

sittings, gradually tolerate 100m.a. to 150m.a. for ten or twelve minutes two or three times a week.

In vascular forms, by diminishing excessive blood-supply and stimulating absorption, we induce a process of partial atrophy. The negative electrode, a large clay pad, is placed at the shoulders, while the active surface of the positive (a properly insulated platinum needle) is introduced within the capsule of the gland alongside a tenotomy knife. Of course, a local anæsthetic is first used. From 50m.a. to 150m.a. should be employed for eight to ten minutes every ten or twelve days.

In distinctly fibroid forms, the nutritive process may be lessened by the positive puncture, with occasional resort to the negative needle to hasten absorption. In some advanced fibroid cases where, owing to the small proportion of healthy tissue left the process of absorption and atrophy was slow, I have hastened matters by the formation of a central cavity or artificial cyst. This I have done by large negative needles, treating it as an ordinary cyst and maintaining drainage. It requires specially careful manipulation. In very large fibroids, I frequently discard the clay pad and use instead a second needle in another portion of the growth.

Thin-walled unilocular cysts are the most amenable to treatment. The positive pad is placed at the shoulders, while the negative electrode is an insulated canula, through which the cyst is aspirated and a solution of chloride of sodium introduced. From 50m.a. to 100m.a. is employed for ten minutes, the cyst again emptied and firm pressure maintained by broad adhesive straps. A single treatment may suffice, but frequently in the thick-walled and multilocular varieties drainage must also be kept up to permit escape of the fluid effused subsequent to the operation. The aim is thus to obliterate the sac by exciting adhesive inflammation of its walls.

Thick-walled fibro-cysts are often very rebellious. Following the above treatment, I have introduced a solution of zinc sulphate through a tube which carries a positive platinum wire, and employed 50m.a. to 75m.a. for ten or twelve minutes. I have also used a zinc positive electrode.

When the contents of a cyst are not sufficiently fluid to pass through the canula, some of the saline solution should be forced in, and currents of 50m.a. to 100m.a., or if the patient will tolerate it, and it is necessary, 150m.a. to 200m.a. employed. This will liquefy the contents, which may be withdrawn immediately or at the following *séance* eight or ten days later.

Puncture of the thyroid, apart from electrical treatment, is not