

tration, said to have been made, of currents of more than five hundred milliamperes. Moreover, I feel some difficulty in believing that men, who daily put women under the perils of castration or hysterectomy, are speaking seriously when they denounce my procedures by recounting a number of hypothetical dangers.

IV. MY METHOD IS NOT EFFICIENT—This objection is presented in a variety of forms:

A. For some it is useless in the greater number of cases.

B. Others say that the current has no action on fibrous tissue; that its effect is only shown on the uterine tissue.

C. Others, again, if they admit any action, say that it is only temporary and ephemeral; that the tumor against which we direct it remains just as it was, and that relapses are sure to come. I answer:

A. The faults committed in the application of the treatment when it is done badly or incompletely, the neglect, in fact, of all the instructions I have given, ought in no way to bring disparagement upon the method itself. Further, I affirm again, as I have already written, that the method properly used has effected, ninety-five times out of one hundred, not, as I have been erroneously made to say, the absolute removal of the tumor, but:

1st. An anatomical diminution which does not advance so far as the complete dispersal.

2d. The quick and lasting cessation of hemorrhages.

3d. The disappearance of all the symptoms of compression.

4th. The symptomatic restoration of the patient.

If these four clinical results are not witnessed regularly, and in the same order, in all subjects, the fact may be explained in many ways. I will mention some of the chief.

1st. The anatomical regression generally varies, first, according to the character of the tumor, whether soft or hard, being more

rapid in the case of soft tumors than in the hard ones. Then, again, a difference is made by the situation of the tumor, the localization of the electric action. The more distinctly this is subperitoneal the weaker will be the influence of the current. But without doubt the general tendency of all fibroids, when treated with high doses of electricity, is toward spontaneous enucleation, by their disengagement from amidst the uterine stroma. This curative process, which consists in their liberation either through the mucous membrane or the peritoneum, is seen to take place with some interstitial fibroids.

I ought, also, to note here what I have almost constantly observed as the treatment advanced; namely, the occurrence of an accumulation of adipose tissue under the abdominal tegument. This new condition ought always to be borne in mind when estimating the size, or changes in size, in fibroids, by measurement of the circumference of the abdomen. The external measurement, even with a collapsing fibroid, may remain the same simply on account of the recent, and often abundant, quantity of fat developed in front of the tumor. I therefore recommend that, at the commencement of every course of electrical treatment, three measurements of the body should be registered, which may serve for future reference: 1st, The circumference of the abdomen at several points; 2d, the exact thickness of the layers of skin and fat, above, below, to the right and to the left of the umbilicus, taken by means of a graduated compass; 3d, the weight of the patient. I cannot deny that I have in some rare cases been disappointed and failed, the same as happens in all human undertakings. The future may enlighten us about these difficulties, for they all relate either to ascitic fibroids or to fibro-cystic, or to abnormally vascular fibroid tumors. I may add that while certain fibroids shrink without any sphacelation, or any appreciable sero-purulent discharge, others only undergo this