

by the relief of the uterine congestion, which is early realized, or by the mitigation of the ovarian neuralgia. There are cases, however, in which this amelioration comes on but very slowly. I have remarked that in these inveterate cases we can generally recognize some ovarian or tubal complication, some inflammatory or suppurating condition of these parts, which is less disposed to yield to electrical treatment.

4th. The symptomatic restoration of the patient is the most striking result of the treatment, the most rapid, and that which most surprises both the subjects of it and their medical attendants. One of the few adversaries of the method has thus expressed himself: "I have been able to assure myself that all the women under treatment have experienced a stimulating influence, very favorable to general nutrition and the recuperation of their forces. They feel more cheerful, more buoyant, more alert; in a word, seem to have more life. Whether it be that the innervation, sensibility, and mobility of the abdomen and pelvis are more happily excited, the patients keep about without difficulty, and walk freely, in a way which was impossible before anything was done for them. The movements are unembarrassed. The tumor no longer distresses by its weight, or contact with the sensitive viscera. With the trunk and the pelvis disengaged from an overpowering constraint, the limbs do their office with freedom." They acknowledge, too, that the digestive functions are well performed, that sleep is natural, that the miseries of bladder pressure have ceased, that constipation is less annoying, and that there is a restoration of active life in all its integrity and intensity.

B. The second reproach of inefficacy is made on the supposition that the current can act only on fibrous tissue and that it has no effect upon the uterine tissue. There is falsity in this limitation of the effect of the current; and the proof is that an action,

combined or isolated, may be observed in both one and the other of these tissues. We see cases, in fact, where the uterus itself undergoes no contraction, as may be ascertained by the sound, while examination above the pubes enables us to decide positively as to a diminution of the sub-peritoneal part of the fibroid tumor. On the other hand, in the simple hypertrophies which follow chronic metritis, or in the non-fibroid hypertrophies of the uterine tissues, there is always a lessening of the uterine cavity under treatment. The action, then, is here only on the uterine tissue, as in the other case it was upon the fibrous tissue; and the process of disintegration, set up by the passage of the current, results in promoting a general retrograde metamorphosis of the muscular, connective, and fibrous hyperplasias.

C. The third reproach, in reference to inefficiency, which consists in a declaration that the effect of the treatment is only temporary and ephemeral, can be no better sustained. It is now six years since I began the practice of this method, and I have regularly and carefully kept an account of the condition of my patients. I can affirm that relapses have been truly exceptional. The very infrequent cases where I have had to administer secondary treatment were those of women who had unadvisedly discontinued their attendance. There has been no difficulty in bringing this secondary treatment to a satisfactory end.

V. MY METHOD IS EMPIRICAL AND UN-SCIENTIFIC.—It is said that it wants precision, and that I have given a theoretical explanation of it which cannot be admitted. If my method be empirical, it stands, in that respect, on the same level as the whole of pharmaceutical practice; empirical as the giving of opium which causes sleep, empirical as the use of quinine and digitalis to check fever or modify the circulation. The why and the wherefore of things elude us. What we have to do is to make ourselves familiar with the natural laws ruling the