

were at first led to hope it might be, it is of benefit in properly selected cases. In small interstitial fibroids and subperitoneal growths the pain may be relieved and hæmorrhage may be so brought under control that the patient is tided over the menopause, when in many cases a beneficial change takes place. In large tumours, in pedunculated tumours, cedematous, submucous, or in fibrocystic tumours, nothing but harm would follow treatment by large doses of electricity.

Electro-puncture I consider to be quite as dangerous as radical treatment, and I have not seen it productive of any good; whilst on the other hand it has been productive of serious harm.

Both poles of the galvanic battery are caustic as well as electro-chemical in their action. The positive pole is more intensely caustic than the negative, and upon this intra-uterine chemico-caustic action of the positive pole we rely, though to the mysterious interpolar electrolytic action, causing blanching at one pole and congestion at the other, may be attributed its share of whatever beneficial results follow. The relief of pain is said to be due to the interpolar action of the galvanic current.

The electro-caustic destruction of diseased uterine mucosa may, however, be the chief factor in relieving the pain.

Briefly I will refer to a patient who had been under observation for about fifteen years, and who died recently under my care, untreated for her tumour:

Miss B., æt. 52, coloured; when young she was strong and healthy. The tumour appeared when she was aged between 30 and 40 years. It gave little trouble at first. It was multilocular and increased until after the menopause, when for a few years it was quiescent. Then a discharge commenced which gradually became putrescent, sapped her vital powers, made her unbearable to herself and others, and she died in great pain, from peritonitis and la grippe. She always refused treatment for the tumour—which at an early date could have been easily removed. No case of uterine tumour should remain untreated.

Palliative treatment should be employed where more suitable means are declined by the patient. Semi-radical means are still advocated by a large number of successful men, who are bold operators.

We have removal of the ovaries and tubes, as advocated so strongly by many, and the tying of the vessels of supply as first practised by F. Martin.

Oöphorectomy is opposed by some on the ground that it does not give complete and uniform success. It will, however, remain as a recognized operation on account of its perfect safety and the fairly good results which we know follow in most cases.

Ligation of the vessels of supply seems to be based on scientific grounds. It is still on trial and we must await results before pronouncing upon it. It has the merit of being safe for the patient and easy for the operator. It would be applicable at an early stage of the disease, and in cases where the patient could not bear the shock of complete removal.

A patient now under my care presents rather typical symptoms of those for whom oöphorectomy is suitable:

Mrs. M., æt. 35, married, had a healthy child seven years ago. She herself has always been healthy, though her mother was under my care for fibro-cystic tumour of the uterus, for which she refused operation. Three years ago she noticed metrorrhagia with great weakness and general debility. Her medical attendant tried various remedies without giving benefit.

Examination revealed enlarged, softened and retroverted uterus. Considerable