Perhaps, but not always, the woman's thanks. Our own feeling of having done well, surely. But when we turn to our brethren, whose esteem is and should be the greatest incentive that we can look for to good work well and conscientiously performed, what do they say? We have no fresh and bleeding tumor to take to the medical society,—as an Indian waves a white man's scalp,—before our admiring brethren as a trophy of our powers and our skill. I have shown the women over and over again; I have shown their clothing, which had to be taken in as much as seven inches owing to their decrease in size; the women themselves have offered to state on oath that their bleeding had been arrested and their pain removed, and their general health improved. How were these triumphs of therapeutic skill received? With loud applause, you will say. No, indeed. The praise bestowed upon the exhibitor of even an apparently healthy appendix, the removal of which was followed by the death of the patient, is received with acclamations wild in their enthusiasm when compared with the manner in which is received the report of a case of cure by electricity. Indeed, a sincere friend and admirer in our Society warned me privately that my reputation was injured every time I showed a woman who had been cured by this means, and he urged me to show no more. But I must continue to cure them by that means as far as my time limit and life limit will allow.

How different when we report an operation, whether the patient lives or dies. Everybody seems pleased, and praises us in proportion to the danger to which our patient has been exposed. But if she dies, there are two at least who must regret that it was performed: the patient and the doctor; and sometimes there are the husband and the little children who are very much concerned.

But how much easier to take the patient into the hospital, and in a few days perform hysterectomy, which we can do in a quarter of an hour sometimes. It is, as the French say, "un mauvais quart d'heure," but it is soon over, and the patient's fate is sealed for weal or woe when we have put in the stitch which closes the peritoneal cavity. After that the house surgeon and nurses take care of her, and an average of three minutes a day for the next twenty days is the very most she requires of us. But with the electrical treatment, what with getting the patient ready, carrying out the asepsis of the vagina, and adjusting the apparatus, I have spent as much as one hundred precious hours on one single fibroid case. But the ovaries remained, and many of these ladies are now happy mothers of children, and others are happy wives though childless.

I have lately asked several well-known men, men of the highest surgical reputation, —you would be astonished if I mentioned their names,—whether they had employed the electrical treatment with good results. And when they assured me that they had, although they have never reported them, and I asked them what was the principal objection to it, they replied in confidence that it took too much of their time. And this I admit is a serious objection to it, but not an insurmountable one. There are two ways in which it may be surmounted: one is by having an assistant, whose time is less precious than our own, who has been trained to carry out the treatment with accuracy and care when we prescribe for the disease which our more experienced touch has diagnosed; and the other is by having several rooms, and a nurse to prepare the patient, including the antiseptic vaginal douche, and by devoting two afternoons a week, and having those patients come only at that hour, as many as six treatments an hour might be administered.

Never before has it been so well demonstrated as it is to-day, that by the division