

and that is, or at least I hope that it will be so, that the conclusions which I shall presently lay before you are those of one who is entirely unbiassed and non-partizan, and consequently to be accepted, as far as they go, in good faith.

My own opinion on the present status of electricity in the treatment of fibroids is fully made up, and I shall now endeavor to lay it plainly and honestly before you.

During the last year especially, although it has been growing gradually for several years, the conclusion has become evident that electricity is not suitable for every kind of case nor for every kind of doctor.

It is as true to-day as it ever was, that for the cure of pain in and bleeding from the uterus, the application of the positive pole of the galvanic current, properly applied and of sufficient strength to the uterine mucous membrane, is in the majority of cases effective. The percentage of successes is greatest in those cases in which the fibroid growth is interstitial, not quite so great in the cases of submucous growths, although in several of these cases a few applications have been followed by the expulsion of the tumor from the uterine cavity. The earlier the cases come under treatment the more surely are they cured, many patients with small interstitial tumors in the anterior wall having been cured by me, and still more under the care of others. So that the plea for the early treatment of fibroid tumors by electricity is just as just a one as is the early plea for operative treatment—indeed, it is even more so. For while we can truthfully say that the electrical treatment, when undertaken early, and with a correct diagnosis, is at the present day entirely devoid of danger, no one can truthfully say the same of the treatment by operation. In fact, I am sorry to say that no one knows what the death rate of the latter treatment stands at. Three of the ten deaths which I have above men-

tioned have never been reported, and six of them were only reported at my urgent solicitation. May there not be many other similar cases?

When a woman comes to a doctor for menorrhagia, and he discovers a small fibroid, is he to urge her to submit to an operation when he knows that with the greatest skill and care she runs the risk of dying from the operation, while if let alone the death rate is not more than one per cent., while with electrical treatment the risk is absolutely nil?

When she tells me that she will not submit to operation, will I assure her that I can do nothing for her, when I carry in my pocket the record of fifty similar or worse cases which have been cured by electricity? Surely that were dishonest. And yet the temptation to operate in spite of the danger of surgical and the safety of electrical treatment is very great; too great in some cases for us to resist.

Ours is a busy life, and there is not one of us here who has not often felt that life was far too short to accomplish all the good that we would wish to do, and for the want of a few more hours in the day much work of value to our fellow-beings must go undone.

With this feeling strong within us, a poor woman applies at the out-patient department of our hospital, with a small interstitial fibroid which has, however, doubled or trebled the bleeding surface of the uterine mucous membrane. We believe that we could cure her by a long and tedious course of treatment with electricity, from ten to fifty applications, either at the hospital, or if there are no facilities at the hospital, then at our office. If at the hospital, the time required for this one case would seriously encroach upon the time allotted to our service there; if at our office, there is the same as well as other objections. And when we have made the sacrifice and cured the woman, what is our reward?