After the first application there was no increase, while after the tenth there was so much diminution in the size of her waist that she decided that she was cured, and started for home. She was taken with severe expulsive pains on the train, and soon after reaching home she gave birth to a broken down fibroid about the size of a seven months child's head. Since which she has enjoyed good health.

In half-a-dozen other cases of fibroid the pains and pressure symptoms were fairly well relieved by negative applications.

In the treatment of dysmenorrhœa I have had some very gratifying results, so that I can say that I know of no treatment except removal of the appendages which can offer such good prospects of relief. Since reporting nine cases of dysmenorrhœa cured by negative galvanism, I have added half-a-dozen more to the list, while only one has utterly failed to be relieved, and one relapsed until she received two more applications, since which she has remained well.

With sacro-abdominal application of galvanism I have not had any marked success, although I have only given it a limited trial. With vagino-abdominal applications, I have seen the tender enlarged and prolapsed ovaries become lighter, painless, and to disappear from Douglas' *cul de sac*. I have also, on three occasions, seen the uterus, which was previously bound down and retroverted, become movable. While I can hardly believe that organized bands of adhesions can be dissolved, or, in the words of the electro-therapeutical poet, "Melt away like snow before the summer sun," I can believe that such a powerful alterative may so improve the circulation in the lymphatics that soft or liquid exudations may be re-absorbed.

With bipolar fine-wire faradism, I have treated at least fifty cases, principally of inter-menstrual pain, due to neuralgia of the uterus and ovaries, and of varicocele of the pampiniform plexus. I have sometimes used it in some of the above-mentioned cases of fibroid in order to establish tolerance for the galvanic current. For any kind of pain in the pelvis, in which no organic disease of the uterus or appendages could be felt by careful bimanual examination I have found bipolar faradism invaluable.

Where it has failed to relieve, subsequent operation has revealed undiagnosed pus in the pelvis, for which, of course, there is only one treatment, and that is, evacuation. I have sometimes used it in the uterus, but most often in the vagina, which seems to me much safer and almost as effectual.

With coarse wire faradism I have also had very satisfactory results in cases of retroflexion due to atony of the uterus and also in cases of prolapsus. In one case of procidentia of a very advanced type it failed to keep the uterus up; but in at least a dozen other cases of more moderate degree in which the uterus was not much enlarged, a few applications of coarse wire faradism tonedup the relaxed vagina and perineal muscles, especially the levator ani that the women have declared that they were greatly relieved, and some of them have even returned each succeeding summer during the hot weather to have their pelvic contents toned up. The subinvoluted uterus like the uterus at the end of pregnancy responds very readily to the faradic stimulus, and anyone who has employed coarse wire bipolar faradism in the vagina cannot have failed to notice how the electrode is grasped by the sphincter of the vulva and drawn up by the levator ani.

Vagino-abdominal coarse wire faradism I have used several times with the view of shortening the round ligaments, as it has been demonstrated that the freshly removed round muscle will when stimulated by the faradic current lift a weight of a pound and a half off the table. But the