patient may want to sleep on my chair for five or ten minutes afterwards. In employing this treatment on highly educated and nervous women I feel satisfied that a little anæsthesia enables us to employ much more effective doses without any pain whatever.

3rd. Fortunately women become accustomed to the passage of the current. Besides, their sense of modesty and their sense of fear must be overcome, especially as this latter is often mistaken for pain, so that it is very important to begin this treatment with great gentleness, not exposing the patient needlessly, and proceeding very slowly until she becomes accustomed to it. I generally expect to devote two or three sittings to overcoming their fears.

II. The treatment must be carried out systematically, that is at regular intervals until the bleeding has been stopped. Some patients will come once, and then not return for a couple of weeks. One of the usual excuses is that they did not like to come while they were unwell; but as some of them are unwell for 25 days out of 30 it is necessary to explain to them that the treatment must not be delayed for that. I generally allow them to loose for two or three days, but if the flow is very severe I stop it at once. In fact in a case of bleeding fibroid I go on with the treatment three times a week quite irrespective of menstruation until towards the end of the treatment, when I allow the patient to have a period without interference, in order to test my work. If we could give enough current at the first application to completely

destroy the whole of the endometrium, and if that spongy diseased lining membrane did not return again, then one application would invariably cure the patient. But such, unfortunately, is not the case. It requires several preliminary applications in order to test the patient's endurance or tolerance. Then it takes two or three more to reach a point where it becomes effective. Then we may not be able to turn on enough current to cauterize more than a quarter of the entire surface if we do it in sections, or to cauterize through more than a quarter of the thickness of the vascular membrane if we try to do all the surface at once.

Then we know the tumor came there by reason of bad circulation (at least such is my belief), and even if we do destroy the bleeding endometrium we cannot prevent it from being reproduced one or more times or as long as the circulation remains bad. That such is the case is proved by the return of the bleeding after the whole of the diseased surface has been removed by the curette. But we can also be sure that after each destruction of engorged tissue a healthier skin will be produced. This is proved by the result in every one of the cases which have passed through my hands during the last two years, in not one of whom has the hemorrhage from mucous membrane ever returned. Moreover, I could see, as it were, the mucous membrane, becoming healthier by the gradual lessening of the flow at each period. Thus a mucous membrane which was so diseased before treatment as to allow the blood to escape during 14 days out of 30, would after ten treatments only bleed seven days out of 30, and after 20 treatments only bleed four days, and after 30 treatments only bleed three days. In most of the bleeders who have come under my care, the mucous membrane was in such a friable condition that merely passing the sound with the utmost gentleness would cause a red stream to pour forth. I will illustrate this by a case:

Mrs. P., aged 33, came under my care on